THE UNIVERSITY
OF ILLINOIS
LIBRARY

610.7305
AM
V. 23

[redacted]
SCIENCES

Return this book on or before the **Latest Date** stamped below. A charge is made on all overdue books.

University of Illinois Library

July 10

L161—H41

10.7305
7M

THE AMERICAN JOURNAL OF NURSING

OFFICIAL ORGAN OF

THE AMERICAN NURSES' ASSOCIATION
THE NATIONAL LEAGUE OF NURSING EDUCATION
THE INTERNATIONAL COUNCIL OF NURSES
AND OF
FORTY-THREE STATE ASSOCIATIONS OF NURSES

MARY M. ROBERTS, R.N.
EDITOR
370 Seventh Avenue, New York

KATHARINE DEWITT, R.N.
MANAGING EDITOR
19 West Main St., Rochester, N. Y.

DEPARTMENT EDITORS

CLARA D. NOYES
ALICE SHEPARD GILMAN
LAURA R. LOGAN
A. M. CARR

VOLUME XXIII

ROCHESTER, N. Y.
THE AMERICAN JOURNAL OF NURSING COMPANY
1923

COPYRIGHT, 1923
BY
THE AMERICAN JOURNAL OF NURSING COMPANY

THE AMERICAN
JOURNAL OF NURSING

VOL. XXIII OCTOBER, 1922 No. 1

HABITS AND SKILLS

BY MAUDE B. MUSE, R.N.
Teachers College, New York City

HUMAN character is manifest by a system of habits—habits of mind and habits of behavior; some good, some bad, but fortunately all modifiable. The object of all training, apprenticeship, culture, or any other form of education is the establishment of habits of maximum usefulness to the individual and to society.

Each individual begins life with a certain modest capital, a *loan* from Mother Nature. It is a fund of innate tendencies common to the species with certain variations peculiar to the individual. It becomes a permanent possession only when invested in habits. It may be squandered to form bad habits or, if misused, will disappear like "fairy gold."

Each habit is the incarnation of numerous reactions—motor, glandular, and mental. The quickest thoughts are slow compared to the unerring swiftness of habit. "Habits are safer than rules—you don't have to keep them, *they keep you.*" Therefore, the nurse's training, which must insure motor skill and precision as well as impart much new information upon a variety of subjects, becomes largely a process of habit formation.

THE object of all training, all apprenticeship, culture, or any other form of education is the establishment of habits of maximum usefulness to the individual and to society.

Increased ability to comprehend and predict, to produce and alter the "response" of her patients (as well as her own reactions), should be the ambition of the pupil nurse from the first weeks of her probation.

HABIT AN ACQUIRED REFLEX

All tissues of the body are susceptible to change through habit, as evidenced by facial expression which soon becomes permanent, or by the ability to train the hair to lie in a certain fashion, but the tissue responding most readily to habitual activities is nervous tissue, and habits appear to crystalize because of actual physical paths of least resistance in the nervous system.

565325

Personality—A Habit

Habits of behavior should not be permitted to absorb the entire attention. If any one quality may be said to count most in a nurse, it is the *sum total of all her habits* known as *"personality."* The composite distillate of months and years of habitual responses which we call personality is a sort of human essence, flavor, or aroma, which defies description. A pleasing personality is a valuable asset in any profession, but it is absolutely essential to success as a nurse, and personality is the end product of all habits—the "habit of our molecules."

There are few superintendents and instructors of nurses who do not recall the feeling of helpless regret with which, from time to time, a nurse was graduated whose untoward personality threatened to ruin her whole career. More scientific attempts should be made to prevent this catastrophe. Once brought to the realization of her handicap, adequate instruction in psychology should serve to eradicate many objectionable character traits during the three years of her training.

Two Other Types of Habits

Probationers and Junior nurses may with profit give attention to two other quite different types of habits; e. g.,

1. Good study habits, through which much valuable time is redeemed;
2. Habits which render the performing of all routine nursing procedures of a purely mechanical type largely automatic, thus leaving the nurse's mind free to occupy itself with the more vital phases of nursing.

Of the advantage of the former there can be no question; but perhaps it would be well to indicate in the beginning, the limitations of the latter.

The danger of automatic reaction in such a profession as nursing is not to be ignored. It is possible to graduate from the training school a mere human machine, an automaton! No degree of efficiency nor amount of time saved can warrant making the actual service of the sick, automatic, but strict mechanical tasks like bed making, dusting, etc., may, and should be, first "standardized" so as to eliminate all unnecessary movements, and then repeatedly performed until the highest degree of speed and skill results.

Responsibility of the Faculty

To solve the problems and acquire skill in a new profession, a new set of habits is essential and efficiency demands that they be largely *thought out* beforehand. Some of them should be worked out by the training school faculty and when the exact methods which shall become "routine" for that particular hospital, shall have been decided upon, each practical procedure should be standardized so as to require the least possible expenditure of time and energy.

One method of accomplishing this is to have moving pictures taken of the procedure with an ultra-rapid camera and eliminate obviously unnecessary movements. When this is done there will be less fumbling, smoothing and patting, which waste much time and are so annoying to the sick.

Good Counsel Insufficient

However, it is not sufficient in nursing education to point out the importance of definite and scientifically directed formation of selected habits. To stop here would be almost as profitless as to announce quietly to an

610.7305
AM
v.23

MAY 4 '25

untrained dog that he should stand up and "beg" for a coveted morsel.

How then shall the habit of habit formation be presented to the pupil nurse so as to function in her daily life?

Stimulus and Response

The behavioristic viewpoint should be of value to the student nurse because it seeks to interpret everything in terms of "stimulus and response"—psychological terms with meanings similar to those already made familiar to the nurse through physiology.

"Stimulus," in psychology, means practically the same as in physiology, only the former is always composed of many sensations, the whole complex group being termed the "Situation."

"Response," in psychology, is also more inclusive in its meaning than in physiology. One response may include motor, glandular, emotional and mental reactions of a most complicated character.

Increased ability to comprehend and predict, to produce and alter the "response" of her patients (as well as her own reactions), should be the ambition of the pupil nurse from the first weeks of her probation.

The Roots of Habit

A greater part of the "original capital" possessed by each indivdual antedates birth by nine months, being innate in the fused germ plasm of the parents. Other traits may appear at birth, as a result of intrauterine development or birth conditions and injuries, e. g.—ophthalmia neonatorum, deformities, idiocy, etc. These are termed "congenital." The instinctive reactions observable in the new-born are few,—chiefly sucking, grasping and random movements. Other instincts appear later and together these make possible all the changes in the human organism through the medium of stimulus and response. It is believed without these activities the organism would remain practically inert.

Native reactions, then, form the basis of all acquired reactions and *all education,* mental acquisitions as well as motor, knowledge as well as skill, depend upon stimulus and response, for "ideas" are not stored in the brain like apples in a bin, like books on a shelf, nor even like glycogen in the liver. Just as muscles do not contract nor glands secrete except when stimulated, so an idea, thought, or emotion appears only in response to stimulus. Therefore, whenever it is possible to control the "situation" the response will take care of itself; a comforting and inspiring thought for parents, nurses, and all educators.

The Nurse's Problem

The nurse's problem, then, becomes largely to determine to what extent she may hope to control the situation—all the multitude of stimuli which effect the responses of her patient—and the ways and means thereof. Would not this mental attitude revolutionize the thinking of most nurses and envelop the most unpleasant task, the most tiresome patient with new interest?

Good Technique

One of the goals always set for the pupil nurse is the attainment of "good technique." In hospital vernacular, perfect technique means such skillful handling of sterile apparatus as to avoid the slightest contamination; such skillful manipulation of the patient as to occasion the minimum discomfort, and such elimination of unnecessary move-

ments as to insure the maximum speed compatible with highest efficiency. It is quite correct to speak of technique as "second nature" since its acquisition is possible only because of the before mentioned "nature reactions" and subsequent accretion from well invested original capital.

Skill or Skills

The evolutionary development of certain "lower motor centers" in the cord and brain stem is evidenced by these innate reflexes, while all voluntary reactions are controlled by the cortical centers in the motor area of the cerebrum, and now a theory is being advanced to explain the vast improvement possible in a performance under certain circumstances. It is believed that there may be developed in the hemisphere opposite the hand most used, certain "super-motor" centers which function to insure the more perfect motor co-ordination known as "skill."

Practice will not *necessarily* "make perfect." Mere repetition does not insure skill or skills, for each particular skill must be a separate co-ordination. A nurse may make, on an average, four beds a day, for two or three years, and not improve a whit over the first months of her probation. A clear conception of a goal and frequent checking up to determine progress, should motivate all practice.

"Keep your eyes on the ball" is the slogan of the professor of golf; and keeping one's eyes on a definite goal is essential in order to perfect any one of the skills.

Attention to the details of a performance is essential, but there comes a stage when detail should be lost sight of and the project visualized as an entity. For example,—turning square corners and tightening the lower sheet may, with profit, occupy the whole attention of a probationer for a period, but should eventually become automatic in the making of a bed of ideal comfortableness.

Study Habits

A consideration of good habits of study from the standpoint of stimulus and response, will be the subject of a later paper.

Summary

The price exacted for general efficiency as a nurse is eternal vigilance in the establishment of selected habits of thought and action. It takes time and numerous repetitions with a well defined goal, to fix a desirable habit; but it is possible to secure almost any change in original powers and capacities by "adroitly arranged stimuli frequently repeated."

With a good system of habits there is no need for rules—not even the "Golden Rule."

Bibliography on Instinct and Habit

Woodworth, Robert S., "Psychology. A Study of Mental Life." Holt & Co. (1921.)

Watson, John B., "Psychology from the Standpoint of the Behaviorist." J. B. Lippincott Company. (1919.)

Tichner, E. B., "A Textbook of Psychology." The Macmillan Company. (1910.)

Thorndike, E. L., "Elements of Psychology." Seiler. (1907.)

MacCunn, John, "Making of Character." Chap. VII. The Macmillan Company. (1913.)

Angell, J. R., "Psychology." Holt & Co. (1908.)

James, William, "Principles of Psychology." Holt & Co. (1892.)

Kitson, H. D., "How to Use the Mind." J. B. Lippincott Company. (1916.)

A PRACTICAL SUGGESTION FOR ORTHOPEDIC WORK

By Amy M. Hilliard, R.N.
Samaritan Hospital, Troy, N. Y.

VERY considerable difficulty is often experienced in obtaining suitable materials for certain orthopedic work.

After several unsuccessful attempts to locate a good balbriggan material for use as a foundation shirt under plaster casts, there came to my attention one morning an advertisement from the American Purchasing Corporation enclosing a sample of Ampco cleaning cloth. This had the desired elasticity and was inexpensive in price and has been successfully used in the Samaritan Hospital for the purpose indicated.

Where thick pads of felt are necessary to relieve pressure over certain eminences, we have found that scrap ends of laundry mangle felt can be used. These can be obtained from any manufacturer of such felt and at a very moderate price.

The usual cotton wadding which is used for bandages under casts is very thin and too light in weight and for this reason larger amounts of it are used, which entails not only expense in supplying the material, but additional time in preparing the bandages. Through the courtesy of one of our dealers we were referred to the Union Wadding Company of Pawtucket, R. I., where we found that we could purchase wadding by the bale in almost any thickness and at a very reasonable rate.

POSITIVE HEALTH FOR NURSES [1]

By Caroline Hedger, M.D.
Medical Director, Elizabeth McCormick Foundation, Chicago, Ill.

MEMBERS of my previous profession: Of course I served my time before most of you were born, but I did my turn at this kind of a job, as many of you know. You know perfectly well that it is impossible for me to discuss this scholarly paper of Dr. Lucas.[2] This kind of a paper does not need any discussion from me. It is truth from the foundation up, and has to be worked out and thought out and applied. There is, however, one phase of this whole health game that I am anxious to discuss with you this afternoon, and that is the application of the idea of positive health to nurses themselves.

Dr. Lucas is right; we have powers of observation and we can tell by looking at a child or a person a good deal

[1] Read at the Tuesday afternoon session of the convention in Seattle. Received too late for publication with the convention proceedings.

[2] See September *Journal*, pages 1030-1043.

about the condition of that person, and the main work with children is to get people to stop long enough to look at their child and see how it looks. That is really my major effort, because if you could once get those parents to stand off and see the looks of Johnny and Mary, they would surely take steps to improve them.

Perhaps the same thing is true of us as adults. You know there was a Scotch poet who said that if somebody would only give us the power to see ourselves as somebody else saw us that we could do a good deal for our own benefit and improvement.

The first thing that I want to make plain, so that we may understand each other, is my idea of positive health. You heard a succinct statement of the progress of medicine through the ages from Dr. Lucas, a very fine statement. You are many of you, at present, engaged in the work of this tremendous prevention thing that has been going for two or three decades, the result of which cannot be measured in economic value and in happiness. I think the statement of the reduction, to take one example merely, of the death rate from tuberculosis is one of the most thrilling facts that has come out in years; and in that reduction you have played a tremendous part as a profession.

I consider the prevention of disease a long step on ahead of that procession of people from your profession and from the medical profession who have given their lives in the cure of disease. You have your martyrs, the medical profession has its martyrs, and this step in prevention in which you have played so tremendous a part is less wasteful than martyrdom for cure.

What is positive health? Positive health is an ideal toward which we build, and forgetting the germs that are behind we press on to something like physical perfection, so that we do not have to think about any particular brand of germ.

This positive health idea has many factors; but I think it is a very difficult thing for nurses to attain, and I say that with full knowledge of nurse training. Dr. Lucas told you himself that he had no positive health standards when he came out of medical college. That is true of all of us. I very well recall when I was a nurse, if I was sent to a pneumonia case and snatched it back from the edge of the grave, by the time it wanted its hair curled I had lost all interest in it. I talked myself off of that case, I got on some other case that I could snatch back from the grave. That was my lack of interest in health. I did not care whether that person came into efficiency, into beauty, into balance, and did all the things that are implied in health, and I feel that we are suffering today from lack of positive health training in nurse training schools.

There are two sides to that, (I hope I am addressing some superintendents of training schools). One of the sides of this lack of health standards in training schools is purely economic. In every training school in this country you are paying for hundreds of days of sickness in your nurses that could and should be prevented, and you have no right to pay a bill for preventable sickness in your nurses. That is one side. On the other side, this lack of health standards in nurse training schools loses to the profession a large

amount of very good material; and you understand how needful the trained woman is today to carry on this positive campaign in which we are engaged.

I well know by the appearance of this audience that anybody who survives the nursing training school is fit. The quality of the stuff that is here this afternoon speaks for itself, but there is a large mass of material that might make very good nursing material and that could be conserved through a rational training if we had any standards of positive health in nursing training schools.

A third point is this: our lack of standards for positive health of nurses' training schools turns out the graduate of today without the preparation that she needs for this immense field that is opening all over the country. It leaves her without ideals, it leaves her without the psychological picture of the thing to which she is building. There is not a nurse who goes out into the field but knows all about tuberculosis; she can spot an adenoid child at a distance of half a block. I am not complaining of her ability to see the problem of the corrective and the preventive. But how many nurses come out of the training school today who can picture in their minds what a child should look like? Very few indeed. And we have got to have in the concept of the nurse a positive thing toward which she builds; because her job is to transmit that positive concept of health to parents who have had less chance for training than she has had.

Lastly, in this consideration that you have no concept of health in the training school, you turn your nurse out from the training school—and I am speaking from experience and not from theory—you turn your nurse out without the thing that she has to sell, which is health, positive health. You know if you are going to sell a thing—really this campaign of health in the country today is a campaign of salesmanship—if you are going to sell a thing, perhaps it would be well to have what you sell, or at least to understand its value. Now to get at this we have to have standards. We have to have a standard on which to focus our own interests, on which to focus the interest of those whom we seek to help, and we have to get away from the negative in every way, shape, and manner.

In addition to positive standards of physical health I have come to believe that if we are to stand up erect and strong and ready for the work that is waiting for us, we have to free ourselves from fear. I believe that fear is destructive. I do not believe that fear saves the world. You know the Presbyterians tried eternal damnation for a long while, and even though they never quite gave it up, they now preach a very modified doctrine in reference to it. Those infants in hell have disappeared from Presbyterian thinking. I believe the Presbyterians are right. I believe we have got to come out of the phase of fear and have got to stand up in the sunshine and face up the road towards something positive. To do this we have got to understand the factors that underlie positive mental health.

I was so glad to hear Dr. Lucas say what he did about the height-weight relationship as being only a factor. I mean this for you people just as much as I mean it for the children. When you attempt to build into positive

health, the height-weight relationship is the responsibility of every individual person. Of course I am the kind on which it comes off by fasting and prayer. Somebody asked me last summer why prayer; and I said that one might keep on fasting, I thought that was self-evident. But as a matter of fact I believe one fundamental factor in the health of the nurse is the height-weight relationship. A reasonable balance should be reached and maintained. This is just as true of the child in the field as it is of the nurse.

We trained a very fine public health woman in our institution on the north side in Chicago, and she certainly was a sad looking object. She was a typical mal-nourished child. A few months later I found that girl teaching nutrition out west, and as I had some interest in her training I went at her good and hard and said, "I would be ashamed to teach nutrition and look as you do." She was piqued. I went back a year later and that girl had put on eighteen pounds. She was the prettiest thing you almost ever saw. Of course her posture had improved, her color was better and her eyes were bright. I began to pet her and tell her how nice she looked, and she said, "You keep quiet. I feel just as much better as I look." She could see health then; she had it and looked it.

This height-weight relationship is a starting point and nothing more, and it is one idea in this concept of positive health. This relationship between height and weight is valuable in the health of the child and the health of the teacher. It is brought about by the same standards of nutrition, the same control, the same regime of health. It helps to produce the normal chemistry of the body, it helps to produce beauty, it gives one chance for stored vitality, and all these things underlie positive health. This height-weight relationship is often ignored in nurses' training schools. I have recently been making a very strenuous, and I am afraid vain, endeavor to teach health in a training school for nurses; and about half of my girls were very much below their weight for their height; as soon as I would get a small group of them started up, they would be put on night duty and the improvement would be lost.

That is bad business. It would literally pay that training school, in my opinion, if they would set a positive standard for each nurse in training and would say to her: "If you will maintain your height-weight relationship during the training school years, we will give you two weeks off your time at the end." That would pay the training school in actual dollars and cents. It would also put more responsibility into the heart of the nurse for her own well-being. You see the nurse has come along at the end of the subjection of women in the history of the ages, and you know the nurses' training school is not too democratic an institution, if you will just think it over. The nurse has quite unconsciously come into the ancient martyr spirit of women who were in subjection. The spirit has come down through the ages because the poor things could not help themselves.

In this latter day there must be a standard and an individual standard and individual responsibility, and there must be an understanding in the contract between the training school and the nurse that that nurse is to be

educated; her highest possibilities are to be brought out; and that includes her positive health. Her learning about germs will avail her nothing unless she has got the backbone to stand the gaff of her profession, and that standard has not been set and we have got to have positive health standards in training schools for nurses. How it is to be brought about I don't know, except through great gatherings of nurses like this.

In the height-weight relationship, comes a factor over which the nurse has no control, and that is the diet in the training school. Very often a trained dietetic person is in charge of this diet and very often the total number of calories is approximately right. But in many training schools there is very little attention paid to the demand of modern food experts for a wide variety of diet, and many of the diets are monotonous and many of them are short—I speak from experience—(I do not mean thirty-five years ago) and many of them are lacking in those growth principles that we know now are so necessary to the health of every one of us, and especially to the health of the child.

This matter of diets in nurses' training schools should be a matter of the most careful study, and again it would pay the training school. It does not pay the training school to give a diet so short in vitamines that there is little appetite in those nurses. It does not pay a training school to give a diet so monotonous that they dread Thursday night, because they know that is mutton. It does not pay a training school from the point of health of the nurse. Also there is the chance to give the nurse a practical demonstration of a balanced and broad and varied diet that she can use as a standard when she gets outside of the hospital. To sum up, diet for the nurse should make the nurse healthy and serve as a standard for her health teaching.

There is another point on the positive health side of nurses about which I feel very keenly, and that is that in positive health standards I believe that we should always include a standard for the reproductive life. The standard for the reproductive life is a normal educational aim to which little attention has been paid. Girls have been educated in a system made for men by men. This has not been modified to any extent for their use, and they have been most ambitious to make good and they have made good. In one of the medical colleges in Chicago I have heard that they did away with the honor list because out of thirty girls in a class of three hundred they carried off so many honors that the brethren could not stand it.

There is no doubt but that women have made good intellectually. They have taken degrees and honors and high places in the educational world. It seems to me—from the outside, of course, I am a plain doctor—that sometimes they lose sight of their big job; and it seems to me in general education as well as in nursing education one of the fundamental ideas in positive health is to conserve the individual for parenthood if he is fit to be a parent, and this conservation for parenthood should be thought about in the nurses' training. Nurses ought to make the best wives and mothers. I have no statistics on the number of living children per

nurse, I don't know whether any such statistics exist. It would be a good statistical study for alumnae associations to figure up. They might be somewhat shocked to get figures such as I got from my own college group a few years ago. I got out of college, I believe, in 1890. In 1913, I counted up my own group that had gotten out of college before 1900, and in thirteen years we had managed to accumulate seven-tenths of a child apiece.

Here you are, a very highly trained group, with high educational standards, expensive and intensive and extensive training as nurses. People as highly trained as yourselves should be conserved for parenthood if parenthood is possible; because you see in this place that we call America if we are to carry forward the tradition of freedom and justice that has been fought for and bled for by the Nordic races of Europe for a thousand years, we have got to have a few American mothers able to have a child and nurse it nine months.

Now don't misunderstand me. I know well the gifts of southern Europe; I know well that southern Europe brings to us art and color and music—rich gifts that we need in our colder and grayer northern lives. But southern Europe has not the gifts that we Nordics have, the Anglo-Saxon, the Germanic, the Scandinavian; and if we wish to put into America the ideals of justice we have got to have more American children; and it makes necessary the conservation of the individual as a parent, the basis for positive health. I should like to see it made an end to nurses' training schools. For instance, I think a nurses' training school could well give a girl another two weeks' credit if she maintained during the training school course a normal and painless menstruation. To that there is very little attention paid except, as Dr. Lucas stated, when the abnormal occurs. The normal must be fostered and should be made a definite end of the education of the nurse. Not only this, but in this conservation of parenthood there should be brought into this health capaign a positive cosmic ideal —the place of this living protoplasm under the eternal law—this ever-widening stream of life in which is worked out the ends of the Eternal.

That cosmic view of parenthood, that relation of the home, that responsibility to powers outside of ourselves and eternal, must be a part of this fundamental health that this stream of life may go on unimpaired and trained along the wonderful lines you have heard.

You see really the idea underlying positive health is the idea of making a woman first and then educating her. It is not the stuff that you have in your attic that is of value to you; it is the stuff that you have downstairs and use, that is of value. This idea of accumulated stores of mental material and not enough backbone to use it is not one of my positive health aims nor is it, I believe, a sound educational aim. I am afraid I am rather utilitarian in my ideas of education. I have not so much respect for a great mass of information as I have for applied science in right living in a healthy body that can put it across.

With this idea of positive health I feel that we should have for health teachers, better standards of nervous balance. I believe that is a thing within

the reach of every one of us. For instance, we have as health teachers to combat the spoken words of Mr. Edison. Mr. Edison tells us that four hours' sleep is enough. Mr. Edison is as deaf as a post; he does not hear the noise of the Loop in Chicago; neither is he talked to death by neighbors; and anyhow, Mr. Edison is a genius. I believe we have to definitely and carefully counteract words like that. I heard of an adolescent in this town yesterday who was getting two hours' sleep a night and was quoting Mr. Edison as her authority. As health teachers we have to set standards of nervous control for ourselves and to definitely understand that there is an ideal of nervous control as well as a height-weight control of the body.

The next point in this positive health I believe is posture; and I hardly think that any nurse with the typical malnourished posture could or should teach health. On this posture topic, I should like to give you a reading reference; and I am sure that Dr. Lucas has been reading the same books. Take Alexander, the Englishman, who wrote "Man's Supreme Inheritance," in which he discusses not only posture as a fundamental of health and right living, but he discusses a conscious control of our living, which I believe is a very sound idea. And in connection with that, take Dewey's "Human Nature and Conduct," which discusses a further phase of this.

In this matter of posture, you know what the usual method is. Here comes a skinny child slumping along, and the parent says, "Johnnie, put your shoulders back"; and he does and gets about that much result. If you will stand up I will give you a lesson. In the first place, well nourished people don't need to wear bones on the outside. We have our bones inside and we have some muscular tissue to hold them up, but malnourished and poorly muscular people, of the highly nervous and intellectual type, sometimes need bones on the outside,—in other words, thin people need corsets.

The first thing is to get your body in balance and get your heels off the floor and swing the weight forward. I am speaking, I am thankful to say, to an audience that wears decent shoes. Of course the average woman can hardly get her heels any higher than they are. Keep your weight on the ball of the foot, so that your heels just slide over the floor.

Next, will you loosen your shoulders? You see the American woman, with her high heels and tense shoulders, and she tells you the back of her neck aches. I should think it would. If one went on six weeks that way I think the neck would break instead of ache.

Next, fix your mind upon your breastbone and by muscular effort—not by taking a breath—will you kindly pick up your breastbone? Children take hold of their blouses and pick up their breastbone. You can do it that way. You have to boss your breastbone or you are not in control. Shoulders easy; now all together; up we go! Too stiff. Well, I believe there are a number of you who are not the bosses of your breastbones.

If you are coming into position you can feel a pull in the back; that is all right. Lastly, then, having gotten yourself in balance, just see how tall you can make yourself without stiffening your

neck. See how tall you can make yourself by drawing in your chin a little. Well, you look better.

Dewey says that anybody that can stand up, will stand up, but that is not true. There are about two hundred and fifty of you that were not standing up when you rose this afternoon, and you did stand up. You can do it and you can teach people to do it; but you have to get your underlying nutrition to make that thing a possibility, a habit, and a real development of the person.

This matter of posture is very fundamental in the whole idea of positive health. I am getting almost superstitious about a certain type of woman that walks in the office. I can almost see the degrees after her name when she walks in. She is so intellectual and so thin I can almost see the slats of the chair through her. And then I give her a long and full examination, and the first thing is that her stomach is not at home and other organs are not in their accustomed haunts. I send her in to the X-ray man and he sends back word that everything that should be on the first floor has fallen into the basement. It is plain to see that you have not been one of those cases. They think they are awfully sick. Really they are deformed. The whole nervous balance of that body is upset, the whole chemical balance of that body is upset, and it is due first to malnutrition; second, to bad posture; and it takes an immense amount of re-education of the adult to bring that type of nervous, highly educated, poorly nourished woman into anything like reasonable and positive health. We have to be very keen on this posture side, ourselves, because we are dealing with children, little imitative beings, that if you droop, consciously or unconsciously copy your droop, and if you stand tense they stand tense; and this postural thing is very fundamental, both in your own health and in your teaching.

I am sure you are beginning to see that this matter of positive health is poles away from the absence of disease. I recall a woman that lived in a little town where I lived when I was a little girl. I think she had never had typhoid fever or malaria. As far as I remember she had never been a day in bed, and yet she crept about that small town casting a shadow of pain. She always had a pain here and a pain there, and she was one of the most cheerless, depressing objects in that little town, although she had never been really sick a day in her life. She had absence of disease, which might be termed negative health.

This thing I am speaking of is something positive, away and beyond absence of disease, and in your children it is far beyond the correction of defect. You can take out all sorts of tonsils, adenoids, and teeth and many, many other things, and still have a child with very negative health. In the work of the schools the health standards are largely negative correction prevention. Two years ago, down in Salt Lake, one of the great physical educators of the United States got up and read a paper and said that health was absence of disease, and that with health, physical education had nothing to do,—God save the mark—and then he went on to say that physical education had to do with well-being, which was another thing than health. Now, people, don't take any such standard as that. Well-being

is fundamentally a part of health and is to be built into health ideals and with that health, physical education has to do and should be used to that end.

As a general background to this positive health ideal I should like to put into your heads a standard of reserve vigor. Do you remember that "Adam's Diary" that Mark Twain wrote some years ago? and that on Sunday, Adam never recorded but two words, and those two words were "Pulled through." I am afraid that too many of us set our health standard on "Pulled through," and that is no rational health standard. You have got to have in your ideal of positive health standards a reserve vigor, something in you that makes you know that at the beginning of every day you can call on your body for all reasonable demands and that you will have at the end of that day something left. You cannot use it all up every day, that is not fair; because outside of your job of running a hospital, or nursing the sick, or teaching, you have other duties that have come upon you in these latter days, and they are very exacting duties. After you have done your day's work you have to do your share towards running your government; and your government is one of the most difficult governments in the world to run; and it is far from running right as far as the cities are concerned.

Then you know we have another thing to do that I think demands more positive health than anything else. After we have done our day's work, with the demands on our citizenship, possibly reared a family, there has to be vitality and health able to grow a soul. There has to be strength and interest enough so that we can build up the sides of us that appreciate beauty, and that appreciate art and music. Without that we cannot do. Life is more than meat; life is not just to be put on economic terms; it is not just to be pulled through and do the least possible. Life is for the fulfilling of the highest possibility of the person in service and in growth and in beauty and in the appreciation of beauty.

That brings me to the last topic in this matter of positive health,—a matter on which I feel quite deeply, and that is the matter of avocations. We have all our profession; we work hard at it; and it seems to me that professional life becomes more and more difficult year by year. I always said I was going to stop when I was fifty, and I work harder to earn my living every year I live. But as a matter of fact, I believe we have to support in this ideal of positive health, some standards as to avocations—interests o u t s i d e of our work, something that gets us into the out-of-doors, something that develops our hands.

I was very much interested in Dr. Lucas' standards of muscular control at an early age. I haven't any doubt that what he says is true, but I will confide to you that I have never had so much fun in my life as beginning music at the age of fifty-two. He said that much could be done, that we could learn. Well, it can be done, and it is more fun than anything you ever tried, to begin a new avocation at an advanced age.

This matter of avocation I have felt for some years was a very serious matter for nurses. Of course for the private duty nurse, her avocation is almost nil. She is on the job twenty-four

hours a day, and when she comes off she is too tired to do anything but sleep. But even the private duty nurse should have an avocation, something that builds up her ability to create, something that fills her soul, something that helps her into the realm of beauty and something that she understands and has an interest in outside of nursing. Work is hard in these modern times; the responsibility is great. We have come into a new stage of consciousness. We touch the ends of the earth and we are responsible for the ends of the earth, because of our widened contacts, and it is not a cheerful or easy outlook. The ends of the earth are in a fearful snarl, and it bears down upon us as a terrible burden. Only by nervous balance, only by sane outlook, only by sleep enough, only by rational standards for health, can we meet the demands of this present day.

THE IMPORTANCE OF UNDERSTANDING MEDICAL LABORATORY TESTS

By Mabel McVicker, R.N.
Peter Bent Brigham Hospital, Boston, Mass.

TOO frequently the student nurse, and often the graduate head nurse, looks upon a "test" as something which has to be done because the doctor has ordered it, and feel a relief when it is over, so that the routine work of the ward may go on without interference, but if she might only know the significance of the test—and there is always a way of knowing—and remember that by being an assistant with it, she may be an aid in making a diagnosis and so directly help the patient, then surely she will work with interest, enthusiasm, and one hundred per cent of accuracy so far as her work is concerned in any test.

Let us consider, for example, two of the comparatively new medical tests. First, the Glucose Tolerance test. This is considered by many physicians an aid in the diagnosis of early cases of diabetes. Glucose tolerance means that a known amount of glucose is administered to an individual and then it is determined how efficiently it is utilized by the body tissues by estimating the height to which the blood sugar rises, and whether or not sugar appears in the urine. The patient fasts after 7 p. m. of the evening before the day of the test. The reason for this is that it has been found that if other food stuffs are being absorbed at the same time as the sugar, more of the latter can be tolerated than when the sugar alone is being absorbed.

The patient is weighed that evening. In the morning, a specimen of blood is taken to determine the amount of sugar present, after which a solution of glucose is given by mouth, allowing 1.5 grams of glucose per kilogram of body weight. For each gram of glucose, 3 cc. of water or weak coffee are allowed. If water is used, the juice of a lemon may

be added. After taking the glucose, the remainder of the water or coffee is given.

The patient voids urine before taking the glucose, then once every hour, using separate containers, for three hours. The amount of sugar in the blood is determined not only before the administration of the glucose but also at the end of three-quarters of an hour, and at the end of two hours, after the glucose has been given.

After a patient has fasted twelve hours, the normal amount of sugar in the blood averages between 100 and 120 milligrams per 100 cc. of blood. If at any time during the test it rises above this, it should return to normal within two hours after the taking of the glucose. Experiments have shown that an individual with a low sugar tolerance has a rapid rise in the blood sugar (often to .2 per cent or greater) and it remains high for an hour or so, not returning to the fasting level until from three to five hours; while in a normal individual, after the ingestion of a similar amount of glucose, the blood sugar rises rapidly to about .15 per cent and returns to normal in about two hours.

During the test, the urine is tested for sugar in order to determine which specimen, if any, contains glucose. A normal person should not show any sugar in the urine. It has been shown that of the three proximate principles of food, carbohydrate is the most available for combustion in the body and may be considered as the quickly available food for the body furnaces, and a healthy animal organism is capable of rapidly oxidizing large quantities of carbohydrate.

"When the limit to the amount of carbohydrate that the organism can metabolize is overstepped, some of it appears in the urine. The amount that can be tolerated without causing glycosuria is commonly known as the *assimilation or saturation limit.*" [1]

In the majority of healthy individuals there is no trace of glucose in a 24-hour specimen of urine after the ingestion of 200 grams of the glucose and frequently none after as much as 500 grams have been taken. "The testing of the so-called assimilation limit has been considered an important aid in the diagnosis of early cases of diabetes." If, during the glucose tolerance test, the blood sugar "curve" does not return to normal within two hours and glucose is found to be present in the urine specimens, the patient is said to have a "decreased sugar tolerance."

Second, the Meltzer-Lyon test. This is used in the diagnosis of diseases of the gall bladder and biliary ducts. The nurse has ready on the day of the test the following outfit: 1-20 cc. sterile syringe; 1 sterile specimen glass; 1 tumbler of sterile water; 1 sterile glass tip to medicine dropper and 1 glass connecting tube; 5 sterile bottles; 5 sterile stoppers; 100 cc. of magnesium sulphate 25 per cent solution (sterile); 1 sterile Rhefus or duodenal tube; adhesive tape (to fasten the tube and prevent slipping); kidney basin (for vomitus, if any); washed gauze (for patient's use).

No food is allowed the patient from midnight of the day preceding the test until its completion. The reason for this is that the microscopic findings in the fasting contents of the stomach and duodenum may be of diagnostic value;

[1] Physiology and Biochemistry in Modern Medicine, MacLeod.

also, in the fasting state, the sphincter of the common bile duct should be closed. The patient's mouth is washed out thoroughly with an alkaline antiseptic mouth wash. This procedure, together with having the patient fast and the use of sterile material, helps to keep the stomach and duodenum free from residue which might be confusing when the microscopic examination is done.

The Rhefus tube is inserted about 8 a. m., and the fasting (gastric) contents withdrawn to the sterile specimen glass. A small amount of water is left in the stomach to stimulate peristalsis, the patient lies on the right side (with a pillow under the hips) and the tube is swallowed and permitted to pass into the duodenum. The first fasting duodenal contents is aspirated into a sterile bottle. It usually takes about twenty minutes for the tube to pass into the duodenum.

The 100 cc. of magnesium sulphate is then injected through the tube into the duodenum. Dr. Meltzer, in his experiments, found that "it (a local application of a 25 per cent solution of magnesium sulphate) may r e l a x the sphincter of the common duct and permit the ejection of bile, and, perhaps, even permit the removal of a calculus of moderate size wedged in the duct in front of the Ampulla of Vater." Because of this effect, magnesium sulphate solution has been introduced into the duodenum by means of the duodenal tube to induce drainage of the bile ducts in cases where such treatment seemed to be indicated; e. g., in catarrhal jaundice.

During the test, after the solution of magnesium sulphate has been introduced into the duodenum, using the syringe, the duodenal contents are again aspirated into a second sterile bottle. The glass connecting tube permits the color of the fluid being withdrawn to be seen and in a few minutes the magnesium sulphate solution ordinarily begins to be stained with bile; this first bile is yellowish in color. In a few moments, the color changes, and the bile becomes darker and more viscid; this new bile is allowed to run into a third sterile bottle. This is usually followed by a lighter colored bile which is thinner and more transparent and this is collected in the last sterile bottle. Dr. Lyon believes the first bile to be that contained in the common duct; the second darker colored bile, to be almost entirely from the gall bladder; and the third kind of light yellow transparent bile, found in normal individuals, to be that which has been freshly secreted by the liver cells.

The diagnosis is made on the microscopic findings in the specimens obtained—pus, blood cells, mucus, bacteria, etc.; on the promptness with which the biles appear, the amounts withdrawn, the frequency of the discharges, and the general appearance of the material as to color, consistency, viscosity, etc.

To be sure, the work for the nurse in the above medical tests, as in most tests, is to prepare the equipment, and see that the specimens are properly labelled and sent promptly to the right place for examination, but surely these are important and most necessary to the successful carrying out of any test. In tests similar to the duodenal test, is it not the nurse who usually can reassure the patient so that she will follow the doctor's instructions?

A RESUME OF THE PRESENT STATE OF OUR KNOWLEDGE OF SCARLET FEVER

By Robert A. Kilduffe, A.M., M.D.

Director, Laboratories, Pittsburgh Hospital; Director, Laboratories, McKeesport Hospital; Serologist, Providence Hospital

DEFINITIONS: Scarlatina or Scarlet Fever is an acute, infectious, and highly contagious fever of unknown origin conferring immunity and characterized by sudden onset and the prompt appearance, (second day), of a bright scarlet, punctiform eruption terminating in desquamation, the disease showing a marked tendency to inflammatory involvement of the kidney, middle ear, throat, and cervical glands.

The incubation period is short, rarely over seven days, and excepting during epidemics, the disease is almost entirely confined to children.

Etiology: It must be admitted that, in spite of the numerous and varied investigations directed toward the discovery and isolation of the etiologic agent, the cause of Scarlet Fever is still unknown. The most recent experiments, (September, 1921), made upon human volunteers who had never had the disease and who were, therefore, presumably immune, in which blood, blood serum, filtrates of secretions from the nose and throat, and cultures of hemolytic streptococci isolated from fatal scarlet fever cases were injected subcutaneously, failed to produce a single instance of typical scarlet fever.

There are several ways of accounting for the failure thus far to discover the cause of this disease:

1. The organism may be ultramicroscopic—that is, too small to be seen with the microscopic powers now available.

2. Culture media and methods suitable for its growth may not have been found.

3. The causative agent may belong to those grouped under the heading of "filterable viruses," signifying that they are of such a character as to pass through a filter capable of holding back the smallest known bacterium.

4. The organism may be resistant to all the staining methods now in use and so, while present, not seen under the microscope.

5. The methods of inoculation may not be suitable for the production of the disease experimentally.

6. Animals susceptible to the disease are not available for laboratory study.

As is well known, before any organism can be accepted as the definite cause of a definite disease, what are known as "Koch's postulates" must be fulfilled. These are:

1. The organism must be constantly found in the lesions of the disease, and isolated from them in pure culture.

2. When injected into a *susceptible* animal the disease must be produced.

3. The same organism must be recovered in pure culture from the animal in which the disease was experimentally produced.

Animals usually utilizable for experi-

mental work are not susceptible to scarlet fever with the possible exception of the higher apes closely related to man and even in these the disease has not been exactly reproduced. This immunity in animals is not easily explained. The condition is illustrative of the fact that, for reasons not always clear, there are certain pathological conditions to which man is subject and animals are not, and vice versa. Of course, the animals available for laboratory use are comparatively few in species and a susceptible animal may yet be found.

Transmission: The exact mode of transmission of scarlet fever is more or less a matter of guess work and tradition, but the infection has been transmitted in one known instance by the subcutaneous inoculation of pharyngeal mucus; and its transmission through the agency of the nasal and pharyngeal secretions and the desquamated scales from the skin is generally recognized.

The causative agent seems to live a long time and to be very resistant to the effects of drying, etc., and clings to clothing, and articles handled by the patient, which explains the occurrence of the disease through clothes, toys, etc., long stored away in trunks.

Pathology: There are, apparently, no specific organic changes due to the virus itself; when found they are generally the effect of secondary streptococcic infections. The lesions in the throat, in which streptococci are predominant, are apt to be very destructive in character and the same may be said of the secondary involvement of the middle ear and cervical glands.

The most important and constant complication, and one directly responsible for much of the mortality, is the frequent accompanying nephritis. This occurs either as an acute interstitial or an acute glomerulonephritis and may result in severe disturbance of renal function even to complete anuria with subsequent permanent functional disability. Though an after chronic nephritis is frequent it is by no means inevitable, and may often be averted by scrupulous care and nursing—a fact not to be forgotten.

Relation of Streptococci to Scarlet Fever: The extraordinary frequency with which streptococci are found as secondary invaders constitutes so marked a feature of this disease as to have led to numerous efforts to establish them, either as a group, or as a separate and distinct strain, as the cause, but adequate evidence has not been produced and there is much opposed to this view.

Occasionally, in severe streptococcic septicemias, a rash somewhat resembling that of scarlatina has been noted, but this is so infrequent as to cause no confusion between the two diseases. In the streptococcic infections the rash, when seen, is due to the hemolytic action of the streptococcus which gives rise to numerous, minute spots of color due to the destruction of red blood cells by the streptococcic toxin and consequent hemmorhages and liberation of hemoglobin into the skin.

The true scarlet fever rash is readily distinguishable, being distinctive in color, character, and distribution. It is a bright scarlet, "lobster-colored" rash of *punctiform* character most marked on the inner surface of the thighs and the flexor surfaces of joints, *and apt to be paler or absent around the mouth.* Such

a rash in the presence of an acute onset with fever, sore throat, and vomiting is sufficient to make the diagnosis.

Rare cases occur in which the rash is absent, in which case it may be provoked by a hot bath or pack.

Specific Treatment: There is no specific treatment of this disease such as obtains for diphtheria and tetanus.

Because of the association of streptococci with this disease, streptococcic vaccines and antistreptococcic serums have been used with results which may be thus briefly summed up:

Vaccines: As preventives their value has not been definitely established and their use in this connection is entirely experimental.

As a means of treatment, streptococcus vaccines have some value. They have absolutely no effect upon the course of scarlatina *per se* and do not at all influence the course of the disease; they do, however, because of the production of antibodies against the streptococcus, to some extent modify the occurrence and severity of the streptococcic complications so frequently seen, and for this purpose their use is justified.

Antistreptococcic Serum: Serums made by immunizing horses with *living* cultures of streptococci from the heart blood of fatal cases of scarlet fever have, on the whole, given fairly good results in the treatment of the disease. Cases overwhelmed at the onset, presumably by the true scarlet fever virus, are unaffected; those most likely to benefit are the cases which become severely ill *after* the appearance of the eruption or those, in other words, in which the effects of secondary streptococci infection are most marked.

Immune Serum: The treatment of scarlet fever by the injection of serum from patients convalescing from the disease was first attempted in 1897 and has since been used by various observers with varying results. While the results obtained have not been brilliantly or definitely successful, it would appear that the method is worthy of extended trial, certainly in the severe, toxic cases not likely to respond to other methods of treatment. In the absence of immune serum, even normal serum may be used, as there are some observations which seem to indicate that normal serum may be beneficial.

In the ultimate analysis it must be admitted that we are still groping in the dark and that the cause of scarlet fever and exact knowledge as to the prevention and specific treatment of the disease still remains to be discovered.

The best weapons now at our disposal in the prophylaxis of this disease and of the complications responsible for much of the mortality and functional disability consequent upon this infection are embodied in careful, constant, and conscientious nursing.

The report of the U. S. Public Health Service for August 18 contains an exceedingly valuable article on Diphtheria by J. W. Schereschewsky, Assistant Surgeon General. It is especially commended to those who are teaching in our schools or to those who are concerned with the problems of the public health field.

American Hospital Association Bulletin No. 44 gives the results of a searching questionnaire on Disinfection after Contagion.

GUMMED PAPER MODELS

By Carolyn E. Gray, R.N.
Western Reserve University, Cleveland, Ohio

AN outstanding problem in schools of nursing is to obtain all the teaching helps that the varied branches included in the curriculum make necessary. Because there are so many and such varied subjects, not one but many things are needed to help the students correlate theory and practice, as well as develop skill.

For some years there have been warnings from nurse examiners that skill in bandaging was fast becoming a lost art, that the number of students coming up for examination who can apply a bandage quickly, skillfully and so it will *stay put* for a reasonable length of time are few and far between. To do this requires practice, and such practice ought to come at the beginning of a student's training. Moreover this practice ought to be on inanimate forms. During the first flush of enthusiasm it is easy enough to find classmates willing to serve as models, but such willingness soon wears off, and plaster models are expensive. In many schools one finds ingenious methods of making models, but the simplest and most easily made ones are similar to the gummed paper dress forms described in Circular 207 of the United States Department of Agriculture.[1]

I have used models made as described in this circular and I know they are satisfactory if adequately reenforced, i. e., made of *several* layers of gummed paper. I have often thought I would write out a description of these gummed paper models, but I find the method of making paper dress forms described in the circular mentioned, so simple, so well illustrated, and so easy to apply in making a model of any other part of the body, that I recommend this circular to thrifty principals of schools of nursing. And who among us has not practiced thrift verging on parsimony in purchasing t e a c h i n g helps?

An adequate number of gummed paper models of various portions of the body, would make it easier for students to practice bandaging, and the need for such *practice* is very great.

[1] This pamphlet may be obtained from the Superintendent of Documents, Government Printing Office, Washington, D. C., at five cents per copy.

PRACTICAL SUGGESTIONS

By Edna Rogers, *Berkeley, California*

For cleaning hypodermic needles which are in good shape except for a slight roughness on the tip, or outside, I find it restores them to their original smoothness by rubbing it into an emery ball several times.

For those patients who use the bed pan frequently, or in a great hurry, it is convenient for the nurse, and comfortable for the patient if a hot water bag is kept on the part of the vessel to be in contact with the patient. The same idea works splendidly at night.

EDITORIAL COMMENT

Professional Parentage

MORE than once we have observed the phenomenon of an unusually competent mother rearing a feckless daughter. Our sympathies have usually been with the daughter because the mother, glorying in her strength and ability and too impatient to teach because she found it so easy to do things herself, unconsciously caused the very incompetence she deplored. We have some nursing organizations in which an analogous situation seems to exist. Just as the mothers described found it easier to do than to teach, so do we find little circles of executives going on year after year, carrying the whole responsibility because they are unwilling or afraid to delegate their authority and thus fail to develop new workers. It is these groups who most deplore the tendency of the rising generation to avoid responsibility. Of course they will avoid responsibility if the load is not gradually adjusted to their shoulders. Few, indeed, are the people in any walk of life who have entered directly into large affairs.

They are not really competent who fail to build for the future. No organization is sound, whether it be an alumnae, a district or a state association, if it is dependent on one individual or little group of persons. It may be flattering to one's vanity to feel that an organization is dependent on one's efforts, but such a condition indicates weak executive ability. Let us give our young graduates the widest possible opportunity for developing qualities of leadership. It takes real courage to stand by and allow mistakes to be made, but some lessons, which each generation has to learn for itself, seem to be learned only in this way.

"A city set upon a hill cannot be hid!" Our profession is r i c h in shining personalities that cannot be hid. Doubtless these gifted ones were born to lead, but even they have been dependent upon opportunity for the fullness of their development. It is only a half truth to say that leaders are born and not made. Only experience can fully develop the courage and vision, the open mindedness and critical judgment that characterize the true leader.

Among our young nurses of today the administrators and leaders of tomorrow must inevitably be found. Give them a chance to develop their latent powers. Put them on committees, encourage them to have a voice in meetings by giving them something to report upon, give them a chance to grow by doing! By assuming the habit of power they will put themselves in the way of such tasks as will call their developing ability into action. Let those who are active today prove their competence by thoughtfully encouraging a generation whose initiative is unquestioned but which needs guiding into desirable channels. As Dr. Beard has happily phrased it, let us "cultivate the instinct of professional parentage" in this important aspect of our work. Sooner or later today's workers must lay down their tasks. Their achievements will most surely live after them if they build not only for, but with their possible successors.

Going-up Days

IN May we enjoyed the privilege of attending two unique ceremonies for nurses in the Journal's home city. The Community Commencement for the classes of three schools was a brilliant and dignified occasion enjoyed by several thousand people.

While watching the lines of gleaming white-clad figures taking their place on the great stage and the blue-uniformed students filing into row upon row of seats below them, emotion caught one's throat at thus contemplating so much actual and potential nursing power. No finer expression could have been given the modern crusading spirit, a spirit which demands careful preparation before launching forth toward any definite objective.

The second event which was hardly comparable in size or importance, was planned wholly by the members of a class which had just completed the preliminary course. They called it their "Going-up Day" because they appeared before a group of admiring relatives and friends, in all the dignity of newly won caps, to be presented by their instructors to the director of the school as fully ready for the second stage of their nursing education. Their joy in work well done was celebrated in original song, address and prophesy, and through it all one caught again the crusading spirit, the zealous enthusiasm of those who are impelled to press forward toward a deeply desired goal. Our great philosopher, John Dewey, says "Happiness is found only in success; but success means succeeding, getting forward, moving in advance. It is an active process, not a passive outcome." The great occasion and the little ceremony alike were eloquent of such happiness.

Many nurses, both student and graduate, are having unheralded "Going-up Days" at this season; those who were Juniors are now Intermediates, the Intermediates have become Seniors and the recent graduates are adjusting themselves to private duty or positions in hospitals and in public health work. With the beginning of the school year, many instructors and executives are assuming new responsibilities. For all we would say that these days are full of promise. Permit yourselves the satisfaction of evaluating your past achievements, turn your failures into assets by recognizing them frankly for what they are, and face forward eagerly and hopefully to the new objective. Your "Going-up Days" will then become milestones of your progress and your happiness.

Programmes

WITH the end of the vacation season and the stimulus of a tang of frost in the air, comes the annual resurgence of association activities. There is much discussion of programmes and hopes are high for a fruitful year.

The man in the street has a crude saying that seems applicable here: Do not depend on your wishbone for what your backbone should do. In other words, hopes alone are not productive, but hopes transmuted into clear cut programmes and executed by energetic, live minded, co-operative groups, will bear rich fruitage in professional advancement.

The initial responsibility rests with

the Programme Committee. Of the ever increasing subjects of interest, which will prove of most value this year? In the main this must be decided by local needs, but we believe every association will devote at least one programme to the report of the Committee on Nursing Education. Actual work along lines suggested by the report will be facilitated by thoughtful consideration of Miss Goldmark's detailed study from which the report was made; this will be in print shortly.

We cannot too soon familiarize ourselves with this unbiased study that is concerned with present conditions, not for the purpose of discrediting them, but in order that we may build solidly for the future.

The national health organizations have a wealth of material available for distribution for those who prepare papers. Many of them have speakers in the field who would gladly adjust their itineraries to meet your dates, if invited sufficiently in advance.

Our book reviews of the last year indicate some notable contributions to our professional literature. Institutional and public health nurses who, by the very nature of their work, are obliged to keep up to date on such books, could be of tremendous help to the private duty group by giving brief talks on some of these books, emphasizing both the strong and weak points. Private duty nurses are chary of adding to their libraries books of whose worth they are uncertain, knowing all too well the disadvantages to a nomad—even a high type one—of many impedimenta. The private duty nurses, on the other hand, could make a cultural contribution of no uncertain worth, to the other groups, for theirs is often the privilege of reading and discussing with able people the best of our current literature. Ten minutes so used at each meeting should prove stimulating and profitable.

Every delegate who heard Miss Sly at Seattle, is doubtless urging the formation of classes for drill in Parliamentary Procedure in both associations and training schools. True democracy demands such knowledge. It also gives self confidence to the diffident nurse who expresses her really worth while opinion to her cronies after the meeting instead of at the time it would be of most worth; i. e., when the question was before the house.

These are only a few suggestions—the field is inexhaustible and ripe for the gleaning of alert programme committees.

Three Interesting Committees

THREE committees which should be specially alive are those on the Calendar, the Relief Fund, and the Journal.

The Calendar Committee may be a new one and its activities are short-lived, only from now until Christmas. Its duties are to secure orders for the calendar to be issued at Christmas time by the National League of Nursing Education, through its headquarters office, and to secure and deliver the calendars. The calendar will be of practical use with its clear figures, as was the case last year, and it will present the portraits and sketches of twelve nurse educators, women we should all know about. The names of these twelve women will be secured by

a vote of seventy nurses in various parts of the country, so that we are assured a representative group.

The Relief Fund Committee should make itself well informed regarding the work of the Fund and should have something of interest to state regarding the Fund at each meeting. It should keep posted on just what is being done for the Relief Fund by the State Association of which it is a part, how near it came to its quota of 100 per cent last year, how many nurses from the state have been or are being helped. It should supply itself with the little Relief Fund leaflets which may be obtained from the secretary of the American Nurses' Association, and it should make sure that at the end of the year a subscription has been turned in to the State chairman amounting to $1 per member. It is much better if each member really gives her own share, but if this is not possible, others may wish to help those who cannot contribute, or some entertainment may be given to make up the amount.

Almost every district and alumnae association has a Publication Committee, one of whose duties it is to send news and announcements to the JOURNAL and to secure subscriptions. This committee should be active, not passive. It should try, if possible, to have a discussion of the current number of the JOURNAL made a part of each month's programme, ten minutes being given to a resume by one member of the most important items. It should send to the JOURNAL all important news from the association, and should secure from the JOURNAL, subscription blanks, so that members may be ready at each meeting to take and forward subscriptions. The JOURNAL office will gladly check up any membership list, showing just which members are subscribers, if some alert committee wishes to make a personal canvass. Sample copies of the JOURNAL will always be furnished to such volunteer agents.

Let us push "our JOURNAL" as never before.

FRAUDULENT AGENTS

OVER and over again we have warned our readers about subscribing for the JOURNAL through unknown persons, but no month goes by without some nurses, somehow, somewhere, being deluded into renewing at one-third off (an utterly impossible rebate!), subscribing through an agent who appealingly purports to be working his way through College, but who has nothing from the JOURNAL to show, or some other fraud. We wish every student, during her training, could become familiar with the green slips and stationary that make the JOURNAL's mail so distinctive. Perhaps fewer graduates would then be misled. Many states have been afflicted with these pests. The most recent complaints have come from Arizona, Indiana and Michigan but, by the time this magazine is off the press, the agile workers will have sought new pastures. Hence this warning.

If our busy and preoccupied readers would only stop to think, they would realize how impossible it is for any agent to be more generous than we are, for the margin between the cost and the selling price of the JOURNAL is exceedingly small.

We can warn those who already

subscribe. Unfortunately, we have no means of warning *prospective* subscribers. The associations, especially the alumnae and district associations could protect their own members by making the JOURNAL, its value and the cost of a subscription, so widely known that there can be no possibility of unauthorized persons creeping in unawares. No nurse can afford to be fleeced out of all or part of the cost of a subscription. Our subscribers are urged to give the widest possible publicity to this warning by urging nurses to subscribe and to renew through nursing channels or through well known and established magazine agencies.

DELANO NURSES

AN appointment as a Delano Nurse is at once a distinction and a sacred trust implying sound preparation and ampleness of spirit. The first nurses to be so honored under the terms of Miss Delano's will, Stella M. Fuller and Bertha R. Steeves, have just received their appointments as announced in the Red Cross Department of this JOURNAL. Both nurses have a background of rich and varied experience in teaching and in public health work. These "missioners of health" are splendidly qualified and will have the privilege of building into the very lives of the people they serve, something of the spirit of the great woman whose name they bear and whose vision and sympathy with those who dwell in isolated places is making this health work possible.

In establishing this memorial to her parents, Jane A. Delano perpetuated something of her own ideals of nursing. May successive generations of Delano nurses carry with them the lofty ideals and consecrated spirit of service that characterize the first appointees.

HOW DOES YOUR STATE STAND?

IT is the ambition of the editors to serve *all* nurses, but even a superficial examination of our files indicates that not all nurses are granting us that privilege. Many of our subscribers are registered but we have many faithful friends who are not. A highly gratifying number of JOURNALS go to married nurses. The division of foreign subscriptions reads like a romance, for we have friends in all the corners of the earth where nurses have penetrated.

A comparison of the number of JOURNALS going to each state as compared with the number of members of the American Nurses' Association, has proved most interesting. Turn to the table in this *Journal* and find out how your state stands. If you happen to live in a state with a large and active nursing population you may be surprised to find that it is not your state, but Oklahoma, that stands at the top by having most subscribers in proportion to its members. Some of the other Southern states have made splendid records and they are not resting on their laurels—their percentages are still going up! Where does your state stand?

Printed copies of The Report of the Committee on Nursing Education, made by Josephine Goldmark under the direction of the Rockefeller Foundation, can be secured from the office of the National League of Nursing Education, 370 Seventh Avenue, New York City,—price 15 cents per copy.

DEPARTMENT OF NURSING EDUCATION[1]

LAURA R. LOGAN, R.N., DEPARTMENT EDITOR

THE MODERN EDUCATION OF WOMEN FOR THE PROFESSION OF NURSING

BY RICHARD OLDING BEARD, M.D.
University of Minnesota, Minneapolis

WOMEN of the great nursing organizations of the country and guests: I want to say to you before I begin my formal address that if there is anything which your kind welcome suggests in the part that I have been able to play in the promotion of nursing education, I trace the influences upon which that part depends to two women of your profession, and those two women, Adelaide Nutting and Isabel Hampton Robb.

I am under some embarrassment in addressing you this afternoon, and for two reasons. First, I was given to understand, when the invitation to give this address came to me, that I was to address a section of the lay public, which I understand to be present, as well as the members of your organizations; and that puts me to the necessity of saying some things which to many of you, among those members, must seem trite, and with which I know you all heartily agree. And I shall ask your indulgence in the repetition of those things which you have so often heard, for the good of the cause in which the public must be interested.

If there are any amongst the members of your organization who do not fully appreciate the truth as it is in nursing today, I cherish the hope that when we shall have got through with the exercises of this afternoon, with their wonderful illumination, so far, of the problems that present themselves to you, you will at least be brought over to the great majority of your profession in your appreciation and sympathy for these things. And if not, I would not be discouraged; for though some of us may pass on, I feel as sure as that the great sun will go down tonight in the golden west, the time will come when you will know and you will believe.

Another reason for my embarrassment is the fact that my address does not correspond to the title under which it is announced on your programme. I had been given to understand that I was to discuss the whole problem of nursing education, particularly for the sake of enlisting the co-operation of the public; and I do not believe that this can be done without taking the public very fully into our confidence. That has always seemed to me to be an absolute essential thing in attempting to secure public support. Our whole problem needs to be put before the public, and if there is any criticism I should care to make upon the nursing organizations in the past, it has been, I think, that they have not sufficiently instructed the people.

Education means so many and so varying things in so many different minds. It is sometimes easier to say what it is not, rather than what it is.

[1] Read at the Wednesday afternoon session of the convention in Seattle.

If we are to determine, then, the part it plays or ought to play in the evolution of the profession of nursing it may be well for us to ask ourselves certain major questions and to apply the answers to them to present conditions.

1. What are the general purposes of education as a basic influence in human life?
2. What are the specific purposes of education as applied to the given profession?
3. What are the tests by which the evolution of a profession, as the product of education, may be determined?

1. Perhaps the primary purpose of education is to assist the individual in the realization of himself,—in the expression of his own individuality. It is a phase of education easily carried too far and resulting in an extreme of self-consciousness. Almost coincident with this object, and serving as a counter-check to its possible over-indulgence, is the purpose to promote the social consciousness of the individual as a member of a group, be it, in turn, the family, the school, or the community; in a word, to develop the embryo of good citizenship. It is a phase seldom carried far enough. Succeeding to this attempt to relate the individual to the social conditions of his life, comes in the quite definite purpose to fund within him a fair share of the knowledge,—of the intellectual possessions of his racial past,—to give him, as a result, the present racial starting-point of mental growth. Following closely upon this period of acquisition, obtains the purpose to apply knowledge to use,—fundamentally to the uses of his own cultural development, to the functional exercise of his capacity to think, and eventually to the uses of the specific part he is to play in human affairs. Finally, we may recognize as the ultimate purpose of education the extension of the reasoning powers of the individual to his social relations, to an understanding of the intricate warp and woof of human society into which he is so mysteriously woven.

Out of that understanding grows sympathy. Youth is proverbially selfish only because it does not understand. It is only by the understanding of social relationship that we achieve a kinetic sympathy with our fellows. It is only through the knowledge of the brother we have seen that we appreciate the call of the great brotherhood of men, and come to some consciousness of the God and Father of us all. Only by the widening of the horizon of social relationship, only by a sense of the continuity of social history, does the human mind project itself into the infinities of the past and the infinities of the Great Forever.

If this be an adequate, though a concise review of the general purposes of education, can we find anything, either in its process or its results, that a member of the profession of nursing does not need? Is there any calling, entrusted with the responsibilities of hers, that has any greater need? Can you not see in her educational necessities something beyond the minimal requirements for entrance to a school of nursing? Is there not fair argument for the promotion of the recently projected courses, for nursing students, in Arts and Nursing? Is there any limit to be put upon the culture she may attain?

Is it not true that in direct ratio to the degree of her education is her capacity to participate in the solution of the present problems that perplex the leaders, the thinking women, of her profession? Why, because she is to serve as a nurse, should she be denied the intellectual heritage of her age? What is there in the kind of work she does that should limit her power and privilege to think? Does not her service demand of her the best that education may bestow?

And yet we hear so frequently, and I grieve to say more often than not from the lips of medical men, the complaint of the over-educated nurse. Who are *we* to question her birthright of education in a free land? Did any one ever hear of an over-educated physician? Dr. William H. Welch, of Johns Hopkins University, is the distinguished corroborator of the view that the nurse cannot be over-educated; that had she all the education of the doctor she would have none too much. In the address which I had the honor to make before the joint session of your national bodies in 1910, the date of the organization of the University School of Nursing, I stated this now reiterated truth, that no aspirant for nursing can be too educated, too wise, or too good.

Is it not true, further, that the faults which our associated profession and sometimes the clientele of the nurse find in her, in so far as these faults are justly found,—and sadly I say that some of them are conspicuously just,—are faults due to a want of sufficient breadth, faults that suggest the partially developed mind and the half emancipated soul? Friend of the nursing profession, lover of nurses, appreciative of them, as a wonderful body of social workers, as I am,—I am constrained nevertheless to that honesty, to that sometimes brutal frankness, by which the teacher of the truth, as he sees it, must abide. The nurses I have known who have betrayed limitations, narrowness and self-seeking are under-educated women.

2. What are the specific purposes of education in the evolution of the profession of nursing? The reply to the question,—a very difficult one,—depends a good deal upon the present phase in the development of the profession to which specific education is to be applied. Had I faced the question ten or twenty years ago, the forthcoming answer might have been an altogether different one than we must find for it today. I might not have had the clarity of vision to see into the future of your calling. I might not have sensed the signs of coming change which were even then discernible and which now we look back upon as the faltering first steps in its later onrush towards its present goal. The profession of nursing is a vastly different thing now than it was then. And perhaps the major troubles you are having today are chargeable to the fact that neither the medical profession, as a whole, nor the people at large recognize this difference. They are thinking about nursing still in terms of the recent past. There is nothing strange about that. Civilized man dislikes change. He shuts his eyes to progress like a child shutting out the dark. Twilight hangs ahead of, as well as behind, most of us. We love the smoothness of the trodden ways. Not very many of us like to blaze a new trail.

Yet there is nothing to be found anywhere in the history of any profession that is at all comparable to the sunburst opening of the gates of opportunity that has so suddenly lifted the horizon of your present days. You have not swung those gates of opportunity open for yourselves, though you may have predetermined your fitness or unfitness to enter in. They have been swung by time and occasion, by experiences which have stirred in the American people an appreciation of its health needs; and the event has found your profession, for the most part, unprepared to meet it. Think, for a moment, of what their opening means, by way of opportunity, to you and to the human world in which you live and work. Before the war, but a few master minds, among men and women, had projected themselves into the possibilities of human betterment. Social agencies had been more or less feebly formed and had gropingly felt their way to the relief and prevention of existing ills; but they had found the social mind inert to the inadequate stimulus of interest in those prosperous days.

Much money and untold units of human energy had been expended in promoting the development, in studying the nutrition of dairy and beef cattle, of hogs, of poultry, and of crops for their feeding; and it all stood for financial gain; the golden image was the chief object of American, as it was of Israelitish idolatry. Lamentably little, often less than nothing, had been done toward the making of better human beings. The idea of bigness possessed us, bigness of wealth and population, the worship of the mere mass. We needed the iron test of human quality and we got it. We needed to apply the criterion of capacity and we were compelled to it. We needed to measure fitness against force and history has recorded the result.

The unthought of, the well-nigh unthinkable experiences of the Great World War served to stab the consciousness of the American people broad awake to the value of the human health it had so long disregarded. They put before it inescapable evidence of the physical deterioration its rising generations had already suffered. They provided the necessary maximal stimulus to public health activity and it has operated in a score of differing directions to co-relational results.

And the significant fact about it, so far as you are concerned, is this: that today, in the service of these multiplied, coordinated and constantly extending activities, the nurse stands forth as their major instrument. The wealth of her opportunity is beyond measure; in this largely living present, her path to life, —more life, and fuller life,—is free.

Infant and child welfare work, public school hygiene, visiting nursing service, medical social service, rural community nursing, industrial nursing, superadded to her former field of private duty and hospital nursing, all invite her in. The demand of these new activities is for the graduate nurse, *plus,*—the super-educated nurse,—and but few of her are to be found. Nothing has served so pointedly to reveal the inadequacy of nursing education, to suggest the need of larger and more specific preparation for her work.

Graduate nurses have courageously tried to meet the emergency. None are so conscious as they of their own

limitations. Many of them are seeking reinforcement of their training in public health courses.

The National Organization for Public Health Nursing and the American Red Cross have done noble service in the selection of women best prepared for higher education, in the promotion of University public health teaching, and in the further kindling of an instructed public interest. Many of us are appalled by the news of the introduction into the House of Delegates of the American Medical Association, at its recent annual meeting, of resolutions calling upon the American Red Cross to abandon its peace programme of public health activities. The plea that its agency serves to check popular initiative and to lessen communal responsibility is unenlightened of the facts of its actual influence in the cultivation of public interest and cooperation. The suggestion that politics enters into these activities is specious. It enters into all our professional organizations and it is only a question of keeping the politics clean. Scarcely could any professional body propose an embargo upon progress in preventive medicine that would prove it more purblind to the public good. The voice of the country should be heard in immediate denial of this demand.

Certain it is that the public health peace programme of the American people will not be halted. Equally certain it is that the people need the stimulus and the guidance of so soundly instructed and so safely instructional an organization as the American Red Cross.

This proposed action upon the part of the American Medical Association is the more to be regretted because the present need of a better understanding and a closer cooperation between the several agencies of preventive and curative medicine, between the professions of medicine and nursing and the public health bodies of the country, is very great.

Another influence which bears strongly upon the specific educational needs of the profession of nursing is the continually extending specialization of the science of medicine, carrying with it the higher specialization of nursing. There is a definite place, at the present time, for the pre-natal and obstetrical nurse, the pediatric nurse, the surgical nurse, the orthopedic nurse, the psychopathic nurse, as, with the development of the new mechanisms of medical practice, there is a call for the special hospital nurse, the office nurse and, especially, the group clinic nurse.

New things cannot come to pass without some of the old things passing away. Readjustment of new duties to new occasions is everywhere the order of the day and nowhere more so than in the preparation of the nurse alike for private and public service. The problems of nursing education have become imminent. They can no longer be considered solely in the light of the hospital's needs. Those economic needs must be conserved. In trying to build up one institution we must not pull down another. The efficiency of the hospital, as the ideal home of the sick, is too indispensable to the welfare of society to be imperiled. Its nursing service must be protected and improved; but no longer may the hospital or the hospital administrator dictate the conditions of the training of the nurse.

Nursing education must be considered for its own sake and I know of no way in which this may be so effectively done as by the University control of the school of nursing and of the nursing service of the teaching hospital. I know of no way by which nursing education may be standardized, by which undergraduate instruction may be correlated with graduate study, by which the science-teaching of the nursing student may be fitly conducted; by which courses may be so suitably graded, by which a complete and well-rounded training of the nurse may be uniformly secured; by which more broadly the foundations of nursing education may be built upon its efficient base,—save by an organic relationship in this educational field between the Universities and the major hospitals of the country.

For the future fitting education of the nurse there is growing need of a better quality, a better proportioned quantity, and a better ordered system of instruction than has been common in her educational past. This is equally true for the undergraduate, the graduate and the super-graduate nurse alike. While the majority of graduate nurses remain in private or hospital duty, and I am inclined to think it is a ripening experience that for a time is essential to every nurse, yet it is equally essential today that we should think of the graduate nurse as potentially the public health nurse or the institutional nurse in the making. Given the pre-requisite of fitness, we may not bar any from the invitation of her age to "go up higher."

And now to go briefly into detail: More broadly, more efficiently must the foundational sciences of anatomy, physiology, bacteriology and immunity, as applied to the human subject; of chemistry and pharmacology, as inclusive of all phases of disease prevention and cure, be taught to the student of nursing. Instruction in these fundamental sciences cannot be fitly given in the intervals of hospital training; it cannot be fitly given by any other than the expert teacher in each study. The ridiculous vaudeville of teaching, common in the public school grades, should no longer be imitated in schools of nursing. These foundational subjects should be assigned to a preliminary course period, during which the stu-student's mind may be concentrated mainly upon science study and her fitness for nursing tested by her adaptability to that study. They should be taught in the science departments of college or university, where alone expert teachers of them may be found. So taught they will have their full value as cultural and humanizing studies, creative of a substratum of interest in the human subject with whom the student is presently to be concerned.

Very naturally this question has a bearing upon the consideration of courses in nursing education, planned for the education of nurses to be teachers of nursing principally in hospital schools. These courses need revision to bring them up to University requirements. They should have certain definite objectives:

1. To give the prospective teacher a thorough knowledge, psychologically and sociologically, of the human being she is to teach.

2. To cultivate in her the gift of communicability, of approach to the student mind, of appeal to the varying human nature of her pupils.

3. To train her in methods of instruction and in the instructional use of the materials of teaching.

4. To adapt her knowledge of method and material to the teaching of those subjects in nursing education in which she is properly expert. These should not include the sciences, fundamental in medicine and nursing, unless, indeed, she is of academic, biologic and medical training,—in a word, unless she has the acquired background of an expert in any given science. And not even the expert in any one of these major subjects undertakes to teach in any other than his own adopted field. The vaudeville science teacher is the *reductio ad adsurdum* of nursing education.

Practical nursing, history and ethics of nursing, per onal hygiene, hospital economics and administration, are the general subjects in which the nurse, as a teacher, is preeminently the expert; while in the specialties of medicine, there are nursing specialists of teaching power equal to that of the clinician.

Equally is it true that the undergraduate courses in schools of nursing. which are comonly interwoven with the training of the nurse in the technique of nursing, should be given by the expert teacher, and this means the specialist in each subject. It is just as absurd to expect the general practitioner of medicine, *rara avis* and growing rarer, as he is today, to fitly teach the principles of nursing in medicine, surgery, obstetrics, and the several specialties, as it is to employ the teaching nurse to teach the fundamental sciences. With us, all such clinical teachers are assigned to their task by the heads of the faculty departments concerned, and it is not uncommon for the chief to share the duty himself as a matter of choice.

The graduate nurses who have charge of departmental wards or hospital floors, and who undertake the teaching of student nurses, should be a group carefully selected for their teaching power. In the University school, they have faculty rank. Under our University system, such an instructor attends, with the classes, all lectures in the theory of nursing given by the medical faculty in each departmental subject, and after each lecture she conducts a nursing clinic in the wards, in demonstration of the methods of treatment the lecturer has laid down.

In addition to these practical demonstrations, senior nursing students on the wards attend daily and general rounds, with the medical students, internes and staff.

The study of the technique of nursing, carefully graded in each service, and arranged for in progressive services, should give the student a practical experience both varied and complete. In hospital schools incapable of covering the whole technique of nursing education, the three-year course is too long. It may the better serve the economic needs of the hospital, but it does not serve the educational needs of the pupil-nurse. There is an essential difference between training and education. I wish that we might abandon the term training school. It is the analogue of the trade school. A too repetitional training in technique narrows the nurse, —sharpens her to the point of a mere instrument; while a well-ordered, systematized education develops mental breadth and posits the capacity to think.

In a three-year graded course in the technique of nursing there is ample time to add to the major services in medicine, surgery, pediatrics and obstetrics, to the clinics of the operating and dressing rooms, to the drill of the diet kitchen, the whole series of special services in the care of the newborn, in gynecology, opthalmology and oto-laryngology, genito-urinary diseases, orthopedics, contagious diseases, tuberculosis, alike in hospital and sanatorium, with attendance upon the dispensary clinics and in the hospital emergency wards.

Such a course should offer the student a certain choice of electives, to which, under a limit of numbers, she may be admitted. Among these may be included nursing in the dental clinic, the pre-natal clinic, and the psychopathic clinic; a period of study in the medical social service department, and a fundamental course in the principles of public health nursing, or in the administrative control of ward, floor, or institutional services.

Students should have the advantage of contact with all sorts and conditions of men, women and children,—an advantage to be attained only in the successive nursing of the indigent, the *per diem* patient and the private patient.

It goes without saying that such a course in the technique of nursing is attainable only in the University, with its attached teaching hospital, or in the strictly major hospital school. While the migration of students from one institution to another has merit as a device for making up, in a measure, the deficiencies of education in either, it is the merit only of compromise with existing conditions.

A sterling quality of the University School of Nursing lies in the added dignity, the larger privilege, the better discipline of the student. She stands upon a par with all other University registrants; she shares in all the social activities and agencies of the Campus; she comes under student government, which means a relaxation of the old martinet discipline of the training schools, a fuller measure of individual freedom, with a higher sense of responsibility for her own conduct and that of others.

(*To be continued*)

WHO'S WHO IN THE NURSING WORLD

XIV. MARY CURTIS WHEELER

Birthplace: Brooklyn, N. Y. Parentage: American. Preliminary Education: Grade schools, New York City; country schools, Wisconsin; high school, Ripon, Wis. College: Ripon College, 1890; B.A., 1920. Professional Education: Illinois Training School for Nurses, Chicago, 1893; medical dissection, Ann Arbor, Mich.; Hospital Economics Course, Teachers College, 1904. Positions Held: Superintendent Sherman Hospital, Elgin, Ill., 1893-1899; Superintendent Blessing Hospital, Quincy, Ill., 1899-1910; Secretary Illinois State Board of Nurse Examiners, 1911-1913; Superintendent Illinois Training School for Nurses, 1913 to the present time. Offices Held: President National League of Nursing Education, 1911-1913; Director National League of Nursing Education; Director American Nurses' Association; President Illinois Training School Alumnae Association. Author of: Nursing Technic. Present Address: Illinois Training School for Nurses, 509 South Honore St., Chicago.



Mary C. Wheeler, R.N., B.A.

DEPARTMENT OF RED CROSS NURSING

CLARA D. NOYES, R.N., DEPARTMENT EDITOR
Director, Bureau of Nursing, American Red Cross

THE DELANO RED CROSS NURSES

ANNOUNCEMENT by the special committee on the Delano Nurse Memorial of the American Red Cross of the selection of the first two "Delano Red Cross Nurses," brings the materialization of one of the life-long dreams of the late Jane A. Delano. It was because of her conviction that public health nursing would be the means by which adverse conditions, physical and social would be so leavened as to effect a complete transformation of the life and outlook of. peoples in the backwaters of civilization that she made provision in her will for the maintenance of such service in such localities. Stella Fuller, who has been chosen for the work in Alaska, and Bertha R. Steeves, who will serve the needs of the islanders off the coast of Maine, will be true pioneers of public health nursing, blazing new trails in virgin territory for the feet of those to whom they minister to follow in later years. To this end Miss Delano bequeathed $25,000 to the American Red Cross, as a trust fund,

the principal of said fund to be kept intact perpetually, and the income arising therefrom to be used for the support of one or more visiting nurses under the supervision of that organization, in loving memory of my father and mother, such nurses to be known as the "Delano Red Cross Nurses."

Supplementary to this fund Miss Delano also provided that the income of her textbook, "Home Hygiene and Care of the Sick," later revised and brought up to date by Anne Hervey Strong, be also applied to the support of these nurses. At the time the will was drawn Miss Delano had little conception of the amount of revenues that would accrue from the sale,—albeit moderately priced,—of this book which is the authorized textbook for one of the most popular courses of nursing instruction for laymen in the country. The fact that during the year 1920 there were awarded to pupils completing this course 92,093 certificates, while countless hundreds more received the instruction, but did not care to take the examinations, is an eloquent testimonial to the practical value of the course. Hence the income available for the support of Delano Red Cross Nurses is at the present time more than enough for the support of the "one or two" which were originally stipulated in the terms of the bequest. Moreover, the need today is as great for the type of nursing which Miss Delano envisioned as in those early years of her professional career when she came to close grips with life in the rough, in her capacity as nurse in the fields of the Copper Queen Mining Company, in Bisbee, Arizona. Here, sharing the same hardships and primitive conditions as those faced by the wives and children of the miners, Miss Delano truly approximated the importance in life of a knowledge

of simple nursing procedures, proper sanitation, and hygiene of home and community. Just such localities are still to be found throughout the United States today, notwithstanding the strides made within the past few years in public health nursing. In the black belt of the far south; in the tidewater lowlands of the same section; among the mountaineers of the Cumberlands, and in remote islands, cut off by their isolation from the conveniences and professional services available to those on the mainland, are to be found scores of settlements where the Delano Red Cross Nurses will find a hearty welcome and intelligent co-operation. For many of these groups, notably the islanders off the coast of Maine, where Miss Steeves is to begin her service, and among the southern mountains, are of the best and purest American stock; sturdy, self-reliant, God-fearing and keen-brained. Only their native habitat, remote from the main thoroughfares of civilization and progress, denying them an equal chance with their more fortunate neighbors to obtain the best educational and cultural advantages.

A close-up of the country in which Miss Fuller will carry on her duties in Alaska is provided in the following extracts from the correspondence of Ebba Djupe, a public health nurse who is the field representative of the American Red Cross in Alaska:

Juneau, Alaska, July 9, 1922.

I am fast realizing that I am in harness. * * * It was found that the work can be given a small beginning in Kake, (pronounce it "Cake"). I have as yet to learn what is the meaning of this kind of "Cake." To say that it is appetizing, after reading the statistics, would be putting it mildly in the eyes of a public health nurse.

Juneau, July 11.

I have been in Alaska less than a week and have just been seeing more things to do and what is needed to be done. I am so thrilled with the work as I see it now. I am most reluctant in going away from here. Wish I could be divided into eleven slices,—one for each chapter. Must hurry, as I am leaving this afternoon for two conferences, one with the school board, and one with Governor Bone. There are so many nurses, married and otherwise, that I think the next convention might easily be held in Alaska and there would be a full attendance. All the missing nurses who are enrolled and have not given an account of themselves are here and are married! They are the society of Alaska and their husbands hold the most prominent places in the government and business affairs. In brief, it is the style in Alaska to marry nurses. Some of the interesting tales which I have heard about the romances of nurses include that of Mrs. Karl Theil, who was Mary Coleman and who is enrolled in the Red Cross Nursing Service of the Northwestern Division. She has been in the Government service for seven years and came 700 miles over the cold and snow on dog sleds to marry Karl Theil, Secretary of Alaska. She is none the worse for her experience in the interior and told how it took her seventeen days to come. The cabins or road houses at which she stopped were anything but desirable for the ordinary wants of the highly developed tastes of Americans.

July 12.

I am writing this letter on the Steamer "Northwestern." Was called about two this morning. Had just fallen asleep, as I did not return from an entertainment until after midnight. Saw the most beautiful sunset about 10:30 p. m. It seemed about seven in the evening to me. I am told that people never go to bed in the summer, as it is too light. It is a beautiful dawn. The snow-capped mountains are reflected in the water, so tinted by the sunrise that they mirror all the colors of the rainbow. The captain just stopped at the door and said that there was time enough to work any day, but that such scenery as this is not an everyday matter. I agree with him, but I am away behind on all my reports

as I had so little time in Juneau to do any writing. I am going to love it all, I know. * * * I know we can do so much Red Cross work. I am almost certain that Juneau will have a nurse before the year is over, as it seems that is the sentiment of those who have a knowledge of conditions. Dr. Devigue is a member of the school board and is keen for a public health nurse. He has convinced the school board and has been given the privilege of hiring one for an hour each day. His idea as to what she could do in one hour was vague, but he said it was a beginning. A school board meeting was called and this fund ($300) will not be used until I return to Juneau, when a demonstration of school work will be given.

Writing to Miss Baldwin, Director of Instruction in Home Hygiene and Care of the Sick in the Pacific Division, under date of July 19, Miss Djupe states:

Your service is to have the honor of being the first service which will be given consideration since I have been in Alaska and it was only a piece of good luck that has started the ball rolling so soon. When the steamship stopped at the little fishing village of Kake, we observed an attractive young woman on the dock who just did not belong. We were told that there were only two white people in the village and when we asked if she were the teacher, she replied that she had come up for the summer with her husband during the canning season. Later I was told that she was an ex-army nurse, also enrolled in the Red Cross Nursing Service. She was Bertha Nipper and is now married and is Mrs. Burt Reusse. She stated that they would remain in the village about two months. Kake is a village of 300 natives, no hospital facilities, no doctor or nurses except a native practical nurse who cares for people only when there is a confinement or acute illness. Mrs. Reusse stated that there was great need for education and teaching of hygiene. As I read the evening paper in Juneau, I found some interesting vital statistics which have a very interesting bearing on the situation as it really exists. Mrs. Reusse stated that she was most anxious to do something while in the village to assist these poor people and it was suggested to her that she might teach the natives the modified course in Home Hygiene and Care of the Sick. She said that she would love to do that, especially as the midwife could be taught so much. Today I have talked with Mr. Berhends, Chairman of the Juneau Chapter, under whose jurisdiction the little village of Kake belongs. He expressed his approval and stated that he felt certain the other members of the board would voice the same sentiment.

Retention of New York Office

Some misunderstanding seems still to exist regarding the fact that notwithstanding the consolidation of the Lake and Atlantic Divisions of the American Red Cross into one Washington Division, with headquarters at Washington, D. C., office room is still to be maintained in New York City. For the present this office will be at 44 East 23rd Street, the former headquarters of the old Atlantic Division, but as an adjunct to National headquarters and largely for the convenience of the nursing service. New York's central position, not only as the largest city in America, but as a transportation junction and a metropolis where are concentrated almost all of the professional and industrial exchanges, makes it desirable for the Red Cross Nursing Service to keep a point of live contact in this city. As previously explained, this office, with Florence M. Johnson acting as an assistant to the National Director, will serve as an outpost and quasi-clearing house where nursing personnel may report and where information and assistance may be obtained as to disabled nurses, their hospitalization, etc. Miss Johnson will strive to give to all the maximum of helpfulness and all nurses in the neighborhood of New York or passing through will always find a welcome in her office.

Scholarships Open to Red Cross Ex-War Nurses

Announcement by Major Stimson, superintendent of the Army Nurse Corps, of the ruling that the LaVerne Noyes scholarships are open to ex-service women as well as to ex-service men will be of interest to such Red Cross Nurses as served in the Army or Navy Nurse Corps during the war. During his lifetime, LaVerne Noyes, a millionaire inventor of Illinois, gave to the University of Chicago a trust fund of $2,500,000 to establish the LaVerne Noyes Foundation to assist soldiers and sailors who served during the World War and their descendants "who were without means" to secure a college education at that institution.

Mr. Noyes died in 1918. In his will he provided another trust fund as an expression of his gratitude and to reward those who ventured the supreme sacrifice of life for this country and for mankind in this war for the liberty of the world, and also to keep alive for generations to come the spirit of unselfish, patriotic devotion which these men displayed and without which no free government can long endure.

These scholarships were to be given in universities and colleges selected by the trustees. "Without regard to sex, race, religion or politics and be confined to citizens of the United States who served in the Army or Navy since April 6, 1917, and their descendants." Such scholarships have already been awarded in seventeen Illinois colleges, in three in Iowa, one in Ohio, and one in Massachusetts.

Returning Personnel

In consonance with the Red Cross programme which henceforth will be almost entirely concentrated upon domestic operations, the nursing personnel in Europe has been steadily withdrawn. Since May 1 more than fifty of our nurses have been released from European service, the number remaining on duty on September 1, under the American Red Cross, being fifteen, with an additional nurse still on the Red Cross pay roll in the American Hospital in Constantinople. Six Red Cross nurses are still on duty in that institution. The same is true in the case of thirty Red Cross nurses assigned to the Near East Relief and five with the Serbian Child Welfare Association. In Greece, three have been taken over by the Grecian Patriotic League. Changes have also taken place in the personnel assigned to our Island Possessions. Elizabeth M. Wright returned to the United States from the Dominican Republic in July for an extended leave of absence. Mary E. Shaneman and Agnes E. Meyer, who were also assigned to that country, also returned during the summer. Anna Marie Hansberry returned from Haiti in August.

With the following exceptions, the nurses still on duty in Europe are retained for the purpose of supervising the work which has now been taken over by native personnel or who are connected with the schools of nursing. The exceptions include Mrs. Elsbeth H. Vaughan, who is acting as general director of nursing in the Baltic States, Poland and Czechoslovakia; Sophie C. Nelson, who fills a similar position with respect to the Balkans. Rachel Torrance is stationed in Czechoslovakia and Rose Schaub in Hungary.

(*To be continued*)

FOREIGN DEPARTMENT

LAVINIA L. DOCK, R.N., DEPARTMENT EDITOR

THE NORWEGIAN COUNCIL OF TRAINED NURSES[1]

THE historical development of sick-nursing in Norway (2,649,775 inhabitants) is more or less similar to the development in other countries. We got our first training school when the Norwegian Institute of Nursing Sisters was established in 1868. It is planned after the pattern of the mother institute at Kaiserswerth. Miss Cathinka Guldberg was trained at Kaiserswerth and became Norway's first nursing sister.

In 1864 was established the Norwegian Red Cross Society, which in 1893 started its own school. Several private institutions and societies interested in philanthropic and social work took up sick-nursing on their programme. Of these the Norwegian Women's Health Association was founded in 1896 and opened a training school in 1898, while the Methodist Nursing Sisters' Home was established in 1898. These institutions followed the German model with the erection of small nursing homes, generally quite independent of and situated some distance from the teaching establishments, hospitals and clinics. In these homes the young girls came under such influences that they became willing and self-sacrificing workers in the field of sick-nursing. Religion and ethics were important subjects of instruction. Less importance was attached to the securing of good teaching materials, and the nurses themselves had little or no influence on the planning of the course of instruction. These homes and schools could not in the long run meet the demand for nurses, and in 1900 a couple of our large municipal infirmaries started schools, not out of interest for the nursing profession, but because the reform would help to secure cheap assistance and the instruction would render that assistance more serviceable and disciplined. The same practice was introduced as had been adopted by the institutions, namely, that of securing the pupils for several years, and the natural result was the development of the three-year school in these infirmaries, thanks to the influence of the head nurses, first at Bergen's municipal infirmaries in 1898 and a little later at Cristiania municipal infirmaries. For several years the sick-nurses were employed exclusively in the hospitals and a number of nursing sisters as parish nurses. The work of these latter consisted chiefly in helping the clergyman in his parish work and in looking after the poor. At present the sick-nurses, in addition to being employed in hospitals, sanatoriums, homes for consumptives, for the aged and for children, in district nursing and as private nurses, are also engaged in the social work which, in our country, is being greatly developed. In the social field their work is mainly in connection with the local Boards of Health in the districts as visiting nurses, in the schools and in inspection in the different departments for

[1] Report read at the meeting of the International Council of Nurses, Copenhagen, May, 1922.

tuberculosis, epidemic and venereal diseases, house hygiene and care of children, unmarried mothers and infants, etc. In the municipal office for pensions to mothers and old people, the inspector and her assistants are trained nurses. The sick clubs (Sickness Insurance) have nurses at the policlinics and as visiting nurses. Some of the factories have nurses in their service and in the office of the Female Inspector of Factories the inspector's assistants are nurses. Moreover they are also working in private associations, such as the Society for the Care of Released Prisoners, etc.

The Norwegian Council of Trained Nurses, the national organization for trained nurses, was founded in 1912 by forty-four sick-nurses, representing the different groups and branches of the nursing profession. Its first president was the founder, Sister Bergliot Larssen. The Norwegian Council of Trained Nurses was formed in order that the nurses might combine to safeguard their profession and its rights, as well as to free it from the many parasites who were working as sick-nurses without having any training.

The objects of the Council are: (a) to form a rallying point for the Norwegian nursing profession and to secure a better combination amongst trained nurses; (b) to safeguard their economic and professional interests; (c) to work for the development of the nursing profession and for the improvement of sick nursing on the whole. The Norwegian Council of Trained Nurses at present numbers 1,150 ordinary members. The headquarters of the Council are in Christiania, but in every county the members form their local association, which again elects its county committeee, with which the governing body must consult regarding the more important matters of interest.

The leadership of the whole organization lies in the hands of the governing body, consisting of seven members, whose task includes, in addition to the organizing and administrative leadership, also the admission of new members. The rules for admission are very strict. The applicant is furnished with a form to be filled up, which besides demanding information about the circumstances, education and examinations passed by the applicant before her training as a nurse began, also requires exhaustive details as to the individual applicant's development and works as a sick-nurse. Together with this form, duly filled up, the applicant must furnish a certificate that she has completed her training as a sick-nurse, as well as other recommendations. The governing body addresses inquiries regarding the applicant to the head nurses and doctors at the schools and subsequent places of work, and only after satisfactory replies have been obtained from these persons will admission to the association be granted and the nurse acquire the right to bear the badge of the Norwegian Council of Trained Nurses, after having signed the rules of the association. The badge is intended to be a proof of ability and of devotion to duty and irreproachable life. It goes without saying that, as regards training, the Norwegian Council of Trained Nurses was in past years obliged to have certain transitional regulations and the taking of supplementary training has been allowed. For admission as member there is now required three years' continuous training in a hospital, the

transitional regulations having been abolished from 1922.

The training has been greatly influenced by the N.C.T.N. We act as a vigilant conscience for the schools and bearing in mind the proverb, "Continual dripping wears away stone," we have again and again repeated our demand: Three years' training in hospitals with sufficient teaching material and systematically planned instruction, both theoretical and practical, during these three years. The schemes for three years' training which we have made out are of great assistance to the schools when improvements are to be made or new schools established. At suitable intervals resolutions passed at the general meetings of the association are sent to the schools, and every time these resolutions appear we may count upon having a discussion started in the daily press in favor of the three-year school, because our opponents must always try to counterect the effects of our resolutions. Neither schools nor institutions have any great liking for our demands or for our control, and our influence is being contested more or less openly, but without success, as the following figures show: In 1912, of fourteen schools, only two were three-year schools; in 1920, there were eighteen schools, of which eight were three-year schools. In 1922, we have twenty-three schools, of which the seventeen largest are three-year schools. The others are very small and mainly aim at trying to train nurses for the country districts. These schools are also to a large extent kept alive by the harmful system adopted by some nursing societies in one or other of the country districts of paying for a young girl's training on the condition that she binds herself to work for the society and district for several years. The small schools are the most expensive to maintain, and the Norwegian state sacrifices large sums in the form of annual grants. Even over these obstinate schools we have influence; they are now beginning to be more careful in the choice of material, and it is our hope that, owing to the small attendance and thanks to the fact that the public is becoming more and more awake to the advantages of a well-developed and highly-trained nursing profession, they must either become three-year schools or else die out.

State authorization has, of course, stood on N.C.T.N.'s programme since 1912, but we did not dare to come forward with a proposal until we had more three-year schools. We were working our way steadily forward, but we were obliged to take so many things into consideration, partly out of gratitude for the good work that many women and men had done for the cause of nursing and partly because many of our members belong to the different institutions and are in a position of dependence toward them. The Norwegian Medical Association forestalled us and appointed in 1915 a committee, consisting of representatives from the different schools. This committee was large and the nurses were in the minority. Everyone held firmly to his own views, seeing that the reforms would cause the schools much trouble. The committee was at once divided into two factions. Our demand for three years' training was admitted as regards the other branches of our work, for it could not well be rejected, but not for district nursing. The plans of the majority were to the

effect that there should be two kinds of schools: 1. Schools where nurses shall be trained for three years and obtain the title, authorized sick-nurses; 2. Schools where nurses shall be trained for one and one-half years and called officially examined sick-nurses. These latter should be more suitable for employment in country districts and more willing to do rough work.

The minority (the nurses) wished to have only one class of nurses and that authorization should be given only after three years' training in schools with sufficient training material. If this demand should not be carried through, it would be better to postpone the authorization. During the debate were heard the arguments and speeches for and against sufficient training, with which you are all acquainted. We hear once again the doctor's view and the clergyman's view. We have strong friends and strong enemies. This repeats itself in every country where the question comes up for discussion. In 1918 the storm raged fiercely on the question of authorization. The Norwegian Medical Association sent a resolution to the government, in which the government was requested to take the matter up. The Norwegian Council of Trained Nurses held a meeting of protest and demanded that the matter should be postponed until there was a clearer understanding of the work and training in sick nursing, and if a departmental committee should be appointed, that the professionally trained nurses should be strongly represented, and that regard should be paid to N.C.T.N.'s demand for training. At the same time the committee of the Norwegian National Council of Women sent to the government a warm recommendation of N.C.T.N.'s claim. From November, 1921, till now there has been a lively discussion in the daily press. If our opponents are to be enabled to continue their support of the two-class system for sick-nurses, they must hasten to get the authorization established, for they can well see that the ill-trained nurse is dying out, and the point is to keep her alive by artificial means with the aid of the authorization. She must be recognized by the state, for the nurses' organization will not do so. There has now been submitted to the Norwegian parliament a proposal for the preparation of a law regarding the training of sick-nurses. * * *

N.C.T.N.'s training committee is working on the question of training, and the members are leading nurses. The county associations have also each their representative. The committee has its attention directed to the need of more and better text-books, to plans for the guidance of the schools, to school material, in such reforms as preparatory schools, etc. It also makes recommendations as to the allotment of scholarships.

Repetition courses. In connection with our great general congresses, which are held in different places in Norway, courses of instruction are given. In these courses several hundred nurses take part. N.C.T.N. is fully aware of the necessity of special courses, especially for head nurses, teachers and nurses doing social service work, and the object aimed at is the High School of Nursing, whether it is to be established through co-operation between the Scandinavian lands or separately in each country. A number of nurses have taken part as pupils in the social

courses of the Norwegian National Council of Women.

N.C.T.N.'s engagement bureau arranges engagements for nurses throughout the whole country, both in private nursing and in permanent situations in hospitals, district nursing, during epidemics, etc. In 1919, the Lady Superintendent of the bureau was awarded the King's Gold Medal for Efficient Service. During the war the bureau made arrangements for the sending of nurses to Austria, England, and Finland. The bureau is managed by a committee, the members of which have had many years' experience and work in the different branches of sick nursing. The committee prepares medium-wage tariffs, makes suggestions as to the duties of the various positions in hospitals, sanatoriums, children's homes, district nursing, boards of health, private nursing, etc. Questions of service and all matters concerning the work are laid before this committee before a decision is come by the governing committee.

Amongst the other committees may be mentioned: the Housing Committee, the Working Committee for Co-operation amongst Nurses in the North, the Festival and Bazaar Committee.

Sykepleien (sick nursing) is the organ of the N.C.T.N. and of the nursing profession. It began at the same time as N.C.T.N. was founded in 1912.

N.C.T.N.'s Information Bureau has become a central point in the nursing profession. Young girls or their relatives seek written or oral advice and information about the best way of training, and consult the bureau regarding the appointment of nurses, the best way to arrange the work, improvement, duties, salaries, etc. The local authorities, boards of health, etc., apply to the bureau regarding matters of interest for sick nursing and its development. Ordinary members seek advice as regards further training both at home and abroad.

N.C.T.N.'s passport for nurses who are members of N.C.T.N. and wish to work in other countries is a guarantee certificate written in Norwegian, English, French and German. These passports are signed both by the president and secretary and provided with the necessary stamps.

N.C.T.N. tries to exercise influence on the building and equipment, etc., of hospitals. When the building of a new hospital is announced, an application is sent to the proper quarter requesting that nurses shall be appointed on the building committee. This year resolutions will be sent to every local authority in the country requesting that in case of building or repairing of hospitals, homes for children and for the aged, etc., nurses shall not only be consulted, but shall be responsible members of the different building comittees.

The Norwegian Council of Trained Nurses is a member of The Norwegian Council of Women, The Women's National Housing Council, and Co-operation of Nurses in the North.

METHOD FOR REMOVING ADHERENT SYRINGE PISTONS

Cool the syringe by placing it on ice for ten minutes, then warm the barrel over a small flame or in warm water. The barrel being the part first warmed, will expand first. A continuous pull on the piston before it becomes warmed and expands will invariably separate the piston from the barrel. The method is particularly effective with record syringes.—Abstracted from the *Journal of the American Medical Association.*

DEPARTMENT OF PUBLIC HEALTH NURSING

A. M. Carr, R.N., Department Editor
National Organization for Public Health Nursing

MODERN FACTS AND PHASES OF TUBERCULOSIS[1]

By David Alexander Stewart, M.D.
Medical Superintendent, Manitoba Sanitorium, Ninette, Manitoba

WHY should tuberculosis, any more than measles, or diabetes or anaemia or nephritis, be discussed in this convention of nurses? Ten years ago, or more, such a question might have been asked. At that time tuberculosis seemed to us a disease of the individual, as the others are; a disease of the lungs, bones, or intestines; a widespread, almost universal disease, but yet with individual pathology, individual etiology, individual treatment. Today tuberculosis seems to us not so much a disease of the individual as of the community; affecting not so much Smith, Jones and Brown, as Smithville, Jonestown and Brownburg; having a community pathology, a community etiology, and needing community diagnosis and community treatment. It is a seamy side of the complicated fabric we call our civilization.

It is discussed in this convention not so much that nurses may know more of the signs and symptoms, the pulse and temperature, the daily round and routine of a tuberculous patient; but chiefly that nurses, as forwardlooking workers for human betterment, should see more clearly, in its many aspects, this age-old community phenomenon, Tuberculosis.

Wastage of Life.—Of what wastage of human life and strength can it be held guilty?

Tuberculosis has been compared with war, but the two are scarcely comparable. War is occasional and sporadic, but this pestilence is constant and universal. War observes armistice and truce and treaty, bringing peace between man and man; but down all the ages, there has been no release from this other war. While fifty thousand Canadians died nobly in a great cause overseas, fifty thousand Canadians died uselessly and wastefully of tuberculosis at home. Much the same was true in varying proportions of all allies and enemies in the Great War, and now, though the wastage of the war has almost stopped, the wastage of disease goes on. Truly if war has slain its thousands this Captain of the Men of Death has slain his hundreds of thousands.

In more favored communities, such as those of the western half of this continent, one death in twelve is from tuberculosis. In less favored communities, such as those of Central Europe, parts of South America, parts of India, the Philippines, or some sections of Canada and the United States, one death in every eight, one in every six, or even one in four, is from tuberculosis. Throughout the whole world, one grave of every eight graves is dug for a man

[1] Paper read at the convention in Seattle, June 28.

or woman or child who has died of this disease.

Moloch of an Imperfect Civilization.—With incredible infatuation, early peoples, voluntarily, threw their children, especially their first-born, into the fiery arms of Moloch, the Sun God. We of this later age are compelled to offer up lives dear to us, as unholy and unavailing sacrifices to this Moloch of an imperfect civilization, tuberculosis. In favored communities, such as those of the western half of this continent, each thousand people, each year, thus gives up one life. In England and Wales each group of seven hundred and fifty must make such yearly sacrifice. In the United States, out of each seven hundred people, one such victim must be snatched. Among the negroes of the United States, one out of every group of two hundred and sixty is sacrificed, and, in some parts of India, from each little group of one hundred and forty people, one each year must be taken. Victims for this sacrifice are men and women, youths and maidens, children at the breast, and even the aged and life-weary; but chiefly men and women at the very zenith and meridian of life, at the very height of productiveness, usefulness, responsibility and enjoyment. Even in favored communities, one death in four, during mid-adult life is from tuberculosis, and in some less favored communities, even one in two, at this noon-day time.

Young Americans or Canadians, at the age of twenty-one, on the very threshold of their lives, may expect an average of forty-three and a half years of life; that is, they may expect to live to a little beyond sixty-four. If tuberculosis could be left out of the calculation, while all other elements remained the same, they could expect, at twenty-one, not forty-three and a half years of life, but forty-six; could expect to live not to sixty-four only, but to sixty-seven. Beyond twenty-one, then, the average of life is shortened two and a half years by tuberculosis. One thousand young people in an average community lose two thousand five hundred years of life and work from this cause. Fifty-seven average life periods are lost, out of each one thousand. Truly this is a destruction that wasteth at noon-day.

Not the killed only, but the wounded also.—And this is not all of the toll it levies. The bodies that lie buried on the battle fields are not the whole wastage of war. There are the wounded and the maimed as well, whose life flows on, but in feebler streams to the end. Tuberculosis not only kills, but maims. Three cripples out of every four, apart from accident or war, are deformed by its ravages. And there are those as well in countless thousands who are crippled not in limb, but in life itself, in health, vigor, usefulness, enjoyment. Life has breadth and depth as well as length, and of all those whose lives are narrowed and enfeebled by any physical agency, one third, perhaps, to make the estimate low, are crippled by this one disease. To countless thousands, their life-long handicap, their perpetual menace, the skeleton at their feasting, the sombre background, giving a cast of tragedy to the whole of life, is tuberculosis.

The wastage of tuberculosis, as the wastage of war, can be told not in deaths only, but in dollars. Impaired efficiency as symptoms develop, long

periods of illness when work cannot be done and when care is needed, life cut off in mid-career, disorganization and disarrangement in families and communities, all go to make up an economic loss greater than that of war, and spent to no purpose, but wasted wholly. If all the economic leaks and wastages due to weakening, disease and death from tuberculosis were stopped, the savings effected, if they could be so applied, would pay the stupendous war debts of the whole world in two generations.

Lying Latent.—Beyond deaths and crippling and money loss, tuberculosis, like the law, hath yet another hold upon us. It lies latent, ready to be stirred into activity, in practically the whole human family at mid-life or beyond, and in varying proportions in the earlier years.

In the crowded cities of old lands the tuberculin test shows latent disease in twenty per cent of children at the age of two, and in nearly ninety per cent at fifteen. In Framingham, Mass., about half the children were infected at seven. Even in the western Canadian prairie province of Saskatchewan a particularly good survey made last year, covering one per cent of the children of the province, showed forty-four per cent infected at six, and sixty-one per cent at fourteen. Of two hundred and twenty-six young adults in training as teachers, seventy-six per cent, by reacting to tuberculin, showed latent tuberculosis. Compared with this seventy-six per cent infection by tuberculosis, only fifty-four per cent gave a history of measles. Forty per cent more had met with tuberculosis than with measles. I have little doubt that in this city and in this audience, or in almost any other city or any other audience, more have been infected by tuberculosis than by measles, and as many by tuberculosis as by influenza. Six per cent of the young adults had a history of pleurisy, and of all examined, the children and the young adults, about one per cent were found to have disease that could be called active.

More and more we think of tuberculosis as a universal disease; universal not only in the sense that it is found in all countries, among all classes, and under all conditions, but universal in a wider sense in that it becomes implanted at some time and to some degree in practically every individual. Childhood is the usual time of implantation, the seed time; adult life is usually the time of breakdown, the harvest. There are probably few children at the age of leaving school who have entirely escaped tuberculosis infection, and few adults, if any, in whom the seeds and roots are not lying latent.

Activity.—What are the results in actual disease, of this almost universal infection?

Of ten thus infected, seven will pass through life without noticeable illness or handicap; two will have evident disease, but will recover with some handicap; one will have gross disease and will not recover. Tuberculosis is one of the oldest and worst of the noxious weeds growing in human soil. It is seeded and rooted everywhere. The whole world over, it chokes out the human life-crop and kills it, in one field out of every eight or ten. Besides this, it cuts down the yield in work and happiness, very much in many fields, and a little in almost all.

It does seem strange, does it not, that even yet nurses are sent out, and indeed doctors also, presumed to have training in the care of the sick, with no practical knowledge, and very little theoretical knowledge, of a disease which kills in more favored countries one citizen in ten, and in less favored countries one in four, which weakens many others, lies latent in practically the whole population, and so hovers as a menace behind all ills and ailments, weaknesses and accidents?

The Seed.—What are the causes of this phenomenon, widespread throughout the world, taking toll in all races and of all ages?

I have said that tuberculosis is a noxious weed in human soil. Roughly, weeds have two causes. They grow from seeds, and if there are no seeds there will be no weeds. But a soil is needed as well, and this is given them by bad farming, and denied them by good farming. A farm well tilled brings forth good grain, some forty, some sixty, and some an hundred fold. A farm badly tilled grows up rank with weeds which choke out the good grain. So, the causes of tuberculosis are two: first, seeds,—germs, bacilli of tuberculosis; second, bad human husbandry,—bad living, bad environment.

Tuberculosis seeds are chiefly of two kinds, the human and the bovine. Bovine infection comes chiefly from milk, not necessarily milk from a tuberculous cow. It may be milk soiled in a stable in which there are tuberculous cows. In some cities one sample of milk in fifteen or twenty show bacilli. It infects children, chiefly, and manifests itself usually in bone, joint and gland disease, peritonitis, etc. In England it accounts for about one-fourth to one-half of all tuberculous disease and six per cent of tuberculosis deaths. There is, perhaps, a silver lining to the cloud in that the milder bovine infection may serve as a vaccination against the more virulent human infection. But that should not for one moment reprieve the sentence passed upon the tuberculous cow.

The human tubercle bacillus leaves the body chiefly by mouth or intestine. The careless uncovered cough or sneeze, the careless expectoration, contaminated fingers, perhaps dishes, also, are the chief means of spread. I believe the spread from those who know they have the disease is inconsiderable, and that the chief spread is from those who do not know they carry infection. So we must not only keep after the known tuberculous cougher and sneezer and spitter; but chiefly after average, ordinary, and everyday cougher and sneeezer and spitter, the average and ordinary dirty person.

It's about time that civilization stopped careless spitting. It will be stopped, not by the force of law, but by the greater force of imagination. Get people to picture what really happens. The foul excretions from Mr. Careless Spitter's diseased respiratory tract, deposited on Main Street sidewalk at three p. m., are tramped into a west end apartment at four, gathered up from an otherwise clean floor by the pink hand of a creeping baby at five, and have implanted a life-long disease in the body of the little child before six. Of all common carriers, the commonest is the shoe sole. Spitting will go when people use their imaginations, and cultivate a new and a strong disgust at

contamination from any bodily excretions.

Infection.—But while tuberculosis is a germ disease, well-informed nurses know, and all nurses ought to know, that it is in a class quite by itself. It is *so* infectious and *so* widespread that we can't grow up without infection, and once infected, once carrying a latent and invisible focus, we are not very infectable. Re-infection and super-infection are possible, as second attacks of measles are possible, but they are likewise rare. Re-infection likely takes place, if at all, only under very unfavorable conditions.

Once in a very long time a nurse does ask as to the danger of nursing tuberculous cases. Fortunately it is negligible. Certainly the danger is at its least in the nursing of the openly and admittedly tuberculous on a proper tuberculosis routine; and it is at its greatest in general nursing where tuberculosis is an often unrecognized background of many and varied disease conditions.

I am at a loss to think just what a nurse could do who was determined in no way to deal with tuberculosis. What proportion of the ordinary run of cases in any general hospital are essentially tuberculous? What of the bones, the joints and the sinuses, the kidney, the bladder and the peritoneum? What of meningitis, of pleurisy, of empyema? Tuberculosis of the intestine is a common disease. Even a housemaid's knee may tend to joint tuberculosis, and the apple of the surgeon's eye, the vermiform appendix, be the center of tuberculous disease. In the presence of disease of any kind or degree, after operations, anaesthetics, or even childbirths, there is special danger of the awakening of latent tuberculous disease.

The freedom of sanatorium staffs from breakdown through tuberculosis is remarkable. In a very considerable experience I do not know of one case in which a nurse or other employee has come to harm through work in a well-regulated sanatorium.

The Soil.—I would be greatly disappointed if I should fail in impressing this upon you, that with weeds, and with tuberculosis also, the seed is of lesser importance, and bad farming or bad living of chief importance.

When we hear of one who has developed active tuberculous disease, if we know the ways of the disease we do not ask, "Where did he catch it?" for he likely "caught it" in childhood, perhaps twenty years ago; but we do ask, "How was his resistance lowered so that the disease *caught him?*" The onset of open disease usually does not mean new infection; it means breakdown, health bankruptcy. It is not due to any recent accidental meeting with a germ, but to over-strain, over-fatigue, dissipation, neglect, bad environment, in short, to bad farming, which gave to the long latent germ a prepared soil in which to grow.

(*To be continued*)

In the prevention of fatigue there is a great field for nurses. Perhaps no other group of health workers has had such vast practice in observing individuals and the symptoms of their reaction to disease and to the curative measures applied to it. Almost any graduate nurse may be counted on to notice symptoms of approaching ill-health and to attribute them to some disturbance of the bodily functions, where perhaps nobody else would notice or think about them at all. She sees, hears, and *senses* much more delicately and accurately than even the physician. Above all other things, this is her special job in the world.—FATIGUE. *Public Health Nurses' Bulletin,* New York State Department of Health.

HOSPITAL AND TRAINING SCHOOL ADMINISTRATION

ALICE SHEPARD GILMAN, R.N., DEPARTMENT EDITOR

HOW ARE HOSPITALS TO MEET THE OBLIGATIONS WHICH THE NEWER STANDARDS OF NURSING EDUCATION DEMAND?

(*Continued from page 929, August* JOURNAL)

IT IS not impossible for any school of nursing to maintain a curriculum which meets the recommendation of the National League of Nursing Education provided it has a principal who not only knows what ought to be taught, but who has the personality and leadership to convince her committee of the necessity of adequate financial and community support of the school. She must be the one to point out how the particular hospital can best meet its obligations and be prepared to show them how the facilities at hand can be improved without discouraging their efforts by extravagant demands. Such mistakes as these have caused many women to fail because they demanded a millenium rather than a practical solution of the problem.

Given the proper curriculum and financial support, the clinical facilities should have the next consideration. Nursing, being a practical art, requires the proper utilization of clinical facilities.

Services should be segregated and the special departments, such as laboratories, X-ray, dispensary, social service, hydrotherapy, pharmacy, etc., should be included in the practical teaching field. Affiliation can be made for any deficiencies which may exist in services as medicine, obstetrics, pediatrics, communicable diseases, etc., by utilizing the facilities in other special hospitals.

There is no expense attached to making such affiliations and with the broader experience larger numbers of students will seek the school which offers the greatest educational opportunities, consequently the number of students will increase and it will be possible to maintain larger schools and uninterrupted affiliations. Unless a school can give an adequate course of instruction, both theoretical and clinical, in each department it should make affiliation which will give equal advantages to all students. It is quite impossible, in other words, to try to teach obstetrics to one-half of a certain section and send the other half away for the subject because of limited clinical material.

Satisfactory results cannot be achieved in teaching until the ward equipment has been made uniform in every way with that in the class room. This enables the student to carry out her procedure exactly as she has been taught and also makes it possible for the instructor to supervise and check up her work according to a uniform standard. This standardization is not expensive, if it is properly checked up and inventoried weekly. The initial cost is slightly greater with this system, but any excess in preliminary installation

will be offset by weekly inventory and breakage replacement. There is no doubt but that the saving over a period of years is quite appreciable, to say nothing of the convenience of having things to work with when one needs them. With a competent instructor and standard equipment, there should be little difficulty in obtaining a uniform procedure. This is simply a question of organization and supervision and with the right woman in charge of the school, there is no excuse for any school not qualifying in this respect.

One of the most common defects in our schools of nursing is the lack of comprehensive records. More time should be spent in organizing this part of the work and putting it on a better regulated basis. By this, I mean providing the means for recording at stated intervals the students' instruction, experience, professional fitness, and morbidity. Such sets of records have been prepared and can be obtained from *The Modern Hospital.*

"How are we going to pay for this and who will have the time to do the work on them?" In solving the problem of obtaining and keeping school records, I wish to speak of the Training School Committee, for it is to this group we must look for much help until our hospitals are put on a different financial basis or until schools stand in a more independent position than at the present time. Often these committees are inherited from one administration to another, very rusty from disuse and decrepit with age. They must be rejuvenated with new blood where this is the case and a line of responsibility drawn for them. Large committees of from ten to fifteen members are desirable with a woman as chairman who occupies an important place in the social life of the community, who can contribute largely herself and who has the ability to draw others about her for the dual purpose: 1. Of financing the school activities; 2. Creating an understanding in the community of what a school of nursing ought to be and of its ultimate value to the public. I might also add, as its function, to support the principal of the school and assist her in educating the Board of Trustees to the idea of conducting a modern school for young women. If the committee consists of both older and younger women, it will be of greater service, the older women giving substantial financial support while the younger members are willing to carry the more active responsibility.

In one school, of which I know, one of the members of the Training School Committee summarizes all the training school records each month, thus saving the principal and her assistants hours of time and effort. This not only relieves the administration of a great deal of work, but at the same time educates the younger member as to what a school ought to be. She not only becomes a member of the Training School Committee because of prestige, but an intelligent member who can safeguard the school's future by knowing something about what standards should prevail and the requirements of its head.

Such a body of women is of inestimable value in enabling the principal to meet the present need of our schools. It can help in getting proper records, equipment, class rooms, reference books, scholarships, comforts and recreational facilities for the students. All

this can be brought about by private subscriptions, fairs, teas and card parties. These affairs should be managed by members of the committee relieving the principal of all responsibility except that of getting them sufficiently interested and enthusiastic to do it. A Training School Committee, functioning in this manner, makes a separate account for the school of nursing possible and the principal becomes more or less independent, in that she need not depend upon the hospital for more than the actual salaries of the instructor and supervising nurses.

The question of publicity can be solved in the same way by the help of these funds. The right kind of publicity brings forth the necessity of the following conditions in our schools: 1, Shorter hours; 2, Better living conditions, as well as the requirements of the curriculum, clinical teaching field, etc. In other words, good publicity must be *honest* publicity.

Let us dwell for just a moment on the student situation as it presents itself with reference to educational requirements. We are told that statistics show that there are more young women going into colleges today than ever before in the history of the world and consequently more young women are graduating from high schools. These young women after completing a four years' course of instruction as a groundwork for a professional career are not going into schools which demand no more than grammar school or one year of high school education, neither are they going to choose a school that expects all work and no time for study and recreation. These are the reasons why the training schools for nurses in many instances are destitute of applicants. The reputation which hospitals in the past have made for overworking their nurses, giving little consideration to education or to serving proper food, is reacting unfavorably against them at present, notwithstanding the educational, recreational and other advances which have been so generally made. The school that establishes shorter hours, good food, comfortable living quarters and gives an education to its students is not seeking applicants; applicants are seeking it.

Let us take up the question of shorter hours. The objection to this has been the feeling that it would require a prohibitive increase in the number of students. This is not wholly true. Under the following schedule one nurse additional will carry each ward of 25 beds.

Day Nurses		*Class*	*Hours Off Duty*
Miss Holbritter			9:30-1:00
Miss Emmons		3-4	1-4
Miss Crammond		3-4	2-5
Miss Ryan	*On Duty*	4-5	2 p. m.
Miss Jepson	2:30-11:00		
Miss Schon	11:00- 7:00		

Many hospitals that are running a ten-hour day have sufficient nurses for carrying an eight-hour schedule by means of time readjustments and a more detailed plan of routine work.

As to living conditions, such marked advancement has been made in the last ten years, we need not dwell upon this point in detail. When certain defects exist, the principal may have recourse to the Training School Committee, which in turn can urge the Board of Trustees to make alterations or rebuild if necessary, on the ground that it is

impossible to nurse the patients unless they have students to do it with.

In conclusion,—given a principal with adequate education, experience and ability, who is in sympathy with the problems of the superintendent of the hospital and who has a willingness to co-operate with him; a Training School Committee which is representative and alive to the needs of the school of nursing and active in meeting them, and which will support the principal in maintaining an educational institution,—the difficulties in the path of progress for the school will disappear. Such a principal and her committee will see to it that the proper instructor is appointed, adequate supervision given, proper records kept, complete equipment secured, and necessary affiliations made. Lacking these essentials, no hospital has a right to conduct a professional school, but in my opinion the difficulty is not usually an inability to meet these obligations so much as the need of knowing how to meet them.

TOO LATE FOR CLASSIFICATION

The League Calendar.—The preparation of a calendar for 1923 is well under way. This calendar will be a continuation of the plan of the one published last year—"Early Leaders of American Nursing"—and will present the portraits and historical sketches of twelve other notable nurses. The Publications Committee at National Headquarters, New York City, is endeavoring to make this calendar most attractive and valuable, and hopes to be in a position to make early and prompt deliveries. It urges training school superintendents, state, district, and alumnae associations to appoint committee at once to assume the responsibility of ordering and distributing these calendars.

National.—Assistant Surgeon General Mark J. White has succeeded Dr. C. C. Pierce as Director of the Division of Venereal Diseases. Dr. White has had a long and wide experience as a Public Health Officer and comes to the Division not only with a thorough knowledge of the venereal disease problem, but with a keen appreciation of the value of nurses and the part they have to play in this campaign. To quote Dr. White, "I feel that after the diagnosis is made, and indeed in many instances before it is made, the nurse with her training in social medicine, her aptitude in gaining the confidence of patients, with her knowledge of the importance of waging unrelenting warfare agianst disease, makes her a most important factor in the treatment, control and cure of venereal disease." The public health nurses of the country may feel that in Dr. White they have a most worthy ally in their campaign for better health.

District of Columbia: The Nurses' Examining Board of the District of Columbia will hold an examination for registration of nurses Tuesday, November 7, at The District Building. Applications to be at this office before October 23, 1922. Mary E. Graham, Secretary and Treasurer, 1337 K St., N. W., Washington.

Massachusetts: America's Pioneer Training School to Celebrate Its Fiftieth Anniversary.—The training school of the New England Hospital for Women and Children, the first Training School for Nurses established in this country, completed half a century of service on September 1. On that date, fifty years ago, it opened its doors for systematic training to young women desiring to become nurses. Nurses had been trained in this hospital during the ten years previous and its articles of incorporation (March 12, 1863) stated that "To train nurses for the care of the sick" was one of the objects for which it was founded, but so few applicants were then willing to give the time for training that a well-organized school did not exist. In 1872 Dr. Susan Dimock, Superintendent of the Hospital, visited Florence Nightingale in England, learning her methods; and on her return she organized the school, receiving the first pupil under the new regime on September 1 and soon forming a class. This pupil was Miss Linda Richards, who has since done notable work for the nursing profession in organizing and conducting training schools in various parts of this country, and in Japan, also in writing on the subject. This Golden Anniversary will be celebrated at the hospital, on Dimock Street, Roxbury, on October 31. Miss Richards will be present and will deliver an address. All former pupils are cordially invited to attend. Alumnae will enter the hall in classes, as far as possible, and in uniform. Come back to your Alma Mater!

A Correction: Major Stimson wishes to correct a mis-statement which she made inadvertently in the July *Journal,* page 848. In connection with the service pay bill, she stated that the pay for the third period is $110. This should read, $115.

STUDENT NURSES' PAGE

HOW WE SENT A REPRESENTATIVE TO SEATTLE

By Josephine Nichols

ON THE evening of May 8, the idea of sending a student nurse to the national convention at Seattle was presented to us. Pictures were shown, and each of us was filled with the desire to make the trip and attend the convention. A mass meeting was called at which it was decided that we should send at least one student. The next and biggest question was, "How are we going to raise the money?" Class meetings were held and plans were discussed.

It was decided that two candidates should be chosen by each class from its own ranks. These names were submitted to an advisory board, consisting of the superintendent of nurses, the educational director, and the president of the Alumnae Association. The name of the candidate chosen by them was to be withheld until all the money was raised, so that all would be interested.

Each class elected committees and immediately began work. Posters appeared in every conceivable place, and a great deal of class rivalry was shown. The Sophomore class had a Service Committee with an office and a registry. Mending, washing, sewing, pressing, facial massage, answering telephones, cleaning rooms, bed making, shoe shining, shampooing, etc.

The Junior class also made a specialty of their beauty parlor; socks were mended, the price varying with the size of the hole. Sweaters were knitted, suits cleaned and pressed. Breakfast was served on Sunday mornings at the dormitory and proved to be very enjoyable as well as profitable.

The Freshman class raised its money in the novel way of making dress forms.

Tuesday afternoon was "Swingout" on the campus, (the traditional opening of Senior activities), and as everyone felt like celebrating, the Junior class thought it would be an opportune time to make some money by giving a dance. The orchestra donated its services.

The Senior class held a strawberry festival. Unfortunately it rained, so that the attendance was not as large as had been expected. There was no financial loss, however, as the strawberries were made into jam and sold.

The most successful venture was a carnival given at the dormitory. Booths were erected. A cake was raffled and brought $8; the person who won it then sold the pieces for ten cents each. There was a dance to try "ringing the cat," the cats being made of black stockings stuffed with cotton and the rings being embroidery hoops. The living room served as a dance hall. The fortune telling room was well patronized, as our superintendent of nurses and educational director have enviable reputations as palmists.

Several people contributed generously and upon collecting all our funds we found we had enough. We feel that the campaign has brought students, faculty, and alumnae into closer relationship and has helped develop a better school spirit.

LETTERS TO THE EDITOR

The editors are not responsible for opinions expressed in this department. Letters should not exceed 250 words in length and should be accompanied by the name of the writer.

A MEMORIAL TABLET

DEAR EDITOR: In the new Army Medical School building shown in one of the photographs, which is now under construction at Walter Reed Hospital, the tablet, as photographed, will be erected. It is believed that the necessary funds for this purpose will be quickly subscribed by the officers, nurses, and enlisted men, who are now in the Medical Department or who were at one time in it, in memory of their comrades who lost their lives during the World War. The subscriptions, which are limited to $1, are to be received only from those who saw service as officers, nurses, or enlisted men of the Medical Department of the Army during the recent World War. Nurses desiring to subscribe for this tablet which commemorates the service of their comrades who gave their lives while engaged in Medical Department work, are invited to forward one dollar to Major Julia C. Stimson, Office of the Surgeon General, War Department, Washington, D. C. It should be understood that nurses who were formerly members of the reserve or regular Army Nurse Corps, as well as present members of the Corps, are invited to contribute.

JULIA C. STIMSON.

WHY "COWBIRDS"?

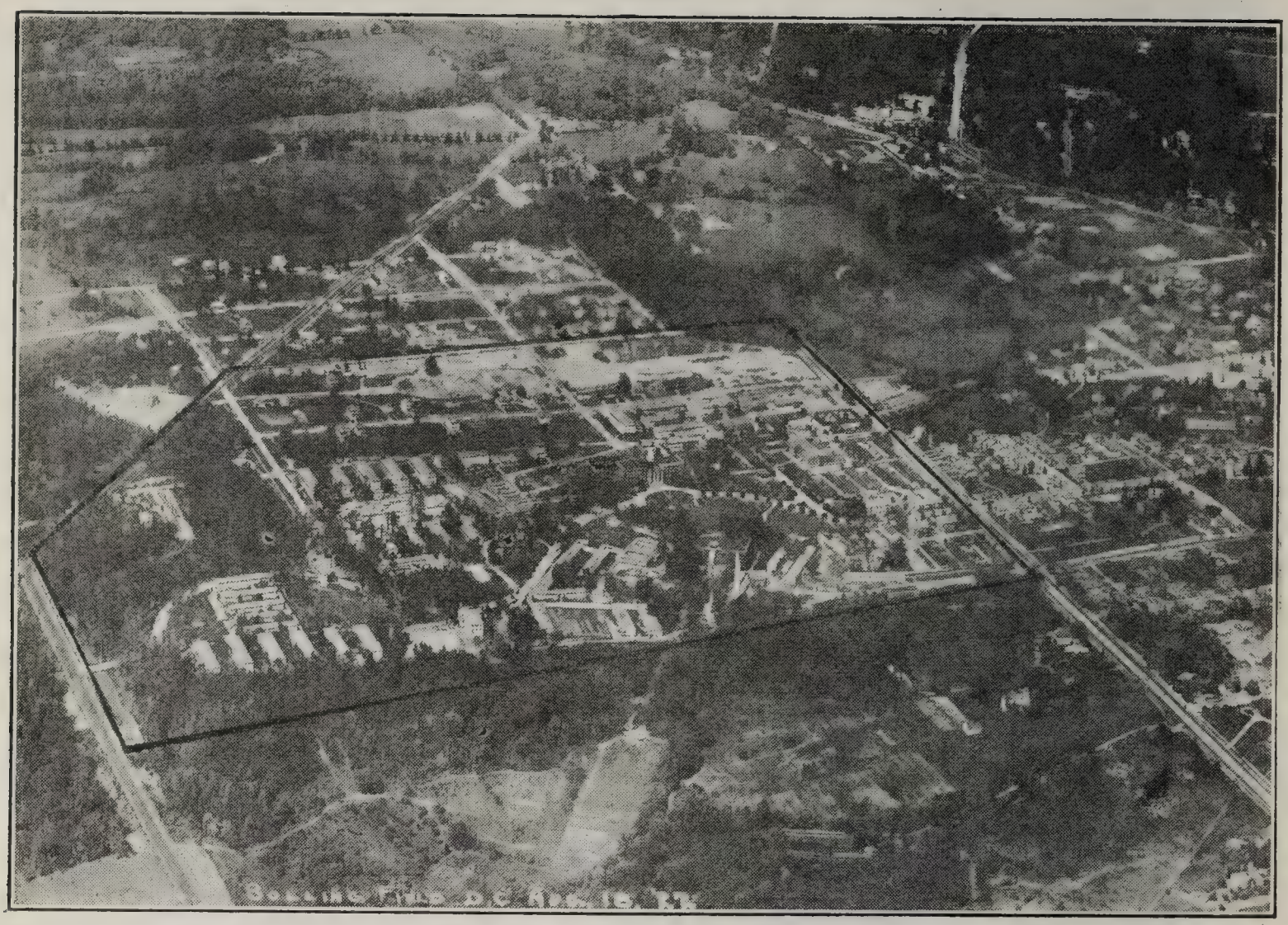
DEAR EDITOR: We have all been told from our childhood days that there are always two sides to every question. May I suggest another side to this question of "cowbirds" which was brought up in an editorial in the July number of the *American Journal of Nursing?* If there are nurses who, at graduation, see only personal benefits in registration and becoming members of their alumnae associations, is it not pertinent to ask how many nursing schools have had the vision to see and give to their student nurses any knowledge of the larger needs in the nursing world, and their individual responsibility to help meet those needs? Perhaps it is true that the young nurse has little to give except enthusiasm, but after all that in itself is a valuable asset. Do we try to foster that enthusiasm by giving the young nurse something to do and then stand by, helping her and urging her on, until she has gained the experience necessary to point the way to larger fields of endeavor? Or do we say, in deeds at least, "Oh, I have not the time to bother, and anyway I can do that so much better and more quickly." With this attitude is it any wonder that nurses go into activities where they are allowed to try their hand at driving the "machine"? It takes time to sit by and teach a beginner how best to run a machine, and to teach him how to see "dangerous curves ahead," but is it not worth while? It is the youth of today who will "carry on" tomorrow. It is the young nurse of today upon whom will devolve the responsibility of upholding the dignity and standards of the nursing profession of tomorrow. It would seem worth while to utilize every opportunity to give her today that which she will most need for tomorrow. If we conscientiously do this, we need not worry about "cow-birds" in the nursing profession.

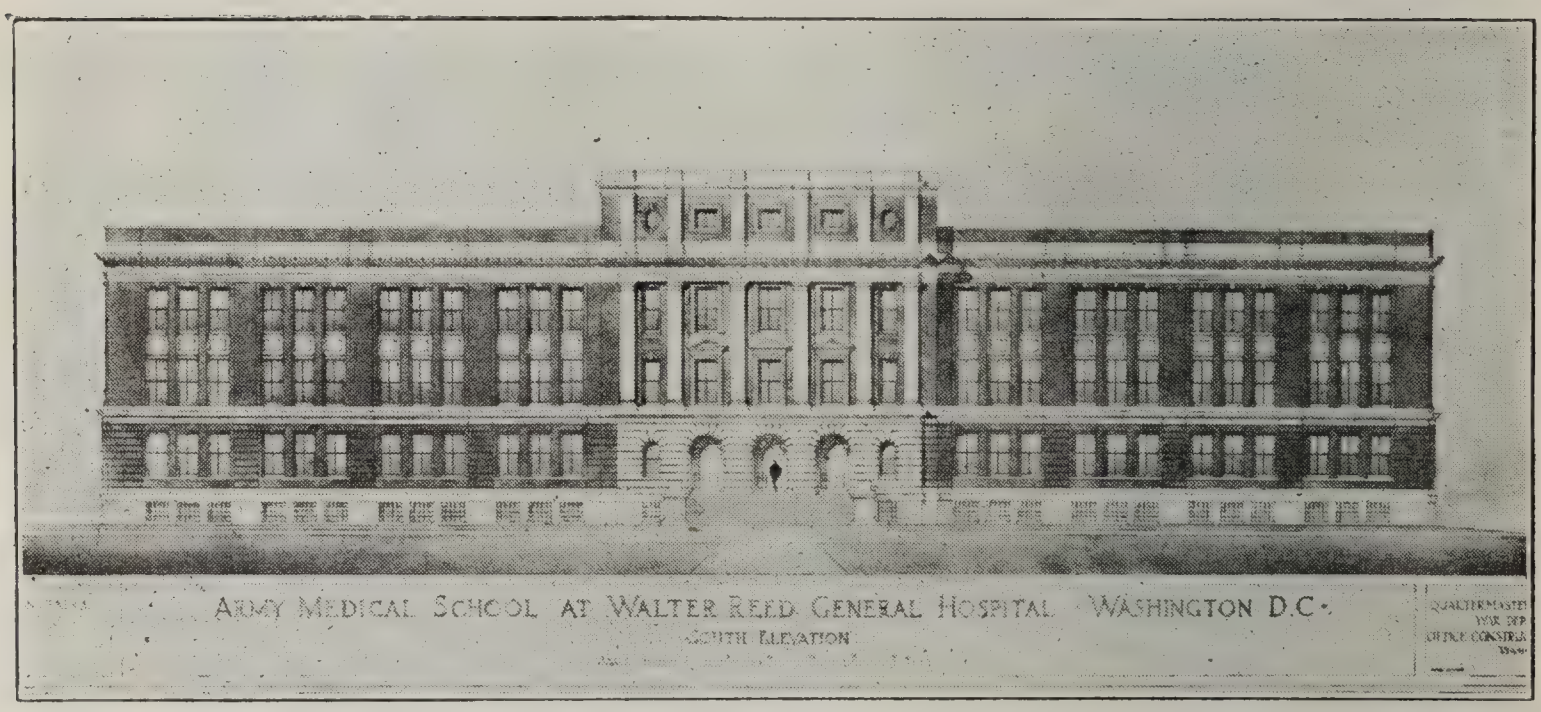
Washington H. W.

THE PACIFIER

DEAR EDITOR: I wish to express our appreciation of the excellent service the *American Journal of Nursing* is rendering. We look forward to our edition, the wrapper is quickly torn and just a peep taken at headings before we have actual time to read it. I was particularly interested in M. D. B.'s question—"Is a pacifier too small a thing for the National Organization of Nurses to take up?" What a splendid suggestion of soliciting support from the various women's clubs! The pacifier is one of baby's first gifts, now, part of its layette. How often we hear, of the second-day old babe, "Oh, she won't take it, nurse, maybe she will later on." Why do mothers use them? Is it because they think the mouth was made for something? Do they mistake the infant's lack of muscular control, or do they think it lessens their care, their work? Can we teach the causes of the cross, crying, restless baby? Have you seen the latest baby's gift box with pacifier?—a set attractively done up for one dollar; pacifier, teething ring, and rattle, skilfully polished like bone, made of wood. Recently I stood


1917
1918
IN MEMORY
OF THE
OFFICERS NURSES
AND ENLISTED MEN
OF THE
MEDICAL DEPARTMENT
UNITED STATES ARMY
WHO LOST THEIR LIVES
DURING THE
WORLD WAR
THIS TABLET IS ERECTED
BY THEIR COWORKERS OF
THE MEDICAL DEPARTMENT





SITE OF WALTER REED GENERAL HOSPITAL AND PROPOSED NEW MEDICAL SCHOOL

beside a mother who was picking over one hundred or more pacifiers in a glass jar; turning to me she said, "Don't you think this is the largest? My baby is two years old." It was both large and long. A filthy little two-year-old standing near by had one sewed to its coat and one around its neck. Perhaps M. D. B. might be interested in our attempt at doing something along this line. We have a "No-dummy" League, with 180 mothers as members besides many influential women members; the object of the League is stated on the back of the membership card; the League meets quarterly; talks are given by physicians on matters pertaining to the work discussed. Our plan is to solicit membership of our pre-natals and our newly confined. Our mothers are sticking to their League and are always bringing in a few new members. As one mother puts it, pointing to a three-year-old, "That one the light was never out with; I could not keep her quiet night or day. This baby has never known one of those dummies and I have never lost one hour's rest with her." I thank M. B. D. for bringing forth forcible thoughts on pacifier.

Canada A. L. P.

CONSTIPATION

DEAR EDITOR: We read and hear much on this subject. Perhaps the following suggestion may prove helpful: Eat dry shredded wheat or triscuits. These may be made palatable with fruits, marmalades, jams, honey, syrups, etc.—toasting. In a case of pre- and post-operative adhesions, from two to four eaten for breakfast, occasionally for supper, or in the evening, have apparently been responsible for establishing normal catharsis after seven years of enemata—cathartics not being used for over five years.

New York E. C.

HOW TO INTEREST YOUNG NURSES IN OUR ORGANIZATIONS

DEAR EDITOR: Creating such an interest should be part of the school curriculum just as much as any subject. Another method is that employed by Texas of sending its state secretary to every district once a year, and plans are made whereby all student nurses in the schools of nursing are addressed on the history of nursing organizations; the value of being affiliated with each one; the joy of coming in contact with other nurses of the profession. I believe if the prominent workers in our organizations could be visualized to the young nurses, in an interesting manner, they would be eager to meet them and know them personally. Another method would be to have the Seniors in the schools have programmes at the District Association meetings, at any rate they should always have an invitation to attend them. Why should we not also encourage the students in the schools to organize an association of their own, especially advising them to have someone teach them parliamentary law? All district and state associations ought to elect younger nurses to such offices, as they could hold, and while holding these, nurses should learn all they can from those carrying the burden of the work of the organization. They should be put on committees and given responsibility. When a nurse is made a chairman or a member of a committee let *her,* not the officer appointing her, be responsible for the work of that committee. So often a nurse loses interest in the work because the presiding officer after appointing her does the work. Let us also pay more attention to our younger nurses when they attend meetings. I remember well my first A. N. A. meeting; there is no insect which is smaller than I felt in that large gathering, even though I did represent the largest state in the Union. Even today I have not forgotten the joy that filled me when two or three of the officers took the trouble to be extremely nice to me. It has always been my especial joy in the State meetings to go to the young nurses coming for the first time to a meeting and welcome them, and introduce them to the members. Those are the things that will do much towards creating interest in our association work. After all, it is the little courtesies in life that make life sweet and worth while, and lovable.

Texas A. L. D.

A TRIBUTE TO THE NURSING PROFESSION

DEAR EDITOR: Regardless of the accusations of the commercializing of the nursing profession, the fact remains that, in

time of an emergency, no individuals devote their time and their energies to the comfort and safety of others with such utter disregard of themselves as do graduate nurses. These facts are well known to all active surgeons, because in the care of surgical cases, no greater burden can be put upon anyone than upon the nurse. However, we take too much for granted, and it remained for the terrible wreck at Winslow Junction to bring these facts forcibly home. The midnight flyer from Camden to Atlantic City was derailed at Winslow Junction and rolled down a thirty-foot embankment, with the result that seven were killed, and about seventy more were seriously wounded. Among the first to be notified was Miss McGurran, superintendent of the Atlantic City Hospital. By the time I arrived at the hospital, a matter of about twenty minutes, plans were already under way for the reception of the patients. The wreck occurred at about midnight. At that time there were on duty the night supervisor, four pupil nurses, and one orderly. Other graduates were called immediately. The pupil nurses and nurses' aides asked if they might be permitted to help. They were told to hold themselves in readiness for second call, which came fifteen minutes later. Before the arrival of the patients, all empty beds were listed, cots were arranged, blankets, hot water bottles and other equipment were taken from storage; pupils and graduates worked hand in hand, preparing beds, splints, bandages and other dressings. An abundance of extra supplies were given out and dressing tables were arranged throughout the house. The operating rooms were prepared for any emergency operation that might be necessary, the nurses scrubbed, and the anesthetist ready to begin work. Stretchers were procured and made up with blankets and hot water bottles, and hot coffee was prepared, so that after two hours' hard work we were fully prepared to take care of the wounded, who arrived at 4 o'clock. They were brought to the hospital in ambulances, taxicabs and private cars. Within about ten minutes, sixty-two wounded were at our doors. All patients upon arrival were tagged, given a hypodermic, if necessary, and then sent to the floor. The morale of the injured was by far the best I have ever seen. There was not a cry, and each seemed as anxious for his fellow's comfort as for his own. In the meantime many nurses on special duty had been released by their patients, the nurses' registry sent extra nurses, and one nurse who was on her vacation responded. Due to the indefatigable work of the nurses, all patients were in bed, had been rendered first aid, and made comfortable within one hour after admission. During the day more nurses were employed so that each patient practically had a special nurse until we were certain that their injuries did not warrant it. Only one death occurred in the hospital, and only two cases came to operation. At the end of the third week, all but two of the injured had left the hospital. The surgical department feels very much gratified at the excellent results obtained, but we have not lost sight of the fact that it was because of the hearty co-operation of the nursing profession of Atlantic City that we achieved such good results.

Atlantic City, N. J.

DAVID B. ALLMAN, M.D.

JOURNALS ON HAND

THE following copies of the JOURNAL may be had for the cost of transportation. Address National Organization for Public Health Nursing, 370 Seventh Avenue, New York: 1905, August; 1911, August, September; 1913, September; 1914, July; 1915, June, through December; 1920, all; 1921, January, through August, October, November.

A CORRECTION: Mrs. Beatrice V. Stevenson of Brooklyn, N. Y., calls our attention to an error on page 1095 of the September JOURNAL. She did not send a letter, but a copy of a bill introduced by Senator William M. Calder (S. 3629), "granting relief to Red Cross nurses who served with the Army or Navy of the United States in the War with Spain or the Philippine Insurrection." She suggests that any of these nurses in aid of relief to which they would be entitled under this bill should communicate with Senator Calder.

NURSING NEWS AND ANNOUNCEMENTS

NURSES' RELIEF FUND, REPORT FOR JULY AND AUGUST, 1922

Receipts

Previously acknowledged		$14,514.35
Interest on bonds		211.25
California: District No. 1, $5; District No. 2, $5; Dist. No. 4, $16; Dist. No. 6, $26; Dist. No. 9, $62; Dist. No. 13, $32.50; Dist. No. 14, $12; Dist. No. 15, $4; contributions taken at State Convention, San Jose, $25.25; Dist. No. 1, $2; Dist. No. 5, $157; Dist. No. 10, $15; Dist. No. 12, $20		381.75
Connecticut: Hartford Hosp. Training School graduates, $44; Grace Hosp. Alum. Assn., New Haven, $30.50; Conn. Training School Alum. Assn., New Haven, $100; two individuals, $10		184.50
Georgia: The Grady Hosp. Alum. Assn., Atlanta, $10; General collection, Atlanta Nurses, $3; one individual, $5		18.00
Indiana: St. Mary's Mercy Hosp. Alum. Assn., Gary, $20		20.00
Illinois: District No. 4, $10; three individuals, $15.60		25.60
Iowa: District No. 3		36.00
Maine: One individual, Bangor, $1; Central District, $86; Western District, Maine Gen. Hosp. Training School Alumnae: six individuals, $18		105.00
Massachusetts: One individual, Boston		2.00
Missouri: St. Luke's Alum. Assn., St. Louis, $74; six individuals, $6		80.00
Montana: District No. 6, $75; three individuals, Conrad, $3		78.00
Mississippi: One individual		4.00
New York: One individual, Homeopathic Hosp. and Alum. Assn., $50; one individual, Rochester, $15; Dist. No. 4, Cortland Co., $14; Dist. No. 13, two individuals, $10; Staten Island Hosp. Nurses' Alum., $25; Park Hosp. Nurses' Alum. Assn., $33; Roosevelt Hosp., $12; one individual, $5; Susan Shilladay, collected on Special Train to National Convention, $2; two individuals, $6; Dist. No. 1, one individual, $1; Dist. No. 14, one individual, $5; collected on N. Y. State Nurses' Special Train to and from Seattle, one individual, $11.50; Cryptogram readings, $9.75; sale of song, $10.30; two passengers, $2; one individual, $16.45; Dist. No. 6, $66.75		295.75
New Hampshire: Margaret Pillsbury Gen. Hosp. Alum., Concord, $5; Alum. of Notre Dame Training School, Manchester, $10		15.00
Ohio: Dist. No. 8, ten individuals		10.00
Pennsylvania: Columbia Hosp. Alum., Wilkinsburg, $100; one individual, Pittsburgh, $100		200.00
Texas: District No. 6		24.00
West Virginia: One individual		1.00
Wyoming: State Nurses' Assn.		25.00
		$16,231 30

Disbursements

Paid to 30 applicants for August	$450.00	
Protest charges	6.97	
Exchange on checks	.90	457.87
Sept. 1, 1922, balance		$15,773.43
Invested funds		49,150.00
Total		$64,923.43

V. Lota Lorimer, R.N.,
Treasurer.

Contributions for the Relief Fund should be sent to Miss V. Lota Lorimer, 1238 *West* Lake Avenue, Lakewood, Ohio. For information, address E. E. Golding, Chairman, 317 West 45th Street, New York City. The word "West" in the treasurer's address should be written out in full. When it is abbreviated mail goes to another address.

(As two months' items are published in this one issue of the *Journal,* all have had to

be condensed. New appointments in the national services have had to be omitted and only transfers noted.)

ARMY NURSE CORPS

Transfers: (July), To Station Hospital, Fort Banks, Mass., Della Killeen and Helen Drew; to Station Hospital, Ft. Benjamin Harrison, Ind., Jane G. Molloy, Della J. Bonner, Lylan M. Grady, Amelia F. Hanna, Elizabeth Hansbrough, Mary A. Kalouner, Katherine E. Kelly, Catherine Morrison; to Station Hospital, Camp Benning, Ga., Alta Berninger, Dorothy Cleveland; to Station Hospital, Jefferson Barracks, Mo., Mary M. Brady; to Station Hospital, Ft. Leavenworth, Kas., Helen L. Cole; to Letterman General Hospital, San Francisco, Calif., Kathleen O'Driscoll, Anne G. Slater; to Station Hospital, Ft. McPherson, Ga., Harriet Glogston; to Station Hospital, Ft. Sam Houston, Tex., Katherine Burns, Mary U. Curran, Margaret V. Garrity, Margaret Houston, Susan E. Littlepage, Margaret Spearman, Mary L. Tooker, Harriet N. Willett; to Station Hospital, Ft. Sheridan, Ill., Elizabeth H. Crowthers, Viola Ferguson; to Station Hospital, Ft. Sill, Okla., Kathryn Jones, Agnes J. O'Neill, Myrtle L. Rains; to Station Hospital, Ft. Totten, N. Y., Bertha Jost; to Walter Reed General Hospital, Takoma Park, D. C., Fidelia E. Barber, Helen M. Bortree, Nell Burke, Mary Curtis, Harriet E. Converse, Mary C. Donovan, Margaret Dwyer, Clotilda Ewers, Lillian K. Loutey, Sara A. McLoughlin, Margaret N. Hennessey, Helen R. Monroe; to Honolulu, Pauline Renbaugh.

Transfers: (August), To Station Hospital, Fort Benning, Ga., Dorothy Cleveland; to Station Hospital, Jefferson Barracks, Mo., Clarice Carter; to Fitzsimmons General Hospital, Denver, Colo., Emilie Curl and Edith Thorsen; to Station Hospital, Fort Sheridan, Ill., Flora Robarge; to Letterman General Hospital, San Francisco, Calif., Myrtle S. Holloway, Dora A. Noble, Norah A. Robb, Isa D. Wishard, Olive Blazey, Winifred Langan, Mabel E. Mariette, Julia D. Riethmeier, Elinor Shirley, Lucie Zurcher, Florence Anderson, Mary B. Dowling, Agnes Greenshields, Hannah Johnston, Karen M. Swarva, Emily Weder; to Walter Reed General Hospital, Washington, D. C., Margaret MacNichol, Gertrude Field; to U. S. Military Academy, West Point, N. Y., Sadye M. Rosenthal, Mabel L. Lesley.

Orders have been issued for the separation from the service of the following named members of the corps: Katherine J. Apple, Laura M. Beaubien, Flora L. Beeler, B. Margaret Bitzer, Catherine Brady, Ruth M. Breed, Florence B. Butzbach, Mary E. Bryne, Harriet C. Chandler, Florence Clement, Helen M. Cronin, Edna A. Ferguson, Mary E. Ferguson, Mabel A. Gray, Annie S. Hammers, Anna Hammond, Sarah E. Handley, Florence S. Hauck, Ruby A. Hickok, Nevada E. Hopner, Eva Johnson, Mildred Jones, Lida Kilpatrick, Amy M. Lamont, Minnie A. Lester, Katherine M. McGurk, Isabel McLean, Genevieve McMillan, Emily L. Martin, Lois Mills, Berneita F. Moran, Elsie Mutch, Florence R. Nance, May O'Callaghan, Sarah I. J. Paisley, Vera Pearce, Ida T. Renner, Mary E. Richards, Agnes E. Ryan, Etheleen L. Sculthorp, Billie A. Sharp, Inez W. Terry, Athena R. Turner, Elizabeth P. Uzelmeier, Camilla M. Van Pelt, Henrietta Vinyard, Marie A. Wall, Mary J. Welsh, Margaret C. Whyte, Miriam S. Wood, Lelia M. Younglove, Evelyn Wood, Chief Nurse; Bessie N. Baldwin, Camilla J. Barby, Hannah O. Beatty, Lora A. Brooks, Nellie Butcher, Agnes Colgan, Fannie E. Crone, Mary H. Dryden, Dorothy S. Frank, Mary Wilda Getty, Hattie Gill, Signe E. Holme, Bertha Jost, Ann C. Joyce, Vera Kearney, C. Elizabeth Little, Fairy L. Long, Louise Mathisen, Harriet L. Osborn, Mary L. Queenan, Marguerite E. Sayler, Margaret Spearman, Mable B. Strom, Veronica Van der Cord, Lucinda Walsh, and Yvette M. Winfield.

The following named 2nd Lieutenants have transferred from the Reserve to the regular Corps: Katherine L. Jones, Josephine M. Nesbit, Ella V. Shorney, Isadore Klaus, Edna Mahar, Elizabeth M. Aldridge, Edna D. Umbach, Margaret Uthaug, Ruth G. Compton, Grace Keener, May V. Greenlees, Clotilda M. Ewers, Helena Clearwater, Johanna Gorman.

JULIA C. STIMSON,
Major, Supt., Army Nurse Corps,, Dean, Army School of Nursing.

NAVY NURSE CORPS

Transfers: (July), To Annapolis, Md., Anna M. James; to Canacao, P. I., Elizabeth S. Hopkins, Chief Nurse, U. S. N.; to League Island, Pa., Bertha R. Marean; to Mare Island, Calif., Katherine F. Lowe, Nora A. Reardon; to New York, N. Y., Helen C. Houser, Florence M. Kopp, Alma G. Stiansen; to Pensacola, Fla., Lillian M. Ward; to Dispensary, Quartermaster Depot, U. S. Marine Corps, Philadelphia, Pa., Eva R. Dunlay, Chief Nurse, U. S. N.; to Portsmouth, N. H., Anna E. Gorham, Chief Nurse, U. S. N.; to Portsmouth, Va., Blanche Allen, Christine J. Bourgeois, Alice M. Gillett, Chief Nurse, U. S. N. (awaiting transfer to the Virgin Islands), Mary L. Goss, Annabel Griffith, Gertrude Griffith, Nora A. Harding, Mildred E. Hoover, Hilma Knudtson, Madge Solomon; to Puget Sound, Wash., Amelia M. Saumweber; to U. S. S. *Chaumont,* to Haiti and return, Grace L. Goodwin (temporary duty), Marguerite A. Snyder (temporary duty); to San Diego, Calif., Mary M. Pare; to U. S. S. *Relief,* Emily J. Cunningham, Mary M. Maxey.

Transfers: (August), To Annapolis, Md., Emma L. Grier, Mabel G. Hudson; to Naval Academy Dispensary, Annapolis, Florence M. Field (temporary duty); to Canacao, P. I., Erna Disselkamp, Katherine F. Lowe, Nora A. Reardon; to Charleston, S. C., Nelle S. Snow, Grace S. Vestal; to Chelsea, Mass., Ella B. Clough, Betty W. Mayer (Chief Nurse); to Guam, Mary F. Spencer; to League Island, Pa., Catherine C. McNelis; to Mare Island, Calif., Bertha A. Adams, Elizabeth Hoag (Chief Nurse), Mary E. Northrop; to New York, N. Y., Violet S. Gass (Chief Nurse), Mary A. Murphy, Helen Walsh; to Norfolk, Va., Mary V. Ennis, Lilla H. Sawin, Ida M. Maple, Adele Scudder; to Navy Yard Dispensary, Norfolk, Va., Eva B. Moss (Chief Nurse); to Parris Island, S. C., Mary V. Hamlin (Chief Nurse), Anna L. Merritt; to Pensacola, Fla., Katharine C. Hansen; to Navy Yard Dispensary, Philadelphia, Pa., Teresa E. Wilkins (Chief Nurse); to Puget Sound, Wash., Bertha B. Devitt, Mabel L. Gardiner; to Quantico, Va., Marie V. Brizzolara, Esther Le Compte James (Chief Nurse), Josephine Knight; to San Diego, Calif., Elsie Brooke (Chief Nurse), Louise H. Clarke, Anne Gemkow; to Tutuila, Samoa, Louise R. Lobb; to U. S. S. *Argonne* (temporary duty), Sue S. Dauser (Chief Nurse); to U. S. S. *Chaumont* (temporary duty), Helen A. Russell (Acting Chief Nurse); to Washington, D. C., Margery A. Duncan, Lucy A. West.

Honorable Discharges: Linnie Anderson, Pearl F. Day, Clara Hayes, Janie Bennett, Hazel M. Scott.

Resignations: Ella M. Ambrose, Ella R. Byrne, Ellen E. Drisko, Mary L. Easton, Florence E. Harris, Edna M. Hottinger, Grace E. Keech, Maude Kellam, Josephine M. Perrault, Edith H. Smith, Daisy E. Wells, Helen Biggert, Mary L. Goss, Laura E. Greenwood, Rachel L. Harma, Anna M. James, Lilly E. McDonald, Margaret G. McLean, Margaret B. Powell.

Discharged from Inactive Status: Luella McCalpin.

LENAH S. HIGBEE,
Superintendent, Navy Nurse Corps.

U. S. PUBLIC HEALTH SERVICE NURSE CORPS

Reinstatements: (July), Rosella McDonough and Hildur Steinburg, U. S. Marine Hospital No. 5, Chicago, Ill.; Sarah G. White, No. 9, Ft. Stanton, N. M.; Isabelle Connell, Lillian Pinkham, Laura Moline, Laura Zwanzig and S. Gertrude Simpson, No. 19, San Francisco, Calif.; Margarite Mattice, No. 70, New York City, N. Y.; Ella Oliver, No. 82, Norfolk, Va.

Reinstatements: (August), Edna Roberts, U. S. Marine Hospital No. 17, Port Townsend, Wash.; Josephine Vandergon, No. 19, San Francisco, Calif.; Lila J. Porter, No. 82, Norfolk, Va.

Transfers: Irene LeDuc, U. S. Marine Hospital No. 21, Stapleton, N. Y., to No. 2, Boston, Mass.; Clara Tappmeyer, No. 14, New Orleans, La., to No. 11, Louisville, Ky.; Marion Lynch, No. 18, St. Louis, Mo., to No. 2, Boston, Mass.; Nell Copps, No. 20, Savannah, Ga., to No. 14, New Orleans, La.; Anna O'Brien, No. 17, Port Townsend, Wash., to No. 19, San Francisco, Calif.; Anna O'Rourke, Rosebank Quarantine, to Hospital

No. 43, Ellis Island, N. Y.; Nell Ross, Rosebank Quarantine, to Hospital No. 43, Ellis Island, N. Y.

LUCY MINNIGERODE,
Superintendent of Nurses, U. S. P. H. S.

U. S. VETERANS' BUREAU

Transfers of Chief Nurses: (July 15-Aug. 15)

Katherine Hagerty, from Oteen, N. C., to Memphis, Tenn.; Laura Nell, from Camp Kearney, Calif., to Walla Walla, Wash.; Susie Geer, from Fort Bayard, New Mexico, to Camp Kearney, Calif.; Jacqueline Riggs, from Fort Bayard, New Mexico, to Las Animas, Colo.; Olive Sweet, from the U. S. Public Health Service and appointed Chief Nurse at U. S. Veterans' Hospital No. 52, Boise, Idaho; Laura Beecroft, transferred from the Vocational School, Pocono Pines, Pa., to Fort Bayard, New Mexico, as Assistant Chief Nurse.

During August, the U. S. Veterans' Bureau opened a new general hospital, U. S. Veterans' Hospital No. 88, Memphis, Tenn., and it is expected that the hospital at Rutland, Massachusetts, will be ready to receive patients at an early date. Nurses are needed for the following hospitals: U. S. Veterans' Hospital No. 50, Whipple Barracks, Ariz.; No. 55, Fort Bayard, N. Mex.; No. 60, Oteen, N. C.; No. 27, Alexandria, La.

MARY A. HICKEY,
Superintendent of Nurses.

THE MISSISSIPPI VALLEY CONFERENCE will hold its tenth annual meeting in Milwaukee, Wisconsin, October 9-11. Included in the Conference group are eleven states in the Mississippi Valley,—Indiana, Michigan, Minnesota, Missouri, Ohio, Wisconsin, Illinois, Iowa, Nebraska, North Dakota and South Dakota. Among the topics to be considered are tuberculosis training for doctors and nurses; the discovery clinic; early diagnosis of tuberculosis and its place in prevention; immunizing the child against tuberculosis, after care of the sanatorium patient. Exhibits of educational posters and photographs and building plans of tuberculosis sanatoria in the Mississippi Valley will be secured and placed on display for the meeting. Particular attention will be given to the subject of legislation as it affects the establishment and proper maintenance of public tuberculosis sanatoria, convalescent camps, Occupational Therapy programmes and similar subjects. In order that the Conference may have the advantage of consultation with tuberculosis authorities from outside of the Mississippi Valley, the Executive Committee of the National Tuberculosis Association will hold a meeting in Milwaukee at the time of the Mississippi Valley Conference. The annual meeting of the Wisconsin Anti-Tuberculosis Association will be held in connection with the Conference, its separate session being limited to a luncheon business meeting.

THE AMERICAN DIETETIC ASSOCIATION will hold its fifth annual meeting in Washington, D. C., October 16-18, with headquarters at the New Willard Hotel. Speakers of national importance will discuss recent developments in dietetics, as well as administrative and other practical problems of the dietitian. Trips to Walter Reed Hospital and the scientific laboratories of the Government will give excellent opportunities to observe the research work now carried on in Washington. An exhibit of equipment, food materials, charts and other illustrative matter valuable to the dietitian will also be an attractive feature of the Convention. Sessions of special interest to nurses are:

MONDAY EVENING, 7 o'clock: Dinner meeting, New Willard Hotel, Mrs. Mary de Garmo Bryan presiding. Speakers: General Hugh Cumming, Major Julia C. Stimson, Mrs. Lenah Higbee, Lucy Minnegerode.

TUESDAY EVENING, 8 o'clock: Octavia Hall, Peter Bent Brigham Hospital, Boston, presiding. Nutrition and Diet in Childhood, Mary S. Rose, Teachers College, Columbia University; The Relation of Hygiene to the Growing Child, Dr. Alfred Hess, New York.

WEDNESDAY EVENING, 8 o'clock: Genevieve Field, Walter Reed Hospital, Washington, presiding. The Food Service for Private Patients, Lulu Graves, Mt. Sinai Hospital, New York; The Food Service for Ward Patients, Marjory Hulsizer, Barnes Hospital, St. Louis; The Food Service for School Children, Daisy Treen, School Lunch and New England Kitchen, Boston, Mass.; The Food Service for the Hotel, Mary Lindsley, Manager, Grace Dodge Hotel, Washington.

THURSDAY, OCTOBER 19, 10 a. m.: Johns Hopkins Hospital, Baltimore, Maryland, Lulu Graves presiding. The Relation of Animal Experimentation to Dietetics, Dr. E. V. McCollum, Professor of Chemical Hygiene, Johns Hopkins Hospital, Baltimore; The Relation of the Medical Staff and Diet School in Johns Hopkins Hospital, Dr. Wm. S. McCann, Associate Physician, Johns Hopkins Hospital.

THE AMERICAN CHILD HYGIENE ASSOCIATION will hold its thirteenth annual meeting in Washington, D. C., October 12-14, at the New Willard Hotel. General subjects to be considered are: *October 12, Morning,* The Training in Nutrition Needed for Child Hygiene Workers; *Afternoon,* The Pre-school Child; *Evening,* Addresses by Herbert Hoover, Sir Auckland Geddes, L. Emmett Holt, M.D., Elizabeth G. Fox. *October 13, Morning,* Administration of Private Child Hygiene Organizations, Infant Mortality in the First Month of Life. *Afternoon,* Nursing and Social Work, Margaret Stack of Hartford presiding; addresses by Gertrude E. Hodgman, Kathleen Edwards, Winifred Rand. *Evening,* Business. *October 14, Morning,* Maternal Welfare. *Afternoon,* Medical Session.

THE UNITED STATES CIVIL SERVICE COMMISSION announces an open competitive examination for trained nurse and trained nurse (psychiatric) for the Panama Canal Service. For particulars, address the Civil Service Commission, Washington, D. C.

The *Journal of Outdoor Life,* a monthly magazine devoted to a consideration of the problems of tuberculosis, has become the property of the National Tuberculosis Association, after having been managed for some years as its official organ.

Korea: The Occidental Nurses' Association of Korea held its annual meeting at East Gate Hospital, Seoul, Korea, April 5-7. The first session was devoted to business followed by a very interesting talk on Leprosy by Dr. Wilson, who has charge of the Leper Asylum at Kwangju. There are about 20,000 lepers in Korea, of whom less than 1,000 are treated in the four leper colonies at Kwangju, Taiku, Fusan and Mokpo. In the afetrnoon the members met with the Korean Medical Association. Several interesting papers were read and discussed on Neuraesthenia, Evangelism in Dispensary and Hospital and Tuberculosis. The number of cases of tuberculosis in Korea is appalling and as yet there is not one sanatorium. On Wednesday evening a dinner was given at the Chosen Hotel in honor of the twenty-fifth anniversary of Esther Shields in Korea. Miss Shields' loyalty and devotion to duty and her love for the Koreans has made her a true Florence Nightingale to Korea. On Thursday morning an exceedingly interesting paper was read on Evangelistic Effort in Hospital by Margaret Logan, China. In the evening Dr. Hopkirk gave a lecture and moving pictures on X-Ray and Its Value in Diagnosis. Friday morning the question of Korean text-books was discussed. Nurses have longed for a book in Korean that they could put into the hands of students so that they can read in their own language. Literature and more literature for Korean nurses has been the crying need. Miss E. J. Shepping is now translating Maxwell and Pope's Practical Nursing into Korean and expects to have it in the hands of the nurses this fall. The Occidental Graduate Nurses' Association of Korea agreed to assume all financial obligation of the text-book, several nurses volunteering to solicit funds from home friends. Before the afternoon session closed the Korean graduate nurses were invited to meet with the Occidental Graduate Nurses' Association and discuss plans for organizing a Graduate Nurses' Association of Korea. A committee was appointed to draw up constitution and by-laws. The convention this year has been the best yet. So many big problems were discussed and all felt that they have received great inspiration and help. The following officers were elected: President, Ethel F. Butts; vice-president, Esther Shields; secretary, Mrs. J. A. McAnlis; treasurer, Mrs. A. Ludlow; editorial secretary, Miriam Fox.

Alabama: THE ALABAMA STATE BOARD FOR THE EXAMINATION AND REGISTRATION OF NURSES will hold its annual meeting in Montgomery October 26. Examinations will be held in Birmingham October 23-24; Mobile October 24-25; Montgomery October 25-26. Applications may be obtained from Linna H.

Denny, secretary-treasurer, 137 N. 60 St., Birmingham.

Arkansas: The Arkansas State Board of Nurse Examiners will hold its semi-annual meeting for the examination and registration of nurses October 13 and 14. For information address Frankie Hutchinson, secretary, 2716 W. 6 St., Little Rock. The Arkansas State Nurses' Association will hold its annual meeting in Hot Springs October 10 and 11, with an added day, October 12, for the State League of Nursing Education. Ella Skirving, St. Joseph's Infirmary, Hot Springs, is chairman of the Programme Committee. **Fort Smith.**—Emily Greenwood has been appointed superintendent of St. John's Hospital and Holt Clinic. Miss Greenwood is a graduate of the General Hospital, Hamilton, Ontario. **Little Rock.**—The Little Rock Nurses' Association entertained the nurses of Fort Roots (U. S. Veterans' Hospital 78) on August 4. After the business meeting there was a delightful swim in the Junior High School pool, then a moonlight supper on the school lawn. The guests, from many states of the Union, felt that they had been given a warm welcome to Arkansas.

California: San Francisco. — Evelyn Wood, an Illinois Training School graduate and a recent chief nurse in the Army Nurse Corps, has been made superintendent of the San Francisco Training School. She was the guest of honor at a recent meeting of the Alumnae Association.

Colorado: Denver.—The Colorado Tuberculosis Association has been fortunate in securing the services of Dr. Wm. R. P. Emerson, of Boston, for a two weeks' institute on the Nutritional Problems of Children. The institute will be held in Denver from October 18 to November 1, where excellent facilities for demonstration purposes are available. The institute is being conducted especially for physicians, public health nurses, dietitions, social workers, physical education, and home economics teachers and other persons interested in nutrition. The course is not limited to residents of Colorado, but is available to students from neighboring states. The tuition for this course is $25.00. Applications for enrollment should be made at once to the Colorado Tuberculosis Association, 409 Barth Building, Denver.

Connecticut: The Graduate Nurses' Association of Connecticut held a meeting on August 9 at the Red Cross House of the U. S. Veterans' Hospital, Allingtown. Major Prince welcomed the nurses and invited them to visit the buildings and grounds. After the business meeting, Elizabeth Bigelow gave an interesting report of the convention at Seattle. Sarah Hyde and Harriet Gregory added their impressions. The members voted their earnest support to the Sheppard-Towner bill when it is presented to the state legislature. Miss Evers and her staff served luncheon, after which the buildings and grounds were visited. **New London.**—The Joseph Lawrence Training School for Nurses held graduation exercises for a class of eleven on the evening of May 3 in Plant Hall. The address was given by the Hon. Lucius E. Whiton. Frederic W. Mercer, president of the Board, presented the diplomas. The Alumnae of the school gave a banquet to the graduation class preceding the exercises. Mrs. Herbert Crandall presented the school pins and companion cases, the gifts of the Women's Auxiliary. A reception and dance followed for the nurses and their guests. The Woman's Auxiliary of the Lawrence and Memorial Associated Hospitals held a bazaar on the hospital grounds during the afternoon and evening of July 26, which was one of the social events of the season. At noon there was a carnival parade with ambulances and sixty cars in line. On the grounds were attractions and thirty booths open to the public. The net receipts were $7,500.

Delaware: Wilmington. — M. Louise Pugh has resigned as superintendent of the Homeopathic Hospital and has gone to California.

Florida: The Florida State Nurses' Association will hold its annual meeting in Orlando, November 20 and 21.

Georgia: The Georgia State Association will hold its annual meeting in Macon in October.

Illinois: Chicago.—Lenore Tobin, a graduate of Mercy Hospital, took the degree of Bachelor of laws on June 3, having studied at night school while holding the position of

assistant superintendent of nurses at the Municipal Tuberculosis Sanitarium. St. Joseph's Hospital graduates are reported as follows: Five of the Alumnae attended the Seattle convention; Katherine Bowens, class of 1918, is a floor supervisor at the Children's Hospital, Philadelphia; Grace Corsaw, class of 1921, is surgical supervisor at the Aurora Hospital, Aurora; Margaret Keenan, class of 1920, has entered the Marillac Seminary, St. Louis; Gertrude Anderson, class of 1913, Norwegian-American Hospital, is obstetrical supervisor of that hospital after a special course at the Lying-in Hospital. Michael Reese Hospital graduates are reported as follows: Leola Colquhoun has accepted a position in the X-ray department of the hospital; Florence Parrott, supervisor, and H. Friberg and Zoe Lutz, assistant supervisors, have resigned their positions; Camille Booth, 1908, is at Banes, Cuba, in the medical department of the United Fruit Co.; Miss E. Suhr, who was awarded the Columbia scholarship, class of 1921, is staying a second year to take her degree; A. Trutter, class of 1921, has established a maternity department at St. Mary's Hospital, Streator; Martha Ellis, class of 1920, is holding a position in the Minneapolis Maternity Hospital; Eva Way and Laura Nusser are supervisors at the Children's Hospital, Pasadena.

Indiana: The Indiana State Board of Examination and Registration of Nurses will hold its semi-annual examination for the registration of graduate nurses Wednesday and Thursday, November 8 and 9, 1922. This examination will be held at the State House, Indianapolis. At the State Board meeting in May, Elizabeth E. Springer, superintendent of the Huntington County Hospital, was elected president of the Board to succeed Nellie G. Brown; Miss Brown was elected vice-president, and Ida Jeane McCaslin was re-elected secretary-treasurer. The Governor recently appointed Clare Brook of Indianapolis as a member of the Board to succeed Katherine McManus of Greensburg. The Indiana State Nurses' Association will hold its twentieth annual convention at the Lincoln Hotel, Indianapolis, October 2, 3, 4. Monday will be given to the League and Tuesday to the Private Duty Session. Adda Eldredge will speak at both sessions. Wednesday will be devoted to the Public Health nurses, when Edna L. Foley will speak. **Indianapolis.**—An Institute for Superintendents and Instructors was held at the Protestant Deaconess Hospital September 11-13 with the following programme: Sept. 11, Introduction, Elizabeth Springer, President of the Examining Board; The Survey in the Nursing Schools in Indiana, Mary Gladwin, Educational Director; Sept. 12, Teaching Practical Nursing, Nellie G. Brown; demonstration: Nursing Procedures, nurses of preparatory class of Indiana University Training School, conducted by Mary M. Peterson; The Organization and Duties of the Nursing Staff, Mrs. Ethel P. Clarke; Teaching in Schools of Nursing, Mary E. Gladwin; Sept. 13, A Summary of the Exhibit on Records, Lizzie Goeppinger; Question Box, Ida McCaslin. A full discussion followed each topic presented. The Third Annual Conference of Public Health Nurses will be held at the Lincoln Hotel, Indianapolis, immediately following the State meeting. This Conference is held under the direction of the Division of Public Health Nursing of the State Board of Health. Attention will be given to all phases of Public Health Nursing. Edna L. Foley of the Visiting Nurse Association of Chicago will speak on Orthopedic Nursing. Helen LaMalle of the Mettropolitan Life Insurance Nursing Service of New York and Malinde Havey, Assistant Director of Red Cross Public Health Nursing at Washington, will speak. Demonstrations will be given on Pre-natal and Infant Welfare Nursing and the Visit to Communicable Disease Cases. A special excursion is planned to the several departments of the State Board of Health. The following nurses have been appointed to Public Health positions: Dorotthy Rowe Cortner, Wayne County Board of Education; Sybil Kitchen, Porter County Local Red Cross and T. B. Association; Rose Armstrong, Bartholomew County Local Tuberculosis Association; Martha Garrison, Martin County Local Red Cross; Lydia Jordan, Laporte City Board of Education; Helen Geltenbort, Laporte County Board of Education and Red Cross Chapter; Mayme Swank, Stuben County Local Red Cross Chapter; Mrs. Dolores Gilpin, Anderson

(City) P. H. N. Association; Isobel Devlen, Superintendent R. C. P. H. N. Association of Ft. Wayne and Allen County; Flora Thomas, Gas City Board of Education; Mattie Flater, Muncie (City) P. H. N. Association. THE NURSES' CENTRAL DIRECTORY has arranged for a series of conferences for private duty nurses to be held at the Directory the first Wednesday of each month. The subjects to be discussed will be selected from a question box. Any registered nurse doing private duty in District No. 4 may send in a question for this box. The first of this series of conferences will be held October 4, and the subject will be Parliamentary Law. Delavan Smith, owner of the *Indianapolis News,* who died recently, left $100,000 to the Methodist Episcopal Hospital to be used for the erection of a maternity or children's hospital. The Training School enrolled sixty students in the September class. The Indianapolis City Hospital Alumnae Association met at the hospital September 9. Josephine Mulville, superintendent of the training school, addressed the meeting, and spoke very encouragingly of the future for the school. Following the meeting, the nurses enjoyed a pleasant social hour. The 1921 class of the Indianapolis City Hospital held a reunion at Lake Wawases the week of August 2. They rented a cottage and spent a very pleasant week cooking, fishing, and talking over school days. St. Vincent's Hospital Alumnae Association held its regular meeting at the hospital September 5. After the business meeting the nurses spent a very interesting and instructive hour discussing local politics. **Terre Haute.**—THE ALUMNAE ASSOCIATION, FACULTY AND STUDENT NURSES OF THE UNION HOSPITAL held a successful fete in the early summer to raise money for the Jane A. Delano Memorial Fund. The proceeds were over $280. Tickets for dances, refreshments, and soft drinks were sold. Cakes were donated; ice cream and soft drinks were given at cost. Lumber, piano, lanterns, and publicity were donated. Posters were made and were displayed in business houses the week of the fete. The labor required for putting up the platform was donated by the employees of the Malleable Iron and Steel Works. **Richmond.**—THE NURSES' ALUMNAE ASSOCIATION OF REID MEMORIAL HOSPITAL held a picnic supper on August 4 at Glen Miller Park. **Elkhart.**—THE SECOND DISTRICT ASSOCIATION held its meeting September 2 at the Elkhart Hospital. The programme was devoted to Public Health Nursing. Lillian Cannon, School Nurse of South Bend, gave a report of the National Organization of Public Health Nurses' meeting at Seattle. Fannie Thomas of Rochester explained the work of the first full-time health unit in the state which is operating in Fulton County. Ina Gaskill, Director of Public Health Nursing for the State Board of Health, addressed the meeting. About forty nurses were in attendance.

Iowa: District 2. Ottumwa.—A meeting of District 2 was held at Centreville June 10. Luncheon was served at St. Joseph's Hospital after which an interesting programme was given. The Weller-Morgan Company served dinner at the Country Club in honor of the visiting nurses. Elizabeth Collins of Monmouth Memorial Hospital, Monmouth, N. J., has accepted the position as superintendent of the Ottumwa Hospital. Mrs. Merle Wellman is taking a course in laboratory work at New York City. Two nurses from District 2 attended the nurses' convention at Seattle. **Cedar Rapids.**—Catherine Marie Welch, class of 1917, Mercy Hospital, was received into the order of Sisters of Mercy August 15, and will be known as Sister Mary De Lellis. **Des Moines.**—Sister Mary Thomas is the new superintendent of Mercy Hospital. Sister Mary Agnes succeeds Alice Paul as operating room nurse. Goldie Hartman has given up her work as school nurse in Montana and has returned to her home in Dunkerton. Mary Harney, assistant superineendent of school nurses, has been granted a six months' leave of absence because of ill health. **Council Bluffs.**—Dorothy Catlin, class of 1922, Jennie Edmundson Memorial Hospital, has been appointed night supervisor in the hospital. **Washington.**—Neta Trent, graduate of the Jefferson County Hospital, has been appointed night supervisor in the Washington County Hospital. **Fairfield.**—Merle Wright, county nurse, has arranged for an exhibit of a model town at the Chautauqua. THE JEFFERSON COUNTY HOSPITAL ALUMNAE

Association is asking each member to pledge one day's earnings to the Relief Fund.

Kansas: Topeka.—Emma Irving, class of 1914, Christ's Hospital, is returning to Ningpo, China, after a year's furlough, as superintendent of nurses in a mission hospital.

Kentucky: The Kentucky State Board of Nurse Examiners will hold examination for state registration on Tuesday and Wednesday, November 21 and 22, at the J. N. Norton Memorial Infirmary, Louisville. For applications and information, apply to Flora E. Keen, secretary, 115 N. Main St., Somerset.

Louisiana: The Louisiana Nurses' Board of Examiners held the semi-annual examination in New Orleans and Shreveport June 26 and 27. Sixty-eight applicants qualified as registered nurses.

Massachusetts: The Massachusetts State Nurses' Association will hold its fall meeting at Gloucester October 7. **Boston.**—The Boston City Hospital Alumnae Association announces its plans for meetings at Vose House as follows: October 3, Report of the Convention, Ellen C. Daly; November 7, The General Health of Boston, Francis X. Mahoney, M.D.; December 5, Medical Inspection, William H. Devine, M.D.; January 2, A Get-together Party, Alumnae and students; February 6, Relation of Vocational Guidance to the Profession of Nursing, Susan J. Ginn; March 6, Tubercular Problems of Boston, Arthur J. White, M.D.; April 3, Training Department of the Telephone and Telegraph Company, Mary E. Harrington; May 1, The Library in the Community, Margaret A. Sheridan; June 5, Annual meeting. A course of twelve lectures on Parliamentary Law will be given by Harriet Alice Smith. **Pittsfield.**—The House of Mercy Alumnae Association put forth in July the first number of its new quarterly, *House of Mercy Alumnae News*. It is a well printed, interesting, eight-page pamphlet, full of good items about the hospital, the association and its members. The Association held its annual meeting on June 7 at the Alumnae House and elected the following officers: President, Edith M. Safford; vice-presidents, Harriet M. Stanley, Abigail McSwiggin; secretary, Annie F. Foss; assistant secretary, Mrs. Eva Clark; treasurer, Mary K. Kohl; assistant treasurer, Lizzie L. MacNeil.

Michigan: The Michigan Board of Registration of Nurses and Trained Attendants will hold an examination for registration of nurses on November 7-8. Application should be made to the Secretary, Mrs. Helen de Spelder Moore, 206 State Office Bldg., Lansing. **Jackson.**—Two student nurses of The W. A. Foote Memorial Hospital were sent as delegates from their school to the convention at Seattle. Funds for sending them were raised by the students, assisted by L. Winfred Seckinger, superintendent, by giving a benefit dance and play, "All the World's a Stage," both meeting with success. The amount remaining in the students' fund for beginning the school year is $271.31. After the convention the nurses toured the western states for two weeks and returned very much enthused over the meetings and with new ideas for their training school.

Minnesota: The Minnesota State Board of Examiners of Nurses will hold the next examination October 6 and 7 at the New State Capitol, St. Paul. The Minnesota State Registered Nurses' Association will hold the annual meeting in Rochester October 17-20, inclusive. Minnesota nurses attending the convention at Seattle held a banquet at the Masonic Club rooms with an attendance of 180. Irene English, president of the State Association, presided as toastmistress. Among the speakers were Miss Cornelisen, Miss Cameron, Miss Nelson, Miss Patterson, Miss Sprague, Miss Wilson, Miss Westley and Dr. R. O. Beard. **St. Paul.**—The Fourth District evening meeting, held at the Club, 577 Oakland Avenue on September 1, was very well attended in spite of rain. Reports of the Seattle convention were given as follows: The Public Health Section, Anne Lawler, St. Joseph's Hospital; The Private Duty Nurse, Marion Dodd, St. Luke's Hospital; Institutional Section, Leila Halversen, St. Paul Hospital; The League of Nursing Education, Margaret Crowl, St. Luke's Hospital. May Leeds was elected delegate to the annual meeting of the Minnesota Federation of Women's Clubs at Bimidji. Twenty-nine delegates were elected to the annual meeting of the State Association in Rochester. Refreshments

were served. Winifred Brown, Minneapolis General Hospital, has resigned her position as superintendent of the hospital at Montevideo, and has accepted a position as assistant superintendent of nurses at the City and County Hospital in this city.

Missouri: The Missouri State Nurses' Association will hold its annual meeting in Columbia October 24, 25, 26. Dr. Richard O. Beard of the University of Minnesota will be the principal speaker. Columbia is the home of the Missouri State University and the nurses will be given an opportunity to visit the various departments of the College of Agriculture on the afternoon of October 24. **St. Louis.**—Liberty Hospital held graduating exercises for its first graduate on the evening of June 9. Addresses were made by George Barnett and Rev. R. S. D. Putney. The diploma was presented by Dr. J. H. Crenshaw and the pin by Mrs. S. P. Frazier. A new home is soon to be purchased for the training school which will be ready by the time the new hospital is completed.

Nebraska: The Nebraska State Nurses' Association will hold its annual meeting on October 30 and 31, at the Fontanelle Hotel, Omaha.

New Hampshire: Claremont. — The Claremont General Hospital Alumnae Association held its tenth annual meeting at the nurses' home May 16 with a large number present. Officers elected are: President, Gladys Larrabee; vice-president, Ethel Foote; secretary, Margaret Morrison; treasurer, Mrs. Clara Rice. The Alumnae voted to furnish a room in the new Memorial Hospital, which is being built.

New Jersey: The next examination for Certificate of Registered Nurse will be held November 17, 1922, in the State House, Trenton. Applications must be filed with the Secretary-Treasurer at least fifteen days prior to date of examination. For further information apply to 302 McFadden Building, Hackensack, N. J.

New York: The New York State Nurses' Association will hold its twenty-first convention at the Pennsylvania Hotel, New York City, October 24, 25, 26. The New York State League of Nursing Education and the New York State Organization for Public Health Nursing will hold their meetings on the 24th. Beginning with the joint meeting of the three organizations on the evening of the 24th, the State Association will continue its sessions through the 26th. Headquarters will be at the Pennsylvania Hotel. Rates for hotels are: Pennsylvania, $4-$10; McAlpin, $3.50-$6.50; Commodore, $4-$10. Up-town hotels give rates from $2.50 up, per person. Limited accommodations may be obtained at the various nurses' clubs. The chairman of the Programme Committee is Harriet Gillette. The chairman of the Arrangements Committee is Isobel Lount Evans. An outline of the programme follows: October 24, *morning,* Public Health Organization, Business. Luncheon with address by Dr. Thomas D. Wood. *Afternoon,* Address on Conservation of Vision, Reports from Seattle, Address by Sally Jean Lucas on Health Education and the School Child. *Evening,* Joint session of the three state organizations. Addresses of welcome and response, addresses by Miss Goodrich and by Dr. Jesse F. Williams on Health Fallacies. October 25, *morning,* Business. *Afternoon,* Vocational Education, Mental Nursing, Psychology, Addresses by Dr. David Snedden, Ida Marker, Harriet Bailey, Mildred Hurley. *Evening,* Dinner at the Pennsylvania Hotel. October 26, *morning,* Alumnae Association, Endowments, Funds, Tuberculosis, Papers by Clara Stahley, Mrs. Marion T. Brockway, Miss Maxwell, Elizabeth Brackett, Dr. Edward S. McSweeney. *Afternoon,* Discussion of Private Duty Problems, Kate Madden, Irene B. Yokum, and others. *Evening,* Hourly Nursing, Group Nursing, The Attendant; speakers, Ella F Sinsebox, Martha St. J. Eakins, Louise Henderson. Elizabeth C. Burgess, Secretary of the State Board of Nurse Examiners, has resigned that position and is to be a member of Miss Nutting's staff at Teachers College Harriet C. Gillette, one of the state inspectors of training schools, has resigned and is superintendent of the Episcopal Hospital, Philadelphia. **Rochester.**—Eliza P. Reid, preliminary instructor for the three largest training schools in this city, has resigned to become the director of the Central School of Nursing, Utica. She is succeeded by Susan C. Watson, a graduate of the Newton Hospital.

The scholarship fund raised by the Alumnae Association of the Rochester General Hospital amounts to $570.27. The president of the Alumnae Association has been made a member of the Training School Committee. Anne Forgie, class of 1903, is superintendent of nurses at the Woman's Hospital, Cleveland. **Syracuse.**—Miss Lightbourne, former superintendent of the Hospital of the Good Shepherd, is assisting in X-ray work in Watertown. Augusta Morse has a position at the Knickerbocker Hospital, New York. Two members of the Alumnae Association attended the Seattle convention. The sum of $10 was given the Relief Fund in memory of members who have died. **Binghamton.**—Ida McAfee has resigned her position as superintendent of nurses at the City Hospital. **Watertown.**—Florence L. McConnell has resigned as county nurse of Lewis County and will be connected with the House of the Good Samaritan, Watertown. **Oneida.**—Jessie Broadhurst has resigned as superintendent of the Broad Street Hospital and will study at Teachers College. **Troy.**—The Samaritan Hospital has arranged an affiliation with the Russell Sage College for a five-year course leading to a professional diploma and the degree of B.S. **New York.**—Frances Elizabeth Crowell, director of the Nursing Service of the Rockefeller Commission for the Prevention of Tuberculosis in France has been given by that country the insignia of the Legion of Honor in recognition of her services. At the time she went abroad she was executive secretary to the Association of Tuberculosis Clinics in this city. She is a graduate of St. Joseph's Hospital, Chicago. The French Hospital Alumnae Association held a successful strawberry festival and dance in aid of the Endowed Room Fund on June 1.

North Carolina: The North Carolina State Nurses' Association held its annual meeting in the ball room of the O' Henry Hotel, Greensboro, on September 5, 6 and 7 Many phases of nursing were discussed and several excellent papers read. Among the prominent speakers was Jane Van de Vrede of Atlanta, Georgia, well known in nursing circles. The State League of Nursing Education held its annual meeting in conjunction with the state meeting. The meetings were well attended, about two hundred and fifty nurses from the various parts of the state being present. Officers elected are: President, Pearle Weaver, Hendersonville; secretary, Harriet M. Lisowski, Raleigh; the president of the Examining Board is Edith A. Kelly, Fayetteville; secretary-treasurer, Dorothy Hayden, Greensboro.

North Dakota: The North Dakota pin for registered nurse may be obtained by sending $3 to Josephine Stennes, Good Samaritan Hospital, Rugby. **Fargo.**—Mrs. G. W. Fuller has been appointed superintendent of St. Luke's Hospital to succeed Dr. A. C. Fonkalsrud, who resigned in June. Mrs. Fuller is a graduate of St. Luke's Hospital, St. Paul, Minn.

Ohio: Augusta Condit, Chief Examiner for Ohio State Examining Committee for Nurses' Registration Committee, has resigned her position, and Caroline McKee, who has been instructor at the Mt. Sinai Hospital, Cleveland, is taking over her work. **Cleveland.**—The members of the first class of the College for Women, Western Reserve University, Department of Nursing Education, took their preliminary hospital training at Lakeside Hospital this summer. Alma C. Hogle, for thirteen years superintendent of the Huron Road Hospital, has resigned. She will make her home in Boston. **Cincinnati.**—The student nurses of Christ's Hospital recently launched an unusually attractive monthly magazine, *The Haemostat*. The initial number carries pictures of the faculty and of the graduating class, to which it is dedicated. **Mansfield.**—Ethel A. Ackerman, graduate of Northwestern Hospital, Minneapolis, has been appointed full time instructress of the Mansfield General Hospital.

Oklahoma: The Oklahoma State Nurses' Association will hold its annual meeting at the Severs Hotel, Muskogee, October 25-27.

Oregon: Portland.—L. Grace Holmes, class of 1892, Wisconsin Training School, has been elected president of the Oregon Public Health Nurses.

Pennsylvania: Philadelphia.—The picnic and week-end party given for the Samaritan Alumnae Association by Dr. and Mrs. D. J. Donnelly at Cornwell's August 5 and 6 was

very enjoyable. Several doctors and friends of the Association also attended. Picnic lunches were served on the lawn. The time was pleasantly passed in bathing, dancing, yachting and singing. It is hoped to make this an annual event. Edna L. Moore is back in her old post as instructress of nurses at the Samaritan Hospital, all will welcome her return. Miss Moore resigned a few years ago to go to Columbus, Ohio. St. Agnes' Training School, under the auspices of the Alumnae, will celebrate the silver jubilee of the school October 26-28. On the first evening a banquet will be held in the new nurses' home. All graduates of the school since 1897 are expected to be present, whether members of the Alumnae Association or not. October 27 and 28 will be given to class reunions and inspection of the new home and hospital. The Helen Fairchild Post resumed its meetings on September 12. As this is the only American Legion Post in this vicinity composed entirely of ex-service nurses, the latter are cordially invited to join it. The main summer activity was a membership drive. **Columbia.**—The Alumnae Association of the Columbia Hospital met on July 26 at the home of Mrs. Dranning, Wrightsville. After a luncheon, Miss Essig, delegate to the Seattle convention gave an interesting report. The association will give a dance and card party some time in October. The next meeting will be held at the nurses' home, Columbia Hospital, October 12. Ada E. Johns, class of 1921, is assistant superintendent; Anna V. Price, of the same class, is night supervisor. Miss Essig has resigned as superintendent of the Coatesville Hospital, Coatesville, and has accepted a position at the Halstead Hospital, Halstead, Kansas. She is succeeded at Coatesville by Mrs. Donovan. Two nurses were graduates from the Columbia Hospital on May 12. The address was given by H. Frank Eshleman of Lancaster. A reception and dance followed the exercises at the nurses' home. **Altoona.**—The Nurses' Alumnae Association of the Altoona Hospital held bake sales at the Market House on June 10, 17 and 24, at which time they realized $88 for the benefit of the building fund.

Rhode Island: The Rhode Island Board of Examiners of Nurses will examine applicants for state registration, at the state capitol, Wednesday and Thursday, November 15 and 16, at 9 a. m. For blanks and information, address the secretary-treasurer, Lucy C. Ayres, Woonsocket Hospital, Woonsocket.

Tennessee: The Tennessee State Nurses' Association will hold its annual meeting in Knoxville, October 9 and 10. **Nashville.**—Nina Wooten, who has been for seven years superintendent of the Woman's Hospital, has been obliged to resign because of ill health and has gone to Asheville, N. C., for recuperation. Miss Wooten has been active in all the nursing work of the state and will be greatly missed. Abbie Roberts, who for the past year has been in charge of the Social Service Department of the Rochester General Hospital, Rochester, N. Y., has been appointed Professor of Public Health Nursing at George Peabody College.

Texas: The Texas State Board of Nurse Examiners will conduct examinations November 16, 17, 18, at Amarillo, El Paso, Austin, Houston, Waco, and Dallas. The next Board meeting will be held at Dallas, December 16. Eula Whitehouse, Secretary, Route 4, Cleburne. The Texas Graduate Nurses' Association held its fifteenth annual meeting in Ft. Worth, June 19-21. This is the city in which the association was organized by Jennie Cottle and fourteen other nurses. A communion service was held on the first day in St. Luke's Church at 7:30 a. m. The seven presidents who have served this organization were present,—Mrs. F. M. Beatty (nee Cottle), Retta Johnson, A. Louise Dietrich, E. L. Brient, Mrs. Grace Engblad, Wilma Carlton, and Helen Holliday. Two hundred and thirty-five members were registered, the largest attendance ever recorded. Monday, June 19, was given up to general business. The secretary's report showed that 1,265 letters were written during the year and that the membership had increased from 588, in 1921, to 820 at this meeting, that over 2,000 miles were covered by her during her trip through the state in November, and that fifty addresses were made to groups of doctors, graduate nurses, and student nurses. The afternoon session was given to the reading and discussion of the following papers: Self Government, Mary Grigsby, Waco; A

Higher Standard of Preliminary Education for Student Nurse, Helen Bingston, Wichita Falls; The Graduate Special Nurses on Duty in Training School, E. L. Brient, San Antonio; The Personality of the Nurse, Mrs. Joe Smith, Amarillo; Laboratory Work, Sadie Goble, Temple. At 7 p. m., automobiles took the nurses around the loop of Worth Lake, where a picnic supper was served and the entire convention embarked on a large boat and the evening session was held on the boat where it was cool and delightful. The following papers were read: Private Duty Section. Katherine Kitchell, presiding: The Private Duty Nurse, Mrs. Sabins, Austin; Child Welfare, Mary Smith, Dallas; Care of Gynocological Patient, Sophie Rudwick, Galveston; Should Nurses Other than Association Members Be Permitted on the Registry? E. D. Greene, El Paso. The League of Nursing Education took charge of the morning session on June 20 and the regular routine of business was carried out. A paper on Teaching Dietetics in Schools of Nursing was discussed and a committee appointed to investigate the courses being taught in the Public Schools. A paper by Jane Duffy, of the Public Health Department, Texas University, on Shall We Be Educated? was greatly enjoyed. These were followed by practical demonstrations by Catherine Duvall, of Baylor Hospital, Dallas, and Wilma Carlton, Temple Sanitarium, Temple. Gladys Lastinger, Waco, was elected president and Jane Duffy, Austin, secretary. A get-together luncheon for Public Health Nurses resulted in thirty-five being present. The afternoon session was given up to the Public Health Division, and was presided over by Mary Kennedy. This was a most interesting session, full of pep and discussions. A variety of papers were read: Address, Dr. Holman Taylor, Ft. Worth; The Value of Public Health Nursing, Major White, U.S.P.H. Service; The Story Hour, Miss Hammer, Uvalde; A New Venture, A. Louise Dietrich, El Paso; The Public Health Nurse, A. Alschier, Dallas; The School Nurse, Kathryn Camp, Houston; address, Training Student Nurses in Care of Tuberculosis Patients, Mrs. Hazel, Austin. A banquet was served by the ladies of the Christian Church on Tuesday evening and toasts were presented by chairmen of local organizations and nurses. On Wednesday morning two papers were presented: Personal Hygiene, by Mrs. I. A. Hathaway, Dallas, and Anesthesia, by Mrs. Joe Easton, Galveston. The proposed bill for registration was then read, discussed, changes made, and the Legislative Committee appointed with A. Louise Dietrich, El Paso, Chairman. The reports from the eleven districts showed a great deal of activity during the year. It was found that all the active alumnae associations in the state had reorganized under the new constitution and by-laws approved by the A.N.A. The following officers were elected: President, Helen Holliday, Baylor Hospital, Dallas; vice-presidents, Mollie Hines, Ft. Worth; Anne Taylor, San Antonio, and Virginia Perkins, Houston; secretary-treasurer, A. Louise Dietrich, 1001 E. Nevada Street, El Paso; directors for two years, Mary Grigsby, Waco, Wilma Carlton, Temple. Thirty nurses represented the Lone Star State at the convention meeting in Seattle. The following chairmen of committees were appointed at the end of the meeting: Legislative, A. Louise Dietrich, El Paso; *American Journal of Nursing*, A. Taylor, San Antonio; Delano Fund, C. K. Duvall, Baylor Hospital, Dallas; Nurses' Relief, E. D. Greene, El Paso; Private Duty, K. Kitchell, Galveston; Tuberculosis, Mrs. G. Engblad, Carlsbad; Red Cross, E. L. Brient, San Antonio. **Paris.**—The Paris Training School Alumnae Association was recently organized with the following officers: President, Mary McWebb; vice-president, Winifred McLennon; secretary, Alice Herndon; treasurer, Irene Detherow.

Wisconsin: The Wisconsin State Nurses' Association and the Wisconsin League of Nursing Education will hold a joint meeting at Oshkosh, October 4, 5, and 6, 1922. An interesting programme is being prepared, and all nurses are cordially invited. The Third Annual Conference on Child Welfare and Public Health Nursing was held in Madison, August 14-19, in conjunction with the sixth Biennial Conference of Health Officers. The entire programme was full of interest. The Wisconsin Conference of the Catholic Hospital Association held its third annual meeting at St. Mary's Acad-

emy, St. Francis, August 24 and 25. The papers were on practical subjects of interest to hospital administrators and nurses. Wisconsin nurses are proud in having the president of the American Nurses' Association as director of their Bureau of Nursing Education. **Milwaukee.**—STELLA S. MATHEWS, former Chief Nurse of the Milwaukee Base Hospital, No. 22, returned from Poland, where she spent the last two and one-half years in charge of the public health nurses. ELIA MCGOGERN returned from Serbia after spend-fifteen months in the service of the Red Cross organizing home nursing classes and assisting with the organization of a training school for Serbian young women. AUGUSTA GEERS, graduate of St. Joseph's Hospital, Milwaukee, for the past two years County Nurse in Washington County, has resigned to accept a position as superintendent of the Maternity Hospital. MARION ROTTMAN, Superintendent of the Emergency Hospital, has returned from New York, where she spent the last year studying at Columbia University. MARY C. CUMMINGS, graduate of St. Mary's Hospital, has resigned as staff nurse of the Milwaukee County Nursing Service, and has accepted a position as supervising nurse with the Milwaukee Visiting Nurses' Association. She is succeeded by Cecilia Geising, a graduate of St. Francis' Hospital, La Crosse. ANNA M. HASWELL, a graduate of the Illinois Training School, will succeed Miss M. Pakenham, who has resigned as Infirmary Nurse at Downer College. JEANNETTE HAYS, graduate of the Wisconsin General Training School, Lakeside Hospital, has been appointed City Supervising Nurse under the Board of Health in South Carolina. Miss Hays spent one year with the Children's Bureau of the Red Cross in Paris and is at present employed as Supervising Nurse with the West Allis Board of Health. **Wausau.**—RUBY MCKENZIE, Barron County Nurse, has resigned to accept a position as County Nurse in Marathon County. **La Crosse.**—MYRA KIMBALL, Supervising Nurse, La Crosse Health Department, resigned to accept a position as supervising nurse at the La Crosse Lutheran Hospital. She is succeeded by Viola Nohr, formerly county nurse in Manitowoc County. SUE NORMAN, a graduate of the La Crosse Lutheran Hospital, has accepted the position as Director of School Hygiene in Waukesha. **Fond Du Lac.**—The Fond Du Lac Nurses' Club held its August meeting at the Wisconsin Industrial Home for Women at Taycheedah.

Wyoming: THE WYOMING STATE NURSES' ASSOCIATION held its annual convention in Cheyenne, July 11-12, with a good attendance of local nurses and several representatives from over the state. The morning was given over to the annual address by the president, Ida Mae Stanley, of Rock Springs, the keynote of which was an optimistic outlook of the organization. Much progress has been made, and for the first time in its history, the State Association was in a position to send a delegate to the national convention, held in Seattle. The members enjoyed a banquet and programme in the evening. The next day was given over to general routine business with two splendid addresses from local physicians as a conclusion. The following officers were elected: President, Ida Mae Stanley, Rock Springs; vice-president, Mrs. Nelson, Casper; secretary, Mrs. Clyde Peterson, 2004 Maxwell Street, Cheyenne; treasurer, Mrs. H. C. Olson, 605 E. 21st Street, Cheyenne.

BIRTHS

To **Mrs. Berna** (graduate of the West Side Hospital, Chicago), a son, in August.

To Mrs. John Nichol (**Hertha Beyer,** graduate of Jennie Edmundson Hospital, Council Bluffs, Iowa), a son, August 25.

To Mrs. Lawrence Schutte (**Frieda Bishop,** class of 1919, Reid Memorial Hospital, Richmond, Ind.), a son, Robert Lawrence, July 31.

To Mrs. Roach (**Miss Blake,** St. Bernard's Hospital, Chicago), a daughter, in July.

To Mrs. Alexander Stewart (**Dorothy R. Brander,** class of 1915, Joseph Price Hospital, Philadelphia), a daughter, Jane Rambo, August 9.

To Mrs. Jesse Messer (**Muriel Cornell,** class of 1919, Hahnemann Hospital, Chicago), a son, in August.

To Mrs. John Bogart (**Gertrude Cullen,** class of 1918, White Plains Hospital, White Plains, N. Y.), a daughter, Elizabeth Genevieve, August 11.

To Mrs. Brown (**Lucile Dunn,** graduate of Michael Reese Hospital, Chicago), a son, in July.

To **Mrs. John Flannery** (graduate of St. Elizabeth's Hospital, Chicago), a daughter, in August.

To Mrs. Herman Weishar (**Gladys Fowler,** class of 1918, Evanston Hospital, Evanston, Ill.), a daughter, in August.

To **Mrs. Richard Gordon** (class of 1920, French Hospital, New York), a son, in July.

To Mrs. H. Harrington (**Colette Griffin,** Des Moines, Iowa), a son, July 7.

To Mrs. Jetson Cook (**Mary Hastings,** class of 1920, Lankenau Hospital, Philadelphia), a daughter, Marjorie Hastings, July 22.

To Mrs. Fred Cope (**Esther Hersh,** class of 1920, Christ's Hospital, Topeka, Kas.), a son, June 17.

To Mrs. William Sherman Powers (**Winifred Jessie Hodge,** class of 1907, Butler Hospital, Providence, R. I.), a son, Raymond William, July 5.

To Mrs. C. L. Arne (**Catherine Holmes,** class of 1913, Jane McAlister School of Nursing, Waukegan, Ill.), a son, July 1.

To **Mrs. G. P. Johnson** (graduate of the Victory Memorial Hospital, Waukegan, Ill.), a son, in July.

To Mrs. Z. M. Johnson (**Inez Jones,** class of 1919, Presbyterian Hospital, New York), a son, David William, at Nellore, South India.

To Mrs. John Reard (**Luella King,** graduate of Jennie Edmundson Memorial Hospital, Council Bluffs, Iowa), a son, in August.

To **Mrs. Lahr** (class of 1918, French Hospital, New York), a son, in July.

To Mrs. Paul Bonfield (**Miss Liston,** St. Bernard's Hospital, Chicago), a daughter, in July.

To Mrs. David E. Hauvan (**Mary McMauman,** class of 1916, Mercy Hospital, Chicago), a son, September 4.

To Mrs. Herbert Arnold (**Beatrice Mahoney,** class of 1918, Samaritan Hospital, Lebanon, Pa.), a son, Herbert, Jr., April 4.

To Mrs. Walter Probst (**Mabel Morrison,** class of 1920, Methodist Episcopal Hospital, Brooklyn), a daughter, August 3.

To Mrs. James J. Hickey (**Marie Neville,** class of 1913, St. Joseph's Hospital, Philadelphia), a daughter, Rosemary, July 23.

To Mrs. Roswell Beattie (**Blanche Reed,** class of 1918, House of the Good Samaritan, Watertown, N. Y.), a daughter, Ruth Naomi, August 26.

To Mrs. Harold Valier (**Myrle Slate,** class of 1918, House of the Good Samaritan, Watertown, N. Y.), a daughter, Joan, August 28.

To Mrs. G. P. Johnson (**Laura Stanberg,** class of 1910, Jane McAlister School of Nursing, Waukegan, Ill.), a son, July 17.

To Mrs. Charles Plath (**Mona Weide,** class of 1920, Christ's Hospital, Topeka, Kas.), a son, July 5.

To Mrs. L. M. Dawson (**Edith Wheeler,** class of 1907, Christ's Hospital, Topeka, Kas.), a daughter, in June.

MARRIAGES

Celia Baker (class of 1918, House of the Good Samaritan, Watertown, N. Y.), to Geoge Twiss, August 25.

Anita T. Bishop (class of 1916, Chester County Hospital, West Chester, Pa.), to Richard W. Reed, June 14. At home, Bryn Mawr, Pa.

Bess B. Blaisdell (graduate of the Lakeside Hospital, Milwaukee, Wisconsin), to A. B. Loofbourow, on July 29. At home, Milwaukee.

Dora Jean Bradwell (graduate Iowa Methodist Hospital, Des Moines), to Dr. Phillips, September 3.

Marie Breible (class of 1920, St. Elizabeth's Hospital, Chicago), to Robert Stewart, June 5.

Ethel B. Burkman (class of 1917, Frederick City Hospital, Frederick, Md.), to H. Hubert Bowers, June 24. At home, Adamstown, Md.

Elsie Burhardt (Augustana Hospital, Chicago), to Mr. Walther, in August.

Mrs. Agnes P. Clark, to Edward Heasley, at Fort Bayard, N. M., May 10. At home, Hurley, N. M.

Mary Lucile Clark (class of 1921, Wilson County Hospital, Neodesha, Kas.), to Charles L. Killion, July 1. At home, Chanute, Kas.

Helen Cline (class of 1921, City Hospital, Springfield, Ohio), to N. L. Burrell, M.D., August 12.

Philena Elma Cloud (class of 1918, Chester County Hospital, West Chester, Pa.), June 12, to Henry J. Haynes. At home, West Chester, Pa.

Florence G. Cornes (class of 1910, Methodist Episcopal Hospital, Brooklyn, N. Y.), to Edward Tucker, August 19. At home, Detroit.

Evelyn Victoria Cowell (graduate of Nassau Hospital, Mineola, N. Y.), to Howard M. Phipps, M.D., August 1. At home, Hempstead, N. Y.

Helen B. Cramolini (class of 1920, Winona General Hospital, Winona, Minn.), to John P. McIver, June 27. At home, La Crosse, Wis.

Helen Curry (class of 1919, Indianapolis City Hospital), July 8, to M. W. Cameron. At home, Indianapolis, Ind.

Alma Daley (class of 1919, Youngstown Hospital, to Donald Gross, August 9. At home, Hubbard, Ohio.

Emily Davis (graduate of the Hospital of the Good Shepherd, Syracuse, N. Y.), to Rev. Royal Thorngate, June 15. At home, Salemville, Pa.

Ethel DeWolfe (class of 1920, Iowa Congregational Hospital, Des Moines, Ia.), to Frank E. Cole, July 10. At home, Toulon, Ill.

Mildred Fillmore (Hahnemann Hospital, Chicago), to Walter G. Morrow, June 15.

Elma L. Gahler (class of 1915, Lutheran Hospital, La Crosse, Wis.), to Grover C. Daniel, M.D., July 11. At home, Walla Walla, Wash.

Josephine Gannon (class of 1919, St. Joseph's Hospital, Yonkers, N. Y.), to Mr. Bender, June 21. At home, New Rochelle, N. Y.

Nancy Gustafson (V.N.A. Staff, Chicago), to G. A. Nordberg, in July. At home, Evanston, Ill.

Lenah Josephine Hagenbuch (class of 1921, Washington University Training School, St. Louis), to C. D. O'Keefe, M.D., July 12. At home, St. Louis.

Helene Hascott (graduate of the Rochester General Hospital, Rochester, N. Y.), to Benjamin M. Hance, September 2. At home, Macedon Center, N. Y.

Isabelle Hayes (class of 1921, Springfield City Hospital, Ohio), to Austin Richards, June 22.

Flora Hayward (class of 1919, Rochester General Hospital, Rochester, N. Y.), to Harlow Webber, June 14. At home, Rochester.

Maude Hayward (class of 1918, Rochester General Hospital, Rochester, N. Y.), to Harold Lawrey, June 1. At home in Michigan.

Harriet Hoffman (class of 1919, Rochester General Hospital, Rochester, N. Y.), to John J. Klein, June 24.

Lorena S. Ingraham (class of 1916, University Hospital, Philadelphia, and former superintendent of Ottumwa Hospital, Ottumwa, Iowa), to Frederick L. Nelson, M.D., June 28. At home, Ottumwa.

Minnie Myrtle Johnson (Wesley Hospital, Chicago), to Herman George Prottinger, August 16. At home, St. Ansgar, Iowa.

Catherine J. Kane (class of 1916, Boston City Hospital, Boston, Mass), to Richard L. Ahearn, June 12.

Helen Krebs (class of 1913, Multnomah County Hospital, Portland, Ore.), to Peter Boykin. At home, White Salmon, Wash.

Gussie W. Lang (class of 1917, St. Luke's Hospital, Sioux City, Ia.), to Ben C. Bishop, July 28. At home, Montevideo, Minn.

Margaret Loefler (class of 1921, St. Elizabeth's Hospital, Lincoln, Nebr.), to Harry Simons. At home, Casper, Wyo.

Rose M. Lorish (class of 1918, Western Pennsylvania Hospital, Pittsburgh), to Walter S. Heineman, June 28. At home, Pittsburgh.

Mabel Loveless (class of 1921, Robert W. Long Hospital, Indianapolis), to Fralan Niciloff, June 24. At home, Indianapolis.

Eleanor Lundberg (class of 1920, South Side Hospital, Pittsburgh, Pa.), to A. Johnson, July 1. At home, Pittsburgh.

Mary McCarren (class of 1915, St. Joseph's Hospital, Chicago), to Thomas Johann, June 30. At home, Chicago.

Mary McDonald (class of 1916, Rochester General Hospital, Rochester, N. Y.), to William Nash, June 20. At home, Rochester.

Grace Meneley (class of 1920, Hahnemann Hospital, Chicago), to Mr. Forrest, in June.

Hazel Ogden (class of 1920, Springfield City Hospital, Ohio), to Howard Weber, in June.

Margaret Patten (class of 1917, Michael Reese Hospital, Chicago), to Wayne Doane, in June. At home, Plain View, Minn.

Mary Leona Patterson (class of 1920, Methodist Episcopal Hospital, Indianapolis), to Harold Cecil Hampton, August 23. At home, Los Angeles, California.

Beatrice Perssion (graduate of Roosevelt Hospital, Milwaukee, Wis.), to Philip J. Eisenberg, M.D., August 6. At home, Milwaukee.

Edna Peters (class of 1916, Christ's Hospital, Topeka, Kas.), to S. J. Richardson, June 22. At home, Soledad, Calif.

Margaret E. Paul (St. Elizabeth's Hospital, Utica, N. Y.), to Franklin L. Connors, June 28. At home, Utica.

Pauline Pfafman (Hahnemann Hospital, Chicago), to Roland Wisler, June 14.

Mary Katherine Pierce (class of 1921, Chester County Hospital, West Chester, Pa.), to Glenn C. Campbell, M.D., June 15. At home, Brownsburg, Va.

Marjorie S. Polleys (class of 1920, Claremont General Hospital, Claremont, N. H.), to Harold F. Burnham, August 16. At home, Bristol, Conn.

Mrs. Della Poston (class of 1911, Hahnemann Hospital, Chicago), to Mr. Taylor, June 28.

Anna S. Robinson (graduate of Cleveland General and St. Luke's Training School), to William T. Ballew, June 27. At home, Cleveland.

Estell Sager (Englewood Hospital, Chicago), to Paul Carlson, June 3.

Marie Sanwick (Augustana Hospital, Chicago), to Theodore Paulsen, in August.

Edna Schmidt (Augustana Hospital, Chicago), to Arthur Anderson, in June.

Martha Schmink (graduate of Joseph Price Hospital, Philadelphia), to Rev. Mervyn Meusch, August 20. At home, Mifflinberg, Pa.

Clara Schneider (class of 1915, Michael Reese Hospital, Chicago), to Frank Dunniebeck, July 7.

Anna Dee Schuyler (class of 1918, Rochester General Hospital, Rochester, N. Y.), to W. Robert Neal, June 7. At home, Pittsford, N. Y.

C. Schwartz (class of 1912, Michael Reese Hospital, Chicago), to Richard Anderson, M.D., June 24.

Florence M. Secrist (class of 1917, Lock Haven Hospital, Lock Haven, Pa., a former member of Base 27), to Frank E. Baldwin, August 19. At home, Flint, Mich.

Esther Silberman (Health Department Staff Nurses, Chicago), to Frederick Steinhog, in June.

Maud Sneed (class of 1920, St. Joseph's Hospital, Chicago), to Everett Honlon, June 24. At home, Brooklyn, N. Y.

Elma Soland (class of 1919, Fairview Hospital, Minneapolis), to Sigvald C. Sneen, August 23.. At home, Stanley, Wis.

Rose O. Stroburg (class of 1916, West Side Hospital, Chicago), to A. J. Gericke, M.D., August 28. At home, Cleveland, O.

M. Elizabeth Strong (class of 1921, Chester County Hospital, West Chester, Pa.), to David N. Showalter, June 14. At home, West Chester, Pa.

Agnes Weborg (class of 1917, Mercy Hospital, Davenport, Iowa), to William Beuthien, August 30. At home, Chicago.

Nellie Wilcox (class of 1915, Hahnemann Hospital, Chicago), to Clayton Bishop, June 10.

Grace M. Wilder (class of 1920, Claremont General Hospital, Claremont, N. H.), to Arlen E. Spaulding, June 26. At home, St. Albans, Vt.

Hanalula Wilson (class of 1921, St. Elizabeth's Hospital, Lincoln, Nebr.), to Avery Young. At home, Lincoln.

Nora Cameron Wishart (graduate of Nassau Hospital, Mineola, N. Y.), to George Albert Newton, M.D., August 22. At home, Freeport, N. Y.

Laura Woodworth (class of 1915, House of the Good Samaritan, Watertown, N. Y.), to Harold Bisnett. At home, Watertown.

Mary Zoeffel (class of 1912, South Side Hospital, Pittsburgh, Pa.), to George Sutter, July 2. At home, Pittsburgh.

Edith D. Zuschnitt (class of 1920, Arlington Memorial Hospital, Arlington, Pa.), to James A. Daly, June 24. At home, Whitford, Pa.

DEATHS

Josephine Arbiter (class of 1917, St. Francis' Hospital, Santa Barbara, California), at her home in Alexandria, Minn., August 23.

Lillian Barschel (class of 1921, Hahnemann Hospital, Scranton, Pa.), on July 24,

following an operation for appendicitis. Miss Barschel was a member of her alumnae association.

Caroline W. Bentley (class of 1901, S. R. Smith Infirmary, Staten Island, N. Y.), on August 2, in Providence, R. I.

Charlotte Eva Bolles (class of 1907, Worcester Hospital, Worcester, Mass.), on July 30, at Santa Monica, California. Miss Bolles was accidentally injured in February, 1918, while serving overseas in France. She continued to practise her profession for a time until increasing illness and paralysis made this impossible. As she had no near relatives, she was tenderly cared for by her sister nurses, many giving time and money in order that she might have proper care. She had not applied early enough for government help, and so had difficulty in securing aid from that source. A friend with whom she lived, a teacher, was also most devoted and generous. She was buried with military honors.

Laura Browar (class of 1915, Michael Reese Hospital, Chicago), in August, at Winfield Sanitarium, where she had been a patient for many months past. Miss Browar enlisted with Unit 14 for overseas service and remained with the unit until it was disbanded. Shortly after her return from France she was compelled to give up work because of failing health and gradually grew worse until the end came.

Mrs. May C. Climer Norton (class of 1897, Portland Homeopathic Hospital, Portland, Ore.), on May 22, at Homer, Alaska. Mrs. Norton's career had been marked by many patriotic and heroic adventures. She was one of the first nurses to go to the Philippines in Army service in 1899, remaining there until 1901. Returning, she took post-graduate work at the Sloane Maternity Hospital. In 1905 she was sent to Panama and was stationed at both Colon and Christobal. Her health becoming impaired, she came to Washington, D. C., where she remained for six months, then to Portland, where she did nursing until 1916, when she was married. She was a member of the Red Cross. Heroic work was done for the Indians in Alaska during the influenza epidemic, working alone, without medical aid, often the only white woman in the vicinity. She once made a trip by dog team for three hundred miles, the only woman in the company. She was a genuine pioneer and is mourned by many devoted friends in many places.

Mrs. Ferris F. Dowling (**Ethel Pearl Morrison,** class of 1909, Claremont General Hospital, Claremont, N. H.), in Vancouver, B. C., in June.

Mary Furniss (class of 1907, Homeopathic Hospital, Pittsburgh), on July 16, at the hospital. Miss Furniss was a private duty nurse except for five years spent in the relief department of the Westinghouse Company. She was an active member of her alumnae association and had been its secretary for the past few years. Seven weeks before her death she became suddenly ill with heart trouble. Her untimely death is a great loss. She endeared herself to many by her noble and lovable qualities.

Margaret L. Gavin (class of 1918, Claremont General Hospital, Claremont, N. H.), in Los Angeles, California, in July. Miss Gavin came to her death in a most tragic manner, falling a distance of only three feet, but in such a manner as to break her neck and crush her spine. She lived eleven days after the accident. Burial was at her former home, Lawrence, Mass. Miss Gavin had done private nursing since graduation and will be greatly missed by all who knew her.

Christine Fraser Grant (class of 1891, Illinois Training School, Chicago), on March 20, in Glasgow, Scotland, after an illness of two months. Miss Grant was one of the Assistant Superintendents under Miss McIsaac, and was the supervisor at the Presbyterian Hospital for many years.

Helen S. Grieve (class of 1891, Rhode Island Hospital, Providence, R. I.), on June 27, in New Bedford, Mass. Miss Grieve died of heart trouble, two hours after returning from a radio concert which she attended with friends. Miss Grieve practiced her profession as a private duty nurse in Providence till 1912, when she took the position of House Mother at the Rhode Island Hospital Nurses' Home, where she remained four years and was loved by all her associates, from the highest to hte lowest. Resigning in 1916, she went to New Bedford, where she opened a

home for convalescents, until about two years ago, when her health failed and she gave up her work as nurse, though no one ever saw her idle when able to be about. She was born in Scotland. She was president of the Rhode Island Hospital Nurses' Alumnae Association at one time.

Margaret Marlow Heffernan (class of 1911, Northwestern Hospital, Minneapolis, Minnesota), on June 5. Miss Heffernan was a native of Scotland, coming to America in 1907. She became a United States citizen in 1919. Miss Heffernan was instantly killed in an automobile accident at San Jose, California. She was engaged in private nursing until the date of her death. Her sterling qualities and loyal devotion to friends and profession will be a lasting memory to all who knew her.

Anna W. Jessen (class of 1917, Hackensack Hospital, Hackensack, N. J.), at the home of her aunt, Bronx, N. Y. Miss Jessen went overseas shortly after her graduation, with the Army Nurse Corps. While over there she contracted tuberculosis, which continued its ravages after her return to America. She received treatment at Oteen, N. C., and Denver, Colo. She was buried with full military honors at Woodlawn Cemetery, New York.

Mary Edith Katan (class of 1903, Danbury Hospital Training School, Danbury, Conn.), in June, 1922. Miss Katan was engaged in private work for many years. Her niche in life she filled with devoted love and service, a duty of singular service to her immediate family. Who can tell how far the ripple of her love and service will extend?

Eleanor Keech (graduate of the Hospital of the Good Shepherd, Syracuse, N. Y.), on June 18, in New York, of intestinal obstruction.

Bertram Kemp (Butler Hospital, Providence, R. I., and the Boston City Hospital), on June 1, at Butler Hospital, after a long illness. Mr. Kemp was for years supervisor of the male side at Butler Hospital and his services were invaluable. His place will be hard to fill.

Elizabeth Laurie Knowles (class of 1899, Central Marine General Hospital, Portland, Maine), on July 19, at the Dee Hospital, Ogden, Utah. Miss Knowles appeared to be in her usual health and was on special duty with a patient. When she failed to respond to her patient's call in the early morning, it was found that she had passed on. She was buried in uniform, six doctors acting as bearers, and the graduate nurses of the city attending in a body. Miss Knowles had taken postgraduate work at the Presbyterian Hospital, Chicago, and at the Massachusette Eye and Ear Infirmary. For many years she was the only graduate nurse in Ogden; she leaves many friends.

Katherine McGrath (class of 1906, House of Mercy, Pittsfield, Mass.), July 24, at the hospital, after a lingering illness.

Agnes Hegarty Mattimoe (class of 1907, St. Joseph's Hospital, Providence, R. I.), on June 1, in Providence. Mrs. Mattimoe was a successful private duty nurse until her marriage a few years ago.

Anna Mooney (class of 1913, Mercy Hospital, Cedar Rapids, Iowa) on August 3, at DeWitt, Iowa, after a long illness contracted while nursing.

Katherine Walters Ortel (graduate of the Hospital of the Good Shepherd, Syracuse, N. Y.), in April, in California.

Helen Ilsley Richardson (class of 1894, Boston City Hospital, Boston), on June 11, at the hospital, following an operation.

Mary Wood (class of 1895, St. Luke's Hospital, St. Paul), suddenly, at her home in St. Paul. Miss Wood was one of the pioneer nurses in Minnesota, and her death came as a shock to her many friends.

Bessie Dawson (class of 1917, St. Luke's Hospital, Philadelphia), on August 19, at the West Chester, Pennsylvania, Hospital, after an illness of one month from a third recurrence of a mastoid involvement. Burial was at Paoli, Pa. The classmates of Miss Dawson learned with profound sorrow of her death.

The Pennsylvania State Association will hold its annual meeting at Wilkesbarre, October 24-27. Instructors' Institute, October 27-28. Headquarters, Hotel Sterling.

The October Journal is the first of Volume XXIII.

See page 84 for the standing of your state, and our special offer to alumnae associations.

BOOK REVIEWS

WHAT IS SOCIAL CASE WORK? By Mary R. Richmond. Russell Sage Foundation, New York. Price, $1.

This book is divided into eleven chapters. The introduction discusses the development of the character of Helen Keller, by Miss Sullivan, through the unconscious method. It is an excellent forerunner of the points that the author wishes to bring out in the text. Six typical examples of social case work are dealt with in Chapters II and III, including the difficult maladjusted girl who is not defective and a small boy in need of a home. The purpose of quoting cases is not to discuss method, but to bring out what social case work is and why it is. Chapter IV defines social case work, of which the author says:

> It is easy to be pleased with the results of Social Service when we measure them just after the first changes for the better, or when we see them from one angle and no more. But when we dare to examine them from the point of view of life as a whole, with the permanent welfare of the individual and of society in mind, we are applying a much severer test of values.

Social case work seems to have been converted in late years into one central idea, namely, the development of *personality*. In this chapter there is an interesting discussion on the difference between *individuality* and *personality*. Chapter V discusses the passing of the "solitary horseman" views of the individual. Stress is laid on the importance of a proper background of the individual if good social case work is to be accomplished. Only in utilizing this background can the proper adjustments be made. Physical care, mental health, vocational training, change of occupation, are discussed. Chapter VI deals with Individual Differences. It is well summarized in the following thought:

> An instinctive reverence for personality, especially for the personality least like his own, must be part of a case worker's native endowment.

Chapter VII discusses the Basis of Purposeful Action and emphasizes the necessity for allowing the individual to help himself. The case worker like the doctor, helps the sick to heal themselves. In Chapter VIII, The Home, the discussion is brought from the more abstract consideration to the close contact in the home group. Chapter IX is a discussion of School, Workshop, Hospital, Court, in their contribution to the development of personality; while Chapter X discusses forms of Social Work and their interrelations. The author points out three other forms of social work which may develop: *group work, social reform,* and *social research.* These can be developed only through accurate case work. Miss Richmond says in Chapter XI that it is not enough for social workers to speak the language of democracy; they must have in their hearts the conviction of the infinite worth of our common humanity. Chapter XII sums up the discussion, emphasizing: (1) that human beings are interdependent; (2) that human beings are different; (3) that a human being needs to participate in making and carrying out plans for himself. These three points give the meat of the whole volume. The student in "Social

Economy" has been expecting a second volume from Miss Richmond which would go into the subject of "Social Treatment." It is believed that it is not her intention that "Social Case Work" should be used as a volume two of "Social Diagnosis" but probably is a forerunner to another volume to be given out later. This book is well worth reading by every public health nurse. The book is most valuable for the stimulation it gives us to more general reading along social and psychological lines.

GRACE L. ANDERSON, R.N.,
Superintendent, Municipal Nursing Service, St. Louis, Mo.

MANAGEMENT OF THE SICK INFANT. By Langley Porter, B.S., M.D., M.R.C.S. (England) and William E. Carter, M.D. C. V. Mosby Company, St. Louis, Mo. 654 pages. Illustrated. Price, $7.50.

In the foreword of this interesting textbook on the care of sick children, the writers express hope that their presentation of things that have aided them in dealing with sick children may be of help to other physicians and through them of service to sick infants. Nurses as well as physicians might well be included in this very human foreword . The writers outline, in the chapter, General Considerations, what may be called the principals of good nursing care for sick infants. Throughout the entire book whether it be the chapter on hemorrhage or the one on Disease of the Intestinal Tract, the management and care of the infant in which the nurse necessarily plays so great a part is most interestingly and clearly presented. The chapter on Convulsions and Syncopes is valuable for the general information of the nurse who is sure to meet these alarming symptoms in the nursing of sick children from birth to the third year. The diseases of which convulsions may be a symptom and the medication or treatment which may be ordered are briefly given. In Part III, the methods of procedure of many different treatments are given, accompanied by excellent illustrations showing the position of the child, listing the equipment needed, and giving the procedure in detail. All this is fully explained in the text and while other methods may be equally good, these have stood the test of practice and are easily followed. The book is well printed, the illustrations clear in minute detail, and the terminology is commendably simple, but the text is printed on paper very highly glazed, which makes it difficult for night reading. A table of contents preceding the text, and the index following, render the book valuable as one of reference for nurses as well as physicians.

BENA M. HENDERSON, R.N.,
Children's Memorial Hospital, Chicago.

BIOLOGY OF SEX. For Parents and Teachers. By T. W. Galloway, Ph.D., Associate Director of Educational Activities, American Social Hygiene Association; Formerly Professor of Zoology, James Millikin University, Decatur, Ill. 150 pages, with 12 illustrations. Boston: D. C. Heath & Co. Price, $1.24.

A most commendable effort of a trained biologist to translate into simple language a very complex and complicated problem, a problem involving not alone a clear conception of biology, but

a thorough understanding of pedagogy, economics, social science and ethics.

The book is essentially a guide for teachers and the question of whether the instructor is to be the parent, the school teacher, the physician, or the physical director is thoroughly discussed. The deduction reached is that neither of these alone should assume the entire responsibility for sex instruction, but that there should be a wise division of the labor. There follows a clear enunciation of the proper duties of each instructor with the result that the child will eventually receive a clean and proper conception of the meaning of sex. Special emphasis is given that the instruction is to be graded and no effort made to impart the entire subject at one fell swoop or at unusual times or to place undue importance or stress on sex matters. Delicate subjects are diplomatically handled and the biological and social aspect of sex indulgence is tactfully discussed without offense.

The suggestion of isolation for the venereally infected sex offender, male as well as female, has long been advocated by public health officers, but unfortunately the question is so intimately interwoven with economic factors that public opinion is opposed to it at this time.

The question of birth control receives a few appropriate lines. On page 104 the admonition is given:

> The size of families should be adjusted to produce the best results. Many parents well fitted both in hereditary qualities and in favoring conditions produce families harmfully small. Many families are larger than either the hereditary endowments or the means of support will warrant.

A few rather radical proposals should be taken *cum grano salis*. For instance, we question for the present, the advisability and practicability of segregating defectives d u r i n g the reproductive period. The term "defective" is rather indefinite and just who or what constitutes a defective has not been legally established. Nor do we believe that the effective sterilization of defectives by means of an operation would be a legal procedure.

A reading of the book brings us to the conclusion of the English author, H. G. Wells, who said "a subject can be perfectly decent when it is shouted from the house-tops, which would be salacious and shameful when whispered in the ear."

It is a thoughtful, comprehensive and exhaustive study on the proper approach of a difficult subject and an invaluable work for teachers, physicians, nurses and parents or any individual coming in contact not alone with children, but with adults seeking the light.

Ann Doyle, R.N.,
U. S. Public Health Service.

Transactions of the Twelfth Annual Meeting, American Child Hygiene Association, 532 17th Street, N.W., Washington, D. C. Price, $3.

This report contains much of interest to every health worker and is indispensable to those who are primarily concerned with the health of children, as it contains the reports of the officers and of important committees on the work of the year. It contains also the addresses and live discussions that combined to make an unusually rich programme.

OFFICIAL DIRECTORY

Headquarters American Nurses' Association.—370 Seventh Avenue, New York City. Office Director, R. Inde Albaugh.

The American Journal of Nursing Company.—President, S. Lillian Clayton, Philadelphia General Hospital, Philadelphia, Pa. Secretary, Elsie M. Lawler, Johns Hopkins Hospital, Baltimore, Md. Main Office, 19 West Main Street, Rochester, N. Y. New York Office, 370 Seventh Avenue.

The American Nurses' Association.—President, Adda Eldredge, Bureau of Nursing Education, Board of Health, Madison, Wis. Secretary, Agnes G. Deans, 4924 Buckingham Court, St. Louis, Mo. Treasurer, V. Lota Lorimer, 1238 West Lake Avenue, Lakewood, Ohio. Sections: **Private Duty,** Chairman, Frances M. Ott, Morocco, Ind. **Mental Hygiene,** Chairman, May Kennedy, Dunning, Ill. **Legislation,** Chairman, Roberta M. West, Room 150, S. 17th Street, Philadelphia, Pa. **Committee on Revision,** Chairman, Sarah E. Sly, Birmingham, Mich. **Relief Fund Committee,** Chairman, Elizabeth E. Golding, 317 West 45th Street, New York, N. Y. Treasurer, V. Lota Lorimer, 1238 West Lake Avenue, Lakewood, O.

The National League of Nursing Education.—President, Laura R. Logan, General Hospital, Cincinnati, O. Secretary, Martha M. Rusell, 317 West 45 Street, New York. Treasurer, Bena M. Henderson, Children's Memorial Hospital, Chicago, Ill.

The National Organization for Public Health Nursing.—President, Elizabeth G. Fox, 3800 14th Street, N. W., Washington, D. C. Director, Anne Stevens, 370 Seventh Avenue, New York.

Isabel Hampton Robb Memorial Fund Committee.—Chairman, Elsie M. Lawler, Johns Hopkins Hospital, Baltimore, Md. Treasurer, Mary M. Riddle, Newton Hospital, Newton Lower Falls, Mass.

Director, Department of Nursing, American Red Cross.—Clara D. Noyes, Care American Red Cross, Washington, D. C.

Army Nurse Corps, U. S. A.—Superintendent, Major Julia C. Stimson, Office of the Surgeon General, Army Corps Division, War Department, 19th and B Streets, Washington, D. C.

Navy Nurse Corps, U. S. N.—Superintendent, Lenah S. Higbee, Bureau of Medicine and Surgery, Department of the Navy, Washington, D. C.

U. S. Public Health Service Nurse Corps.—Superintendent, Lucy Minnegerode, Office of the Surgeon General, U. S. Public Health Service, Washington, D. C.

Nursing Service, U. S. Veterans' Bureau.—Superintendent, Mrs. Mary A. Hickey, Hospital Section, U. S. Veterans' Bureau, Washington, D. C.

Department of Nursing and Health, Teachers College, New York.—Director, M. Adelaide Nutting, Teachers College, Columbia University.

STATE ORGANIZATIONS OF NURSES

Alabama.—President, Elizabeth LaForge, 207 City Hall, Birmingham. Secretary, Catherine A. Moultis, 1032 Elm Street, Birmingham. President examining board, Helen MacLean, 2430 North 11th Ave., Birmingham. Secretary, Linna H. Denny, 137 N. 60th St., Birmingham.

Arizona.—President, H. Grace Franklin, Globe. Secretary, Gertrude F. Russell, State House, Phoenix. President examining board, Edith P. Snowden, Phoenix. Secretary, Gertrude F. Russell, State House, Phoenix.

Arkansas. — President, Mrs. Virginia Misenhimer, Citizens' Bank Building, Pine Bluff . Secretary, Blanche Tomaszewska, 815 Laurel Street, Pine Bluff. President examining board, M. D. Ogden, M.D., Little Rock. Secretary-treasurer, Frankie Hutchinson, 310 West 12th Street, Little Rock.

California.—President, Mrs. E. B. Conzelmann, State Hospital, Stockton. Secretary, Mrs. J. H. Taylor, Route A, Galt. Director, Bureau of Registration of Nurses, Anna C. Jamme, 724 Wells Fargo Building, San Francisco.

Colorado.—President, Mrs. Eda M. Pine, 301 West Ormon Avenue, Pueblo. Secretary, Jessie D. Stewart, 220 E. Yampa Street, Colorado Springs. President examining board, Blanche I. Lewis, 1116 East Boulder Street, Colorado Springs. Secretary, Louise Perrin, State House, Denver.

Connecticut. — President, A. Elizabeth Bigelow, 69 East Main Street, Meriden. Secretary, Elizabeth C. Blenkhorn, Hartford Hospital, Hartford. President examining board, Martha P. Wilkinson, 34 Charter Oak Avenue, Hartford. Secretary, Mrs. Winifred A. Hart, 109 Rocton Avenue, Bridgeport.

Delaware.—President, Mary A. Moran, 1313 Clayton Street, Wilmington. Secretary, Anna W. Jones, 911 Delaware Avenue, Wilmington. President examining board, Frank E. Pierson, M.D., 1007 Jefferson Street, Wilmington. Secretary, Mary A. Moran, 1313 Clayton Street, Wilmington.

District of Columbia.—President, Ida F. Butler, American Red Cross, Washington. Secretary, Katherine Holmes, American Red Cross, Washington. President examining board, Margaret Hutchinson, 1337 K. Street, N. W., Washington. Secretary-treasurer, Mary E. Graham, 1337 K Street, N. W., Washington.

Florida. — President, Lillian Hollohan Morton F. Plant Hospital, Clearwater. Secretary, Elizabeth Steil, Riverside Hospital, Jacksonville. President examining board, Anna L. Felting, Box 196, Miami. Secretary-treasurer, Mrs. Louisa B. Benham, Hawthorne.

Georgia.—President, Jane Van De Vrede, 464 North Boulevard, Atlanta. Secretary, Chloe Jackson, 602 Chamber of Commerce, Atlanta. President examining board, Jane Van De Vrede, 464 North Boulevard, Atlanta. Secretary and treasurer, Jean Harrell, 110 Luckie Street, Atlanta.

Idaho.—President, Mary Brown Lewers, City National Bank Building, Boise. Secretary, Cora W. Palmer, St. Luke's Hospital, Boise. Department of Law Enforcement, Bureau of Licenses, Examiner, Napina Hanley, State Capitol, Boise.

Illinois.—President, Ada Belle McCleary, Evanston Hospital, Evanston. Secretary, Nellie M. Crissy, Hahnemann Hospital, Chicago. Superintendent of Registration, W. W. Miller, State Capitol, Springfield.

Indiana. — President, June Gray, 413 Chamber of Commerce Bldg., Indianapolis. Secretary, Mrs. Mabel Scott Huggins, Utomin Apts, Indianapolis. President examining board, Elizabeth E. Springer, Huntington County Hospital, Indianapolis. Secretary, Ida J. McCaslin, 501 East Noble Street, Lebanon.

Iowa.—President, Amy Beers, Jefferson County Hospital, Fairfield. Secretary, Nelle Morris, The Summit, D-1, Iowa City. President examining board, C. F. Launder, M.D., Garwin. Secretary, Rodney P. Fagan, M.D., Des Moines.

Kansas.—President, Ethel L. Hastings, Bethany Hospital, Kansas City. Secretary, Caroline E. Barkemeyer, Halstead. President examining board, Sister Catherine Voth, Newton. Secretary-treasurer, Sister Mary Helena, St. Luke's Hospital, El Dorado.

Kentucky.—President, Josephine Meyers, Newport. Corresponding Secretary, Gertrude Bethel, 700 Francis Building, Louisville. President examining board, Sophia F. Steinhauer, Speers Memorial Hospital, Dayton. Secretary, Flora E. Keen, Somerset.

Louisiana.—President, Sara Babb, Charity Hospital, New Orleans. Secretary, Celeste Janvier, 4528 Prytania St., New Orleans. President examining board, J. T. Crebbin, M.D,. 1207 Maison Blanche Building, New Orleans. Secretary, J. S. Hebert, M.D., 1121 Maison Blanche Building, New Orleans.

Maine. — President, Margaret Dearness, Maine General Hospital, Portland. Secretary, Louise Hopkins, 246 Essex Street, Bangor. President examining board, Margaret M. Dearness, Maine General Hospital, Portland. Secretary-treasurer, Rachel A. Metcalfe, Central Maine General Hospital, Lewiston.

Maryland.—President, Elsie M. Lawler, Johns Hopkins Hospital, Baltimore. Secretary, Sarah F. Martin, 1211 Cathedral Street, Baltimore. President examining board, Helen C. Bartlett, 604 Reservoir Street, Baltimore. Secretary and treasurer, Mary Cary Packard, 1211 Cathedral Street, Baltimore.

Massachusetts. — President, Carrie M. Hall, Peter Bent Brigham Hospital, Boston. Corresponding secretary, Mary E. P. Davis, 19 Hoyle Street, Norwood. President examining board, Mary M. Riddle, Newton Hospital, Newton Lower Falls. Secretary, Samuel H. Caulderwood, M.D., State House, Boston.

Michigan.—President, Mrs. Barbara H. Bartlett, 329 Science Bldg., Ann Arbor. Corresponding Secretary, Alice Hall, Lansing Board of Health, Lansing. President examining board, Richard M. Olin, M.D., Lansing. Secretary, Mrs. Helen de Spelder Moore, 206 State Office Building, Lansing.

Minnesota. — President, Irene English, Northern Pacific Hospital, St. Paul. Secretary, Dora Cornelisen, Old State Capitol, St. Paul. President examining board, Jennette M. McLaren, M.D., 803 Lowry Building, St. Paul. Secretary, Dora Cornelisen, Old State Capitol, St. Paul.

Mississippi.—President, Bessie O. Brougher, R 2, Box 13 B, Jackson. Secretary, Mrs. James A. Cameron, 511 Bay Street, Hattiesburg. President examining board, Dr. J. H. Fox, Jackson. Secretary-treasurer, Ernestine Bryson, Houston.

Missouri.—President, Mance Taylor, Parker Memorial Hospital, Columbia. Secretary, Bertha Love, Parker Memorial Hospital, Columbia. President examining board, M. Anna Gillils, City Hospital, St. Louis. Educational Director-secretary, Harriet L. P. Friend, 620 Chemical Building, St. Louis.

Montana.—President, Margaret Irish, 618 North 23rd Street, Billings. Secretary, Mary Margaret Muckley, Helena. President examining board, E. Augusta Ariss, Deaconess Hospital, Great Falls. Secretary-treasurer, Frances Friederichs, Box 928, Helena.

Nebraska.—President, Lulu Abbot, 847 North 26th Street, Lincoln. Secretary, Cora E. Higgins, 2100 South Street, Lincoln. Bureau of Examining Board, secretary,

H. H. Antles, Department of Public Welfare, State House, Lincoln.

Nevada.—President, Mrs. Pearl Prescott, 652 Forest Street, Reno. Secretary, Mrs. Honore M. Donnelley, Box 504, Reno.

New Hampshire.—President, Anna C. Lockerby, Laconia Hospital, Laconia. Secretary, Mrs. Florence M. Knowles, Portsmouth. President examining board, Mae Morrison, Whitefield. Secretary, Ednah Cameron, 8 North State Street, Concord.

New Jersey.—President, Elizabeth J. Higbid, 449 VanHouten Street, Paterson. Secretary, Marie Louis, Muhlenberg Hospital, Plainfield. President examining board, Mary J. Stone, Room 302, McFadden Building, Hackensack. Secretary-treasurer, Elizabeth J. Higbid, Room 302, McFadden Building, Hackensack.

New Mexico.—President, Theresa McMenomin, 417 S. Arno Street, Albuquerque. Secretary, Bertha C. Rowe, 417 S. Arno Street, Albuquerque.

New York.—President, Alice Shepard Gilman, Samaritan Hospital, Troy. Secretary, Mrs. Julia W. Kline, 546 Rugby Road, Brooklyn. President examining board, Lydia E. Anderson, 461 Washington Avenue, Brooklyn Secretary, * * * State Education Building, Albany.

North Carolina.—President, Pearle Weaver, Hendersonville. Secretary, Harriet M. Liskowski, Mary Elizabeth Hospital, Raleigh. President examining board, Edith A. Kelly, Fayetteville. Secretary-treasurer, Dorothy Hayden, Greensboro.

North Dakota.—President, Sarah Sand, Osgood Flats, Fargo. Corresponding secretary, Esther Teichmann, 720 South 5th Street, Fargo. President examining board, Ethel Stanford, State Sanatorium, Dunseith. Secretary, Mildred Clark, General Hospital, Devils Lake.

Ohio.—President, Grace E. Allison, Lakeside Hospital, Cleveland. Secretary, Grace Bentley, 1299 Ethel Avenue, Lakewood, Chief examiner, Caroline V. McKee, Hartman Hotel Building, Columbus. Secretary, Dr. H. M. Platter, Hartman Hotel Building, Columbus.

Oklahoma.—President, Olive Salmon, 315 Oklahoma Bldg., Oklahoma City. Secretary, Sister Mary Lucia, St. Anthony's Hospital, Oklahoma City. President examining board, Mrs. Idora Rose Scroggs, 324 West Grey Street, Norman. Secretary-treasurer, Lela Carr, 915 West 23d Street, Oklahoma City.

Oregon.—President, Grace Phelps, 616 Lovejoy Street, Portland. Secretary, Margaret A. Tynan, St. Vincent's Hospital, Portland. President examining board, Jane V. Doyle, 301 Platt Building, Portland. Secretary-treasurer, Mrs. O. E. Osborne, 512 Oakdale Avenue, Medford.

Pennsylvania.—President, Margaret A. Dunlop, Pennsylvania Hospital, Philadelphia. Secretary-treasurer, Williamina Duncan, 3440 Bates Street, Pittsburgh. President examining board, Albert M. Blackburn, M.D., 34 South 17th Street, Philadelphia. Secretary-treasurer, Roberta M. West, 34 S. 17 Street, Philadelphia.

Rhode Island.—President, Amy Allison, Rhode Island Hospital, Providence. Corresponding secretary, Edith Barnard, 425 Broadway, Providence. President examining board, Henry C. Hall, M.D., Butler Hospital, Providence. Secretary-treasurer, Lucy C. Ayres, Woonsocket Hospital, Woonsocket.

South Carolina.—President, Frances Bulow, 40 Coming Street, Charleston. Secretary, Annie Meyers, Mercy Hospital, Charleston. Secreeary, board of nurse examiners, A. Earl Boozer, M.D., Columbia.

South Dakota.—President, Lillian Zimpher, Aberdeen. Corresponding secretary, Carrie E. Clift, Rapid City. President examining board, Clara S. Ingvalson, Flandreau. Secretary-treasurer, Mrs. Elizabeth Dryborough, Rapid City.

Tennessee.—President, Mrs. Dorsey T. Gould, 1305 Edgewood Place, Nashville. Secretary, Marie Peterson, 879 Madison Avenue, Memphis. President examining board, Willie M. McInnis, University of Tennessee, Memphis. Secretary-treasurer, Dr. Reese Patterson, Knoxville.

Texas.—President, Helen Holliday, Baylor Hospital, Dallas. Secretary, A. Louise Dietrich, 1001 E. Nevada Street, El Paso. President examining board, Helen T. Holliday, Baylor Hospital, Dallas. Secretary, Eula Whitehouse, Route 4, Cleburne.

Utah.—President, Daphne Dalton, County Hospital, Salt Lake City. Secretary, Alice Hubbard, Salt Lake County Hospital, Salt Lake City.

Vermont.—President, Elizabeth Van Patten, 433 S. Union Street, Burlington. Secretary, Mrs. Rose A. Lawler, Springfield. President examining board, Donley C. Hawley, M.D., Burlington. Secretary, Mary G. Kane, Montpelier.

Virginia.—President, L. L. Odom, Sarah Leigh Hospital, Norfolk. Secretary, Emily Heard, State Board of Health, Richmond. President examining board, Virginia Thacker, Lewis-Gale Hospital, Roanoke. Secretary-treasurer, Ethel Smith, Craigsville.

Washington.—President, Mrs. W. M. McKinney, 5502 14th Street, N. E. Seattle. Sec-

retary, Katherine Major, King County Hospital, Seattle. Director of Licenses, Fred J. Dibble, Olympia.

West Virginia.—President, Mrs. Susan Cook, Lock Box 457, Wheeling; home address, Bridgeport, Ohio. Secretary-treasurer, Mrs. R. J. Bullard, Lock Box 457, Wheeling; home address, 510 Catawba Street, Martin's Ferry, Ohio. President examining board, Frank LeMoyne Hupp, M.D., Wheeling. Secretary, Jessie A. Clarke, Ohio Valley General Hospital, Wheeling.

Wisconsin.—President, Agnes W. Reid, Bradley Memorial Hospital, Madison. Secretary, Minnie P. Getts, Emergency Hospital, Milwaukee. Director, Bureau of Nursing Education, Adda Eldredge, State Board of Health, Madison.

Wyoming.—President, Ida Mae Stanley, Rock Springs. Secretary, Mrs. Clyde W. Peterson, 2004 Maxwell Street, Cheyenne. President examining board, S. J. McKenzie, St. John's Hospital, Cheyenne. Secretary, Mrs. H. C. Olson, 605 East 21st Street Cheyenne.

TERRITORIAL ASSOCIATION

Hawaii.—President, Alice M. Yates, 1250 Manumea Avenue, Honolulu. Secretary, Harriet B. Delamere, Queen's Hospital, Honolulu.

HOW DOES YOUR STATE STAND?

The following table shows the rating of each state association, by percentages, in a comparison of the membership with Journal subscribers for the month of September:

Between 90% and 100%
Oklahoma

Between 80% and 90%
Mississippi

Between 70% and 80%
Florida, Alabama, Wisconsin

Between 60% and 70%
Kentucky, New Mexico

Between 50% and 60%
Pennsylvania, West Virginia, Indiana, Ohio, South Dakota, Illinois

Between 40% and 50%
Kansas, Iowa, Virginia, New Jersey, Maine, Nebraska, Arkansas, New Hampshire, South Carolina, North Carolina

Between 30% and 40%
Massachusetts, Arizona, Delaware, Idaho, Georgia, Michigan, Nevada, Oregon, Texas, Minnesota, District of Columbia

Between 20% and 30%
Montana, Wyoming, Vermont, Rhode Island, Missouri, Connecticut, Washington, Colorado, New York, Maryland, Louisiana, Tennessee

Less than 20%
California, Utah, Hawaii

SPECIAL THREE MONTHS' OFFER

To Alumnae Associations: We offer you the privilege of soliciting subscriptions for the *Journal* at the regular price of three dollars ($3.00). Retain fifty cents (50c) to be used for your Scholarship Fund, your Relief Fund, or to take care of the increased annual dues of the American Nurses' Association. By this arrangement there will be at least three beneficiaries—the nurse, the association and the *Journal*.

This offer is made for THREE MONTHS ONLY, from October 1st to December 31st. Think it over; appoint your representative; send us her name and we will forward instructions. Act quickly! Time flies!

THE AMERICAN
JOURNAL OF NURSING

VOL. XXIII NOVEMBER, 1922 NO. 2

NURSING TECHNIC OF ORAL SURGERY

BY GRACE HUMES, R.N.
University Hospital, Ann Arbor, Michigan

ONLY lately has the nursing of oral surgery cases been recognized as a special branch of training. With the rapid progress of dental surgery and the increased number of patients treated and cared for, it seems wise to have nurses familiar with the nursing technic of these cases.

This particular branch of surgery is a very interesting one. The patients who command the most interest are the infants and children who have hare lips and cleft palates. They are too young, as a rule, to realize their affliction, and if they can be cared for at this time, much unhappiness is prevented. The surgeon wants the child before he begins to talk with a lisp or a nasal twang. At an early age the repair can be accomplished with the least amount of discomfort to the patient and the scar has a hundred per cent chance of being obliterated.

SUPERVISORS in teaching hospitals have unusual opportunities for research in nursing. It is in accord with true professional and scientific spirit to publish methods or procedures of demonstrable value. This article is useful in itself. It is hoped that it may stimulate further reports of procedures of proven worth that have not yet found their way into our textbooks.

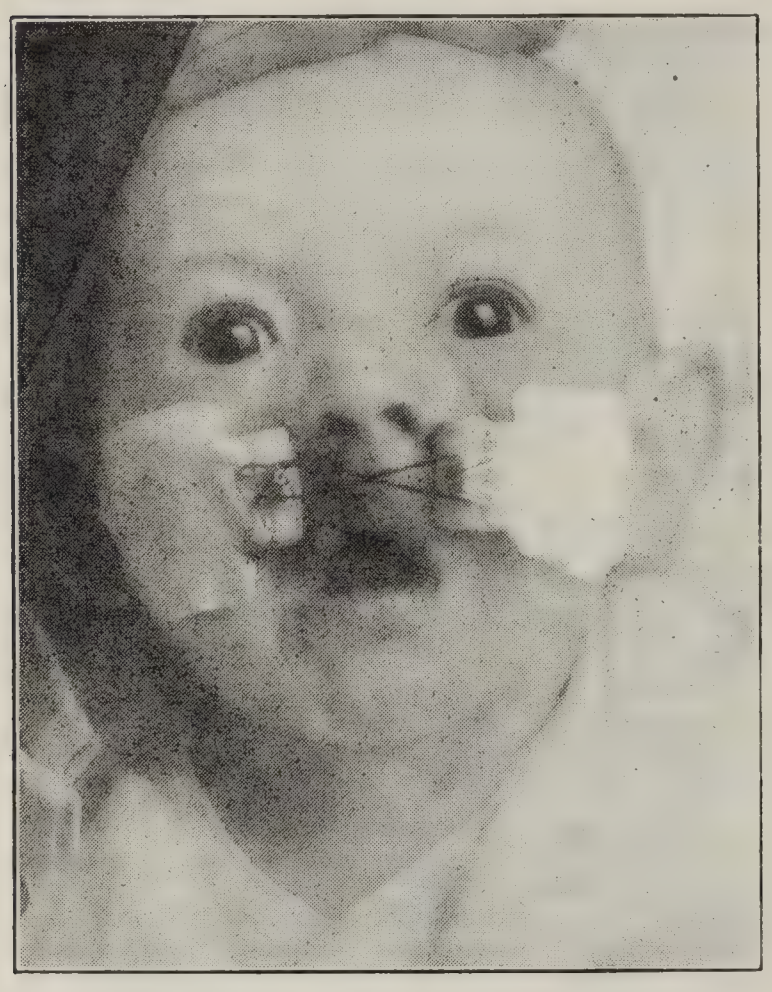
PRE-OPERATIVE TREATMENT

The pre-operative treatment is of greatest importance. At this hospital, all patients are given argyrol sprays (20 per cent) to the palate, twice daily, at 10 a. m. and 6 p. m. Saline sprays (5 per cent) to the palate are given after each feeding.

Prophylaxis is definitely stressed and great care is exercised to make sure that every patient over two years of age has a tooth brush and tooth paste and that he uses them three times daily.

In the hare lip cases, a single strip of adhesive, about 7 inches long by ¾ inch wide, is applied across the face and just under the nose in such a manner as to approximate the two parts. This is removed and the skin cleansed with green soap and sterile water before the patient goes to the operating room.

After operation, the strain on the stitches in a lip repair is relieved by adhesive splints applied to the face. These are made in pairs. A roll of adhesive, ¾ inch wide and ⅝ inch in diameter, is attached to a flap of adhesive 1¼ inch wide by 1¾ inch long. This flap is provided with two ordinary dress hooks, bent and sewed in such a manner as to make it possible to lace a thread back and forth around the hooks and over the adhesive rolls, thus avoiding interference of the thread with the sutures.



To prevent post-operative acidosis,—soda bicarbonate solution (drams one of soda bicarbonate to ounces three aqua distilla) is given in doses of one dram, every hour, for six doses. The last dose is to be given four hours before operation. Other pre-operative treatment is the same as for general surgery. Castor oil is given the evening before and an enema the morning of operation. (No food or water is given for six hours before operation.)

Post-Operative Treatment

When the patient returns from the operating room he requires very special attention while reacting from the anaesthetic. The respiratory tract has been very much changed, a fact which would necessarily interfere with his usual peculiar breathing.

Older patients are very apt to choke or gasp for breath, but an infant may just stop breathing without any appreciable struggle. In such an instance very quick and effective treatment is necessary. The tongue should be kept well forward out of the throat and artificial respiration used. The doctor should be called at once. It is sometimes necessary to pass a nasal catheter to insure breathing and in extreme cases it may be necessary to remove some of the sutures.

As soon as the patient has sufficiently reacted from the anaesthetic, sterile distilled water is given by mouth, drams one, every five minutes, for one hour. If that is retained, at least three ounces of water may be given. When a patient does not retain fluids by mouth at the end of four hours, the doctor orders six or eight ounces of tap water to be given per rectum. On the day of operation, infants' feedings are resumed at six o'clock in the evening; the formula being diluted one-half.

Five per cent lactose solution is usually ordered to be given between feedings to increase the fluid intake.

Infants are fed with a sterile rubber syringe, the fluid being allowed to pass into the mouth drop by drop.

Patients of over one year of age are

kept on a diet of sterile liquids only until the sutures are removed. The sprays are used as a routine treatment, after operation as before, and the palate is painted twice daily with an analin dye, the important constituents of which are brilliant green, crystal violet, and alcohol solution. (We might add that analin dye is used not only for its antiseptic properties, but also for its stimulating effect on granulation tissue.) The sutures are kept clean by washing with alcohol and painting with mercorochrome (1 per cent) every four hours.

Nasal irrigations of normal saline (one quart) are given with very good results, after the repair of a cleft palate, to remove any mucus which might collect and impair nasal breathing.

In a cleft palate repair, gauze packs are placed in an incision on the lateral side of the tonsillar pillars to relieve muscle strain on the sutures. These are removed between the sixth and tenth days. When they are taken out, the patient must be carefully watched for hemorrhage. All loosened stitches, packs, or plates should be carefully noted and reported at once.

Every attempt is made to keep children from fretting and crying after operation. They are kept in Fowler's position to facilitate breathing.

A very simple and convenient method of keeping children from touching their lips or palate is to have them wear cardboard cuffs covered with gauze bandage. They should be long enough to prevent the patient from bending his elbows and getting his hands to his face, and large in circumference to insure free movement of the arm at the shoulder.

Conscientious routine treatment, close observation of the patient's condition, and forcing sterile nourishing fluids to the limit, are the outstanding points in oral-surgery nursing.

THE IDEALS OF THE NURSING PROFESSION FOR SCHOOLS OF NURSING [1]

By Carolyn E. Gray, R.N., M.A.

Department of Nursing Education, College for Women, Western Reserve University, Cleveland, Ohio

THE mere title of my paper stirs many emotions and I am impressed with the difficulty of finding suitable words to express the ideals we cherish, the ideals that have kept many of us at hard and laborious tasks when nothing else would have done so, the ideals that have been so stimulating, and so will-o-the-wisp-like in their qualities of luring and leading on, that we have persevered despite discouragements and set-backs, which would have daunted far braver souls.

If some youthful mother, hugging her babe to her breast, were asked to put into words all the hopes, ideals and dreams she cherishes for her child, I

[1] Read at a joint session of the three national organizations of nurses, Seattle, June 28, 1922.

fancy she too would hesitate, not from lack of any of these, but from sheer inability to clothe them in adequate words.

How many of us love our schools as parents do their children—and just at present our feelings are especially poignant—for we are keenly conscious of their extreme youthfulness compared with other schools, their wonderful possibilities for growth, their capacity for service, the heavy burdens laid upon them, and their outstanding *poverty*. We are eager, pathetically eager, to find the pathway to such freedom as other schools enjoy, the freedom essential to the highest possible development, the freedom to stand side by side and work shoulder to shoulder with all the other agencies that are striving to produce creative thinkers capable of contributing their share to human progress.

Growth of Schools

The period from 1873 to 1922 represents the life time of our schools, brief indeed compared to that of other schools, but how amazing has been the growth from one school in 1873, to 1,800 in 1922, from a small group of students to about 55,000! But this does not tell the whole story, for keeping pace with their growth, and oftentimes striding ahead of it, has been the measure of work laid upon them. And how valiantly these younger sisters of the educational family have shouldered their burdens, and struggled on, in an effort to meet their dual responsibility of caring for the sick, and giving the students a fair equivalent in education for the labor exacted of them!

Despite all our efforts, the development of our schools has been stunted and dwarfed, because the pressure of work has encroached on all other claims. Due to this, the richest possible experiences have all too often been reduced to mere drudgery, because the underlying science which might have interpreted and illuminated them has been lacking. What might have been bread, has been only stones! Stones are not nourishing, and small wonder some of our schools are famishing. What they need is opportunity to stretch their wings and come out from under the encompassing shadow of the hospital, to develop on the mental side quite as fully as on the work side, to obtain such support as will enable them to stand upright and submit their educational plans to the measuring rod of academic standards, to earn and win such recognition as will make them honored members of the educational family, not sub-rosa ones, whom the respectable relatives remember only in time of dire need, and then regretfully, because they are quite too poor for the society of their betters.

With these thoughts in mind, I wonder if we could not express our ideals in some such terms as these:

First, That our schools shall seek and secure adequate support, so that all our financial arrangements shall be "open covenants, openly arrived at."

Second, That they shall break away from their isolation and become part of the educational system of our country.

Third, That they shall comply with educational standards and requirements, and qualify in every way for academic credit.

The necessity for adequate support is made clear by even a cursory analysis

of the present situation. Nursing schools have a dual function; the first and most immediate is to care for the sick within the hospital; the second, to educate their students to care for the sick wherever the sick may be found, and to coöperate intelligently in all those measures that have for their purpose the promotion of health and the prevention of disease.

Looked at from the standpoint of the hospital the first is the most important, but looked at from the standpoint of the potential usefulness of the student, the second might readily be given first place. Face to face with the actual concrete problem it is difficult to hold the latter view, because the hospital sick are absolutely dependent on student labor for the care they need, and the fact that a student body is the best and cheapest way to provide this care complicates the problem. Practically all hospitals operate on a limited budget and are constantly engaged in the task of trying to make a limited income meet the needs of constantly growing work. With every intention to give a fair educational return, the pressure is such that the labor of the students is taxed to the uttermost, and educational claims are not met, because to meet them means expense, and funds for this specific purpose are non-existent.

Even an ardent champion of education realizes the impossibility of diverting funds given definitely for the care of the sick, to the upbuilding of an educational system, and all the compromises that have been tried have been only partially successful, and too often the end result has been poor. This is not to be wondered at. Every kind of education worthy of the name is dependent upon and made possible by subsidies, either in the form of municipal or state support, endowments, or gifts.

The Need of Subsidies

Unlike all other schools, nursing schools have not benefited by subsidies of any sort. *We* are partly responsible for this. Our own thinking has not always been clear and the need of our patients has absorbed all our energy. We have been too proud to acknowledge our poverty and our need of funds. We have hesitated to become the shameless, insistent, persistent beggars that the situation demands. Thanks to the clear vision of Miss Nutting and the stimulating example of Johns Hopkins School in trying to secure an endowment, we are beginning to sense our responsibility in the matter. We must align ourselves with other schools and colleges that are conducting campaigns for funds, and by so doing must win our share of popular support, and as a valuable by-product must bring about a more sympathetic and understanding public opinion of our aims and needs. With adequate endowment it will be possible to break away from our once treasured isolation and ally ourselves with the colleges of our country. And here I would like to emphasize my belief that our logical connection is with the colleges for women because nursing is pre-eminently women's work, and is professional training based on a high school preparation. Moreover, our problems are part and parcel of the bigger problem of woman's need of adequate preparation for the tasks that life brings her, and consequently they are not unlike the

problems that colleges for women are constantly trying to solve.

Our third ideal, that of measuring up to educational standards and complying with the requirements for academic recognition, will not prove so difficult after the need for endowment has been met. More than any other type of school, nursing schools have the advantage of a compelling motive, and nursing students actuated by this motive are admittedly the most hungry and eager of all students. To correlate our classroom instruction with hospital service, so that the latter will serve as laboratory experience, and each enrich and interpret the other is not impossible, but does demand very thoroughgoing reorganization, — reorganization of the type that will tax all our resources, and every bit of energy and imagination we can bring to the task. Only in this way will our schools be able to grow to their full stature. Only in this way can they provide the environment that will make it possible for student nurses to continue to grow mentally, morally, and physically, and we dare ask no less for them.

In this day, when one of the significant trends of thinking has to do with what has come to be called the science of human engineering—when now, if ever, there is reason to hope that the searchlight of science will explore all the hidden places of human life, when all the forces working for human betterment need to be on tiptoe to catch the latest drift, and finding of research workers, when co-operation of all health workers is the *sine-qua-non,* does it not seem inevitable that schools which aim to educate a health worker who is admittedly one of the most important, shall realize all of these ideals, and then from the higher vantage point gained, shall catch the vision of immeasurably greater service than has yet been thought of?

Just Demands of Students

One of our greatest allies in furthering the realization of our ideals, is the keen, alive, eager girl of today. Despite all that her critics may say of her, she is hungry for education. Nothing less than the best possible education satisfies her. She is becoming very expert in detecting shams, and is avoiding "just as good" substitutes to such an extent that the number of so-called schools of nursing experiencing smaller and smaller classes, is becoming a vexing problem.

If our hospitals are to continue to benefit by the influx of youth which has been a source of rejuvenation to them, they must offer education to their students on the same terms, and in the same way that all other schools find educationally and economically sound.

Much as we need all of these things, we are not willing to abandon any of the vantage ground we have gained. We are anxious to keep all of the good things we have, and we count our close connection with the hospital one of the latter. But in addition we must make provision for something more nearly just for our students and the public they are to serve. For in the final analysis it is the *public* (outside of the hospital) that pays the price, if the nursing schools fail to give their students all that it is complacently believed they receive.

To bring about the necessary changes without sacrificing any of our advantages, and with due regard for all the interests we serve, requires reorganization of the most painstaking kind. I have come to think of this reorganization as comparable to some of the tasks our engineers have faced and solved. Many of us are familiar with the Grand Central Station where a great many trains come into the heart of New York City. Some years ago it was a small structure, occupying about a square block, and the number of tracks was limited. The engineers faced the problem of increasing the size of the building at least four times, of increasing the track facilities enormously, so enormously that the trains now come in on three different levels, and they had to do this without interfering with the train service that was being rendered. In fact, all the time they were building they had to provide for an increased train service. It was an extremely difficult task and it took over ten years' time to accomplish, but it was accomplished, and without any interruption of service. The kind of reorganization we need in our training schools is something comparable to that.

FLOWER ARRANGEMENT

By Margaret G. Burnett
Canandaigua, N. Y.

ONCE upon a time, when I was pretty sick, I had a very dear and capable nurse. In all respects she was as nearly perfect as even a nurse can be, except that she had never given flowers a thought.

To her,—and I sympathize,—they were one more duty, imposed by well-meaning friends of the patient. They were put into any handy receptacle, since something important demanded attention, and were thrown away at the earliest possible moment. She liked flowers, too, did my dear nurse. She said she did, one day when, in a vase a conservative foot in height, she brought me a squeezed and jumbled bunch of pansies a most dear friend had sent.

How surprised those pansies, shy and retiring among their low-growing leaves, must have been at their elevated position. In modesty, and possibly because of the discomfort of squeezed stalks, they curled their purple petals over their little broken yellow hearts and died! For flowers have hearts and feelings. Can any deny that they grow best for those who love them? And is not their beauty doubled by careful arrangement? Now I know that nurses are busy people. I know also that not every home, let alone every hospital, has enough suitable receptacles. I know that often they must be stuck, any old way, into water, while baths and nourishment and treatments are attended to. But sometimes, oh, nurses, come moments of leisure and a choice of vases, if only added to these be the seeing eye.

The Japanese are masters of this art.

They treat each blossom separately and with respect, according to an established plan. They are as successful here as with gardens. They are a poor people, working with littles, and they make littles beautiful. The American method deals with muchness, with riches. If one loves a friend very dearly, one sends roses by armfuls, and the American way is a great-hearted and generous way. We arrange flowers in large clusters; and in large rooms or porches where massed effect is suitable, the method is artistic.

The ideal of the American method is to mass blossoms and branches as nearly as may be in the manner of natural growth. Certain flowers, such as field daisies, grow massed; certain others, as roses, separately. The more rare and perfect the blossom, the more consideration and space it requires.

But observe how the grace departs from the graceful waving daisy, when, heads crowded, stems deeply forced into water, deprived of its natural green leaves, which are immersed, and the unevenness of its habit of growth, it is closely packed into a jar in vertical crowds, or allowed to lop forlornly horizontal in that most horrid American contrivance, the jardiniere.

The way to get at the arrangement daisies themselves prefer, is to visit a field with a sickle. Cut an armful. Now closely regard the armful. Are the blossoms all of the same length? Are all fully "out"? Are they shorn of feathery grasses and leaves among which they live? Don't they look happier, as well as more graceful, than in most houses? Caged flowers are nearly as sad as caged birds.

But put the free field-flowers into a wide-mouthed jar, into the opening of which even so primitive a flower holder as chicken-wire has been fitted; loosely and unevenly, into a glass flower holder in a low dish, and you have taken fresh fields into a stuffy room. Reproduce natural growth as nearly as possible and you will not be far wrong. But some unfortunates do not know the manners and customs of flower races. City dwellers can no more be free of flowery secrets than was the little bride who, having seen food only after it was cooked, mistook rhubarb for asparagus, (knowing both to be stalks in the natural state), and acted accordingly.

I do not decry things American, but the Japanese may as well be acknowledged our masters in flower arrangement as in other artistic details. They knew, long before we suspected, the beauty of a single flower, a single twig, of sprays of colored leaves and berried branches. But like the painter who sees the hidden soul-beauty and transfers it to canvas, the Japanese improve on nature.

Nature intends well, but is often interfered with by wind and weather and the hand of man. Sometimes flowers do not grow in the free grace nature meant them to have. Therefore, say the Japanese, they must be trained to have proper curves in proper directions.

Hardly any flower stem is straight. It has a curve most satisfying to the eye. Sometimes the curve is a long one, suggesting tall arrangement. Sometimes a shorter curve, or droop, calling for low.

The Japanese decree that the tallest flower in a group shall be one and a

half times as tall as the vase that holds it. If a low dish is used, then the flower shall be one and a half times the diameter of the dish. Does this seem far-fetched and arbitrary and unimportant? Have you not gone into rooms, plainly furnished, which were still harmonious, restful and orderly? And have you not seen many handsomely furnished rooms that seemed unbearable to sit down in? Are not pretty women made ugly by bad hair arrangement, and ugly ones made beautiful by loveliness of spirit? Is there not the exactly right place and angle for a chair before the fire, or a picture on a wall?

There is little distinction, really, between the small and the great, and in the end it is better, as well as nearly as easy, to do things right.

So the Japanese regard flower arrangement. It is with them almost a religious rite, and in early days the priests practiced and taught it as part of the temple service. And back of the seemingly arbitrary rules lies a principle and a legend. We say there is luck in odd numbers. They say there is beauty in odd numbers. They use always three blossoms as the foundation of their arrangement. If five or seven be used, the additional flowers are "companions" to the original three. And of these the tallest (that one which is one and a half times the height or diameter of the receptacle) represents heaven. It is usually a bud or half opened flower, and it typifies upreaching toward the highest, as our western Gothic architecture soared away toward the sky. It must be without a "companion." The soul goes alone on its quest.

Half the height of "heaven," and paralleling its direction for a few inches, then turning away, is "man," a creature aspiring but turning toward earth. Half the height of "man," this time a full blown flower and of darker shade and dipping in a curve, is "earth." Man, between the two, heaven and earth, and with nature and stature partaking of both. Fanciful, yes. But arrange three iris in a shallow bowl, representing a lake, not quite in the middle of the lake, in a glass flower holder, and see, if your patient is sensitive, whether or not you have filled her with joy, quite unconscious. Study Japanese pictures, even bamboo stalks on paper fans, and see the consummate artistry of their curves.

It is the tendency of any intensive training to narrow and concentrate. Be the training for nursing, mechanics, moving pictures, farming, social life, dentistry. And in life we perceive just about those things training or natural aptitude dictate.

Into a forest go a lumber man, an artist, a child, a forestry expert, a dog. What does each see? Well, each sees trees. But the lumber man sees them in feet of timber; the artist as a possible picture, or just as soul-satisfying delight of light and shade and color; the child sees hiding places for a game, and forestry expert detects diseases and caterpillars and beetles; the dog suspects squirrels.

So it goes. Each of us is likely to be blinded to the forest,—the wholes of life,—by the trees,—the details of it. No expert can be Argus-eyed. He must to a degree confine himself to excellence in one direction.

The broader our views, the more our eyes see, the more-sided our contact with life, the bigger people we are, even inside a profession. And the less specialized training de-humanizes, narrows and stiffens, the richer shall our service to our kind become, and the more useful, acceptable, happy and interesting, our lives.

PEMPHIGUS NEONATORUM

By Caroline H. Soellner, R.N.
Blessing Hospital, Quincy, Illinois

PEMPHIGUS NEONATORUM is a disease of the new-born, in which vesicles or blebs, usually flat on the top, appear with or without fever, on a perfectly normal or reddened skin with pin-head size vesicle elevation, which rapidly develops into a large bleb. As the disease progresses, relapses may occur, yet the infant may recover promptly after a single outbreak of but few blebs. In some cases these blebs show a marked tendency to peripheral extension, which finally dry, leaving a thin brown crust.

The eruption is likely to occur irregularly as to size of blebs and field involved. While the cause is not accurately determined, the *staphylococcus aureus* in pure culture has been found in most pathological examinations.

The distinction between pemphigus and syphilis in the new-born may be determined by the localization of the eruption in the latter disease (syphilis) on the palms of the hands and soles of the feet, as well as by the associating symptoms of syphilis.

The prognosis is usually favorable, but epidemics of unusual severity sometimes occur and complications in the form of secondary infections may take place. *Treatment* consists chiefly in early recognition of newly forming blebs. Since they develop with great rapidity and almost anywhere on the body, the infant should be undressed completely for inspection at least twice a day.

The bleb is carefully punctured with a sterile needle and the fluid absorbed into cotton or a gauze sponge, to avoid spread—then medication is applied to the affected area.

The writer of this paper will feel amply rewarded if she can assist others who are in need of the information and advice, which she so eagerly sought during her experience one year ago when a repetition of three mild epidemics of Pemphigus Neonatorum occurred in our obstetrical department. During this period of time, out of 128 babies born, about one-third of the total number developed the disease, the lesions varying in severity from a few single blebs to a degree where almost the entire body became involved.

Among the affected infants, six developed pus infection of one or both eyes, which yielded promptly to treatment with Boracic Solution irrigation and Argyrol, 10 per cent instillation. Three infants suffered infection of one or more fingers, especially surrounding

the finger nail. One mother developed identically the same blebs on one breast, —in all probability conveyed through the nursing babe, and two mothers developed mastitis.

All cases showed symptoms within from three to sixteen days following delivery, during the stay in the hospital, or after dismissal as reported by the attending physician. In most cases no constitutional symptoms of any marked degree were evident and no mortalities resulted traceable to pemphigus. In an instance of twins, one developed only a mild pus infection of both eyes with no lesions on the body whatsoever, while the other babe suffered extensive involvement of the entire body and no eye infection. The infants were cared for apart, and with the same usual precautionary measures of isolation, both nursed the same breast of the mother. In one case, the lesion surrounded the cord before detachment, yet, with careful treatment it detached in the usual manner without complication.

Some infants developed pemphigus in spite of every precautionary measure on part of the special nurse attending the case, while others under general floor care, some premature and some bottle-fed, remained immune,

The skin lesions of the early cases of this epidemic resembled a mild form of *Impetigo Contagiosa,* rather than the bullous form so typical of Pemphigus Neonatorum. The bacteriological test of secretion taken from the unbroken bleb, or from the infected eye of several of the later developed cases, showed presence of a pure culture of *staphylococcus aureus*. All early cases which came under our observation, even with the slightest symptoms, were isolated to *some degree,* and were treated like any infectious case; apparently control was gained at the time.

After an interval of about three weeks following the dismissal of the last case, one new-born infant again developed a skin rash of the typical type and within a few days practically all other infants, seven in number, were affected. Treated by their respective physicians, different methods were employed varying from mild antiseptic solution to different antiseptic ointments; recovery among the babies occurred almost spontaneously at the end of three weeks.

This time the entire floor was closed to admission of patients, rooms were fumigated with Formalin, 40 per cent (sheet method) and thoroughly aired following fumigation. The birth room and adjoining nursery were painted and the walls of exposed rooms were washed. All linens and nursery clothes, bedding included, was sterilized repeatedly in the auto-clave under steam pressure and all other articles that might have become contaminated, such as furniture, door knobs, bedside signals, chart holders, etc., were cleansed with soap and water or with Lysol, 5 per cent. The entire department was closed for patients for about two weeks; the birth room closed for one month. Meanwhile newly admitted obstetrical cases were delivered and cared for on another floor, and by a different group of nurses.

After an intermission of three weeks the last of the series of three epidemics took place and undoubtedly the infection this time had been carried by an outside person. The previously mentioned process of disinfection was again used and more thoroughly than ever; isolation was practiced; and the disease

was eradicated for the third time; it is to be hoped permanently.

Ten months have elapsed since the last affected infant was dismissed, and all babies born since that date are free from pemphigus. The treatment of Pemphigus Neonatorum most effective, as learned by our experience proved to be the application of a Calamine lotion, followed by a dusting powder made of equal parts of boracic acid, talcum and zinc oxide. The mode of application was as follows: (1) With a sterile needle, carefully puncture each bleb, being careful to absorb the escaping serous or purulent serous fluid into a cotton or gauze pledget. (2) With applicator apply Calamine lotion. (3) Dust upon this lotion the powder. Repeat the application of lotion and powder until the denuded area is thoroughly healed,—finally cleanse the area with a bland oil or cold cream.

Precaution.—To avoid spreading the infection, do not bathe the affected area. Limit the application of lotion and powder to the affected area by a generous use of cotton applicators which must be collected in a paper bag and burned. The bleb should be opened as soon as formed. Dressings are applied only where there is friction, as on the inner sides of thighs, etc.

The injection of autogenous vaccine is recommended in persistent cases. The babe should be kept warm, but without clothing. If possible, exposed to sunlight several times a day, a few minutes at a time. Soaps are to be omitted while skin lesions are present. Bichloride solution, 1-5000, or Lysol solution, ½ per cent might be used for bathing parts of body not involved. All clothing used in connection with the care of the babe should be boiled at least one-half hour, and very thoroughly rinsed in clear water. It has been found that soap, if remaining in the clothing, upon contact with urine has an irritating effect upon the skin, which is likely to further the disease.

The nurse caring for the infant should observe the strictest precautions of isolation, especially as to her own hands and wearing apparel, and should bear in mind that the disease is highly communicable and can be carried by a third person.

If breast feeding is given, mother and babe should be completely isolated and the prophylactic measures compare with those taken in a case of Scarlet Fever or Smallpox.

Pemphigus Neonatorum is likely to occur in epidemics in hospitals, but has been located in sporadic cases outside of the hospital, as is shown by extracts from journals and information gained by letters from hospitals from different parts of the country.

Information on Pemphigus Neonatorum was prepared for our committee whose effort was directed toward establishing control of the disease, by E. H. of the American Institute of Medicine. Some extracts follow:

SUMMARY OF A STUDY OF AN EPIDEMIC IN THE MATERNITY HOSPITAL, CLEVELAND

1. In an epidemic of nine cases of "infantile pemphigoid" (Pemphigus Neonatorum) it was possible to isolate in pure culture the *staphylococcus aureus* in all cases in which unbroken vesicles were to be found. In one case the termination was fatal and a coccus was found in the internal organs at necropsy.

2. The epidemic was started from a case

of typical pemphigoid of the new-born, which later changed into a clinical picture of dermatitis exfoliativa neonatorum (Ritter), and as the etiologic agent in the two diseases is the same, we believe there should be no distinction between them.

3. *Impetigo contagiosa seu vulgaris seu bullosa* (streptogenes) should be sharply differentiated from infantile pemphigoid because of its different bacteriologic origin.

4. We believe that infantile pemphigoid (pemphigus neonatorum) should be placed among the reportable diseases because of its severe epidemic characteristics and high mortality (from 25 to 50 per cent).

5. Because of the striking results obtained in our epidemic we would recommend the use of an autogenous vaccine in all cases of infantile pemphigoid.

From an article by F. H. Falls, (abridged).

Etiology,—The predisposing factors in this disease are many and in general include any condition which lowers the resistance of the skin to the infecting organism.

Age is very important. As a rule, the disease occurs in children from three days to fourteen days. It may be, and frequently is transmitted to older children and to adults coming in intimate contact with the disease. However, the lesions in these older people are more abortive, do not spread so rapidly or so diffusely and are usually single.

Sex has little if any bearing. In Ahlfeld's series the incidence of the disease was approximately equal.

Race, the disease occurs in all races, but is more common and more severe in the white race when the children are born in the tropics or in warm countries. The native children while not immune have a smaller percentage of incidence and mortality under the same conditions. Native adults seldom are attacked.

Social condition, the disease is more common in the cities and particularly in the families of the lower classes, and among the foreigners who employ midwives for their obstetrical cases.

Climate has a very marked effect on the incidence of the disease. It is much more common in tropical and warm countries than in the temperate and cold climates.

General condition. The disease attacks children of all conditions of size and nutrition as was clearly pointed out by Ahlfeld. Some authors claim, and it would seem reasonable, that the disease is more severe and more apt to become malignant in the cachectic cases. However, it must be kept in mind that many cases in babies of this type are confused with or complicated by syphilis, and the fatal outcome may in a certain percentage at least be attributable to this disease.

Prophylactic Treatment. Early diagnosis and isolation of cases are not of the utmost importance. The history of most epidemics reveals the fact that the disease was present for some days before the diagnosis was established and many persons were exposed before the importance of isolation was appreciated. The method of contagion is not definitely established but the prevailing view is that intimate contact is not necessary and that infection is transmitted by medical attendants, nurses, midwives and through bathing water, towels and other fomites. Hence, it is recommended that institutional cases be isolated as soon as the lesions appear together with the mothers of such cases; also that special nurses be assigned to these cases; and that they be cautioned regarding the possible spread of the infection to themselves unless the strictest precautions are observed in handling the cases.

Active treatment consists in rupturing the new formed lesions, as soon as they appear, with a sterile needle. A two per cent. ammoniated mercury ointment is then applied and the lesions dressed with individual dressings to prevent extension to other parts of the body by contact. In adults the same treatment is carried out except that the ammoniated mercury ointment is 3 to 5 per cent. strength. A bichloride bath 1 to 2,000 is also advised. In the very severe cases the disease is a septicemia and should be treated accordingly, symptomatic supportive measures being adopted as indicated. General hygienic measures such as regulation of the diet and bowels, plenty of sleep and fresh air, should

---

[1] Pemphigus Neonatorum, F. H. Falls, *American Journal of Obstetrics,* 1916.

be adopted so as to place the baby in the best condition to resist the infection.

Quoted from letter, Chicago Lying-In Hospital, Chicago:

We had a slight epidemic of pemphigus a few years ago and eradicated it by isolating mother and babe completely with nurse in attendance. No visitors allowed. All clothes used were sterilized and sent to respective rooms in bundles. Nurse wore gown and gloves while handling case. Upon discharge, room was fumigated, mattress sterilized, walls washed or painted, and all articles aired for about two weeks, after dismissal of patient.

EXHIBITS AT THE MINNESOTA FAIR

By Alma C. Haupt, R.N.
Minneapolis, Minnesota

PRACTICAL value to the layman who is interested in keeping himself and his children well, and interest to the girl graduate who is considering nursing as a profession, characterized the nursing exhibits in the public health building at the Minnesota State Fair, September 2-9.

Wax figures representing a nurse pointing out the new and enlarged opportunities in the field of nursing to the "sweet girl graduate" from high school and to the college graduate in cap and gown, composed the exhibit of the Minnesota State Registered Nurses' Association. Openings in the nursing profession were inscribed on a scroll held in the hand of the nurse, who stood on a platform above the other two figures.

The Visiting Nurse Association of Minneapolis demonstrated the home care of the sick, largely with appliances made or designed by patients themselves. Each nurse of the association was responsible for furnishing one piece of home-made equipment. Visitors to the health building learned how easy it was to make and use simple appliances for caring for the sick in their homes and how ingenious patients themselves often became in devising apparatus for lifting themselves and for otherwise making themselves comfortable.

Nurses of the Minneapolis Infant Welfare Society displayed an exhibit of 24 colored panels that pointed out the road to baby and child health. The exhibit, which can be rented,[1] begins with the real beginning of healthy babyhood —a healthy, happy marriage, points out the essentials of pre-natal and infant care, and concludes with twelve panels on the feeding and training of the preschool child.

The Wilder Visiting Nurses, the St. Paul Baby Welfare Association, and the Ramsey County Public Health Association, all of St. Paul, staged a combined exhibit on child health, beginning with the pre-natal period and carrying on through school days. Posters and literature on pre-natal care, demonstrations in the proper care of the baby, a model nursery, and a country store, where only foods good for children were sold, were features of the exhibit.

"Health fish ponds," one for "kids" and one for "grown-ups," were a pop-

---

[1] For terms of rental, apply to Helen C. Peck, Infant Welfare Society, Meyers Arcade, Nicollet Avenue, Minneapolis, Minn.

ular attraction of the health building, staged by the Hennepin County (Minneapolis) Public Health Nurses. Reasonably patient anglers fished out—not fishes—but "health fortunes,"—predictions for weal or woe according to the observance or neglect of the laws of healthful living.

A RECRUITING CAMPAIGN

By Mary May Pickering, R.N.

Director, School of Nursing, University Hospital, University of California, San Francisco

THE Young Woman's Christian Association has played an import part in the lives of the nursing students of San Francisco for some time. The National Board of the Y. W. C. A. has for three years financed a secretary who has given her entire time to the work with students in the nursing schools of this city. This secretary is shared by all the hospitals that wish to have "Y" activities carried on in their school. In addition to the work which she has been doing among the students themselves she has recently undertaken and successfully carried through a campaign to stimulate interest in nursing among high school girls. This campaign is unusual in that the appeal was made almost entirely through the student nurses themselves to the high school students.

A survey of the hospitals by the Y secretary showed that a majority of the students in the nursing schools of the city were from small towns near by. With this in mind the principals of fifty-six high schools within a radius of one hundred and twenty miles of San Francisco were invited to send student body representatives to be week-end guests of the San Francisco nursing schools. Sixty-five delegates, each with a red bow on her coat lapel, arrived in the upstairs waiting room of the Ferry Building at 3 p. m. on May 6. They were met by nursing students from the various hospitals. Each hospital had previously agreed upon the number it could accommodate overnight, and during the afternoon the delegates were shown about the hospitals by the student nurses who were acting as hostesses and were taken to dinner in the nurses' dining room by these hostesses. In this way the visitors received their impressions of interesting bits of hospital and nursing life from the students' point of view.

In the evening an informal party was given at the city Y. W. C. A. for the high school girls and nurses. Old time games, such as nine pins, suit case races, and ball relay were played and each succesful participant received a jelly bean as a prize. Refreshments, school songs and yells contributed to the fun. The unqualified success of the evening was due to the contagious enthusiasm of the secretary as she personally led the games. The delegates spent the night in the various nurses' homes. On Sunday morning many of them had short informal talks with the Superin-

tendents of Nurses about nursing. A definite effort was made to refrain from advertising individual schools or to stress the need for students. Upon their return to their homes the representatives were given the opportunity to speak before their respective student bodies. Letters received later by the secretary testify as to the interest created by the visits.

In the second plan, designed to reach the girls of San Francisco itself, a short recruiting play was given before the girl students of the various high schools. The play was obtained by offering a prize of $25. (donated by the various hospitals) to the student nurse who would send in the best production by May 1[1]. The cast consisted of nursing students from the various hospitals. After hours of coaching and rehearsal the play was produced. Directly after each presentation a student nurse in uniform made a short speech giving information about the life of a nursing student and the opportunities in the nursing profession. A good speaker was chosen for this who emphasized service in the nursing field in a way that seemed to appeal strongly to the girl audiences. The play was given six times and was always enthusiastically received.

A campaign of this type requires a great deal of work on the part of some one. In this case the Professional Students' Secretary carried the greater part of the burden on her shoulders; she arranged all the details; furnished the enthusiasm for the Y party; made arrangements for all the delegates at the different hospitals; made many diplomatic calls on various members of the Board of Education for permission to present the play in the schools; and managed the whole campaign in a masterly manner.

It is not expected that the campaign will bear immediate fruit. Hundreds of girls were told something about nursing, given a glimpse of its fascination for its followers; out of these hundreds, it is safe to predict there will be many who will cherish the seeds of interest that were planted and who will someday want to contribute their bit of service by joining the ranks.

[1]Schools or organizations desiring to obtain copies of the charming and lively one-act play, "Conversion While You Wait," should communicate with Miss Bertha Beard, University of California School for Nurses, 610 Parnassus Avenue, San Francisco.

PRACTICAL SUGGESTIONS

A former private duty nurse says she used to find a small box of Urotropin tablets a convenience. Two tablets ignited with a match will furnish heat enough to boil the water for a hypodermic.—Carrie E. Catlin, *Iowa.*

It is usually a trial to put small children under an inhalation tent, but it may be made a pleasure by calling the tent arrangement, the circus tent, and carrying out the illusion by giving the child all her toy animals inside. The vaporizer which usually frightens them so, can then be called the peanut stand that all good circuses have outside the tent! If the treatment is to last for any length of time, read an animal story to the little patient at the same time.—Rose E. Rogers, *California.*

McLAUGHLIN HALL OF THE FARRAND TRAINING SCHOOL, DETROIT

By Maude McClaskie, R.N.
Harper Hospital, Detroit, Michigan

THE year 1922 seems to be a year for many new homes for nurses throughout the country. The Farrand Training School was fortunate in being the recipient of a gift of a half million



Emily A. McLaughlin, R.N.

for the purpose of building a nurses' home as a memorial to the services of Farrand Training School Nurses who served during the World War. Honorable James Couzens, Mayor of Detroit, was the donor and at his request the Board of Trustees named the new home McLaughlin Hall in honor of Emily A. McLaughlin, Principal of the Farrand Training School, who was Chief Nurse of Base Hospital 17 in France. This unit was for the most part made up of Farrand Training School graduates.

The opening of the Home took place on the occasion of the graduating exercises, May 10, 1922.

The building is of brick trimmed with limestone and is of the Italian Renaissance style. It is six stories high and thus in harmony with the other units of the Hospital plant. It occupies a large plot of ground so situated that the encroachments of the city can never shut off either the light or the air or spoil the beauty of building and grounds. It houses at present two hundred and eighty-five people and is planned so that the foundations will carry another story if necessary. There are, on each floor above the first, twenty-eight single and eleven double rooms. The accompanying cut of the Home will show its design. It is entirely fireproof, of steel and brick. The floors are all of concrete while the halls and bath rooms are finished in terrizeno. The two staircases, one in each wing, are designed to be used, also, as fire escapes. The one automatic elevator is in rather constant use.

One enters the Home through a wide porch and passes through a reception and living room to a rear porch facing sunken gardens and tennis courts which are for the use of student nurses.

On the first floor, there are class



McLaughlin Hall

rooms in the north wing, reception rooms in the center, while in the south wing are eleven rooms for graduate nurses and a beautiful suite for the Principal of the Training School.

The pupil nurses have also for their almost exclusive use one large living room, library and reception room besides a general reception hall. The graduate nurses are provided for by a large reception room in the south wing. This room is furnished and has telephone service with the remainder of the hospital and the home. It has writing desks and magazines and all the comforts of a private home.

The class rooms are three, one large enough for sixty-five pupils which is used as the demonstration room and one room is equipped for the teaching of Anatomy and Physiology. One room contains a cabinet for filing pamphlet literature and is used as a reference library and study at all times by the pupils if they so desire. A reference room is arranged to hold one thousand volumes and contains the encyclopedias, histories and permanent library.

The library off the living room was at first designed to hold one thousand volumes, but it caused such dismay when compared with our small library, that the architect had beautiful panelling like the design of both library and living rooom placed over the shelves and they are now secret shelves awaiting the time when they will be needed.

There are two full time instructors for

the Farrand Training School and each has an office of her own whose completeness leaves nothing to be desired (unless it be the removal of all telephones). A science laboratory for urinalysis, etc. completes the class wing.

A business office with a switch board containing two outside lines independent of the hospital is an asset. The telephone operator also manipulates the buzzers in every room. Electric light switches controlling the lighting of halls and stairs is controlled from this office. This is a fire protection.

The basement auditorium where, after duty and on special occasions, they "chase the glowing hours with flying feet" has also more serious purposes as a place for Alumnae banquets and meetings, school meetings and lectures to the entire school. Dressing rooms for men and women and storage quarters for chairs and banquet tables are provided. Doors open out upon the sunken gardens and this is an economy not to be discounted in the saving of the carpets above stairs. Three hundred people can be seated in the auditorium and later easily served refreshments, because there is a fully equipped kitchen.

The basement also contains a rest room for colored maids where they keep their outer garments, rest, wash and dress before leaving for the day. There is a side entrance for their coming and going.

Trunk rooms and linen rooms for nurses' laundry and house linen complete the basement plan with the exception of the laundry for the use of pupil nurses. During the time the electricity is turned on for use of electric irons, a bright red glass button glows continuously indicating fire precautions.

On the second floor is an infirmary for pupil nurses who are convalescing or who do not need to be in the hospital. A kitchen and bath are attached and extra doors for isolation, if desired.

Across the rear of every floor above the first are eleven double rooms and each has a stationary washstand, two closets, two bureaus, two chairs and large rugs. In each wing are twelve single rooms and the bath rooms. On each floor there are four showers, four tubs, and sixteen wash basins, separated by cubicles. The showers are of marble. This is in addition to the stationary washstands in the double rooms and the baths of the supervisors.

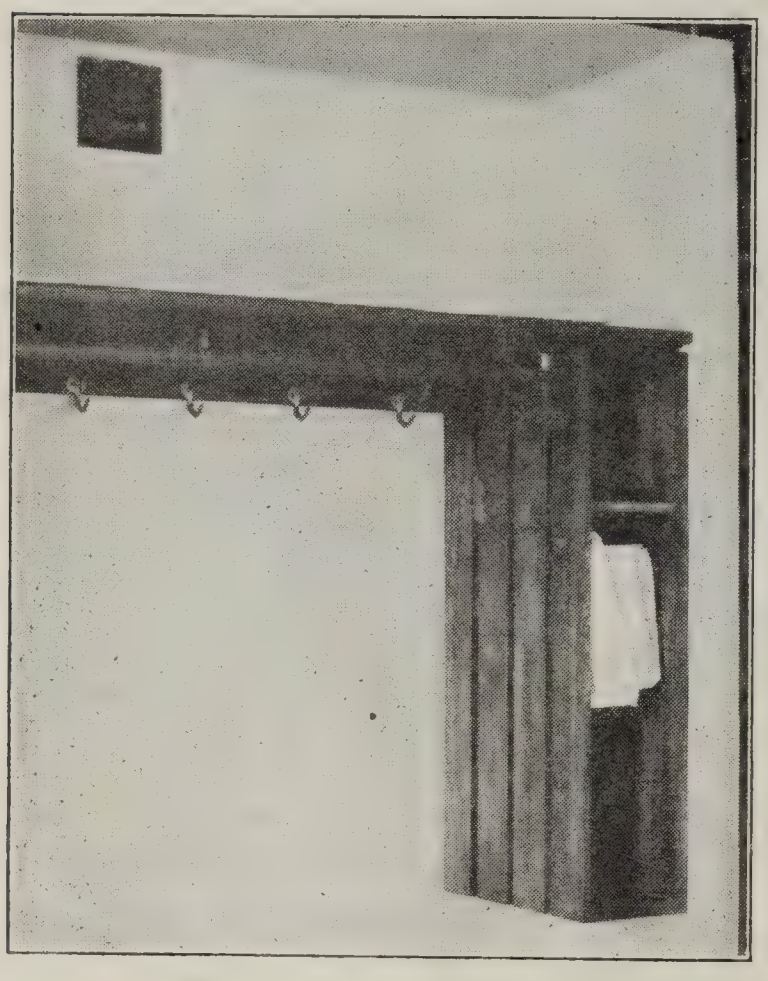
In the southwest and northeast corners of the building are suites of two rooms and a bath for two supervisors shut off from the main hallway by an entrance. This gives ten suites for supervisors, while the principal of the Training School and her assistant have individual suites especially designed for them.

All rugs are of soft greys or taupes and of mixed design, not easily showing dust. The drapes are of colors chosen by occupants. The walls are putty color. Mahogany furniture of colonial design is used in the supervisors' rooms while the student nurses have low artistic metal beds, enamelled in brown or cream, and walnut furniture.

Every room has a buzzer in the built-in wardrobe closet which is manipulated from the telephone desk. The occupant is expected to go to the telephone which is found on every landing, when called.

This is indeed a luxury and adds to the general quiet of the home.

All student nurses' rooms have a plate rail around the room, in place of a picture moulding; this eliminates the desire to drive tacks in the wall and seems to be complete for every use. A device for holding towels and wash cloth, designed by Miss McLaughlin, as part of the wardrobe closets is shown in the accompanying cut. All bedroom doors have transoms except on the sixth floor. The ventilation leaves nothing to be desired as all windows are forty-six inches wide.



The halls are covered with waxed battle ship lineoleum and the floors are painted nearly the same color.

Last, but not least, there is a kitchenette on every floor in the building and an adequate amount of equipment is furnished. This is a delight and a convenience.

The new home has given such happiness to both pupils and officials alike that we wish every hospital could have a new home. It is characterized in its furnishings by stability and simplicity added to which is the artistic selection in color and design which give the touch of beauty and restfulness.

THE MODERN HIGH SCHOOL GIRL[1]

By Frances M. Gregory

Instructor, Steele High School, Dayton, Ohio

IN a study of the modern girl, it is well to consider the changes which have been taking place in her environment and also the influence of these changes, not only on her, but on her parents and teachers. There is much less work to be done in the home today and, unless there is a large family, parents demand less assistance. They even have been known to refuse to permit their children to share what labors and responsibilities remain.

Then, too, ideals of education are different. Is obedience so arbitrarily required or even expected now? Is not the educational aim today rational self-direction instead of perfect obedience and set behavior? With the freedom to develop self-control, is it any wonder that the high school girl's conduct is

[1]Abridged from a paper presented at the nineteenth annual meeting of the Ohio State Association of Graduate Nurses, Dayton, April 27, 1922.

often inconsistent. She is passing through a period of instability both physical and emotional. Shall girls in their teens be criticized for a lack of unity of purpose and action not always shown by adults?

A teacher of young people calls the high school period the "Paradoxical Age," and asks whether one can wisely and truthfully "generalize on an age of such variable experience, an age of shifting winds and weather."

Some teachers think that the modern girl lacks initiative. Twenty years ago, the literary societies in our high schools were carried on without supervision. The club members arranged weekly programs, inter-society debates and contests, had annual open meetings for their parents and friends, and carried on numerous school projects. Today, each society works under the direction of a member of the faculty. The adviser of a group of girls chosen for leadership ability, tells me she cannot depend upon her girls to prepare well-planned programs and cary on similar activities. But this group of picked girls gave the first social affair of the year. Perhaps it is more along social lines that initiative is shown nowadays.

While the interest in each other is no stronger than it used to be, it is now shown more frankly. Not all girls or boys show a marked desire to get acquainted and be together, yet there are many boys and girls who wish to meet socially, but lack the courage or knowledge of the way to bring this about. This shyness is a characteristic of the age and one which teachers are not especially apt to consider. Mothers who encourage informal gatherings of boys and girls at home, do much to solve the problem. There is also a small group of students who show no desire to make friendships, making their studies their sole aim, and taking no advantage of their social opportunities.

Lack of Home Opportunities

Some high school girls are timid in undertaking projects, while others seem to have unlimited confidence. Some are afraid to test their powers. I frequently hear a girl say, "I'd be sorry for anyone who was depending on me for this or that." I am tempted to say that the girls who can do things, are in the minority, but when I look back upon my own girlhood, I realize that very many girls are more capable in the use of their hands than I was. Two weeks ago, a girl who has never "had time to take sewing" in high school, won a prize on a tweed suit with knickerbockers which she had made at home at a cost of fourteen dollars. The Home Economics teacher who judged the garment said she would have hesitated before beginning such an undertaking. A number of my girls take all responsibility of the evening meal at home. Should not all girls have this first hand experience? Because many mothers are not willing to permit their daughters to assume responsibility, not realizing the girls' need for it, the girls are criticized for their lack of power to do work quickly and efficiently.

Last week, a group of girls making punch, were chatting about what they liked to do. All agreed that they liked to cook and do things about the house, but only when their mothers were away. They did not like to be told how to do

things. Only one of the group was getting daily practice in the preparation of meals. Her mother is in business.

During their conversation, some one mentioned a girl who had been bragging about successfully separating the white and yolk of the first egg she had ever broken. "Wasn't that wonderful?" She just had to talk about it. Some adolescent girls like to pose a bit. Their self-consciousness may express itself in affectation.

A second group working on a school project began to discuss a girl they knew. "She's always studying" said one. No girl in the group would admit that she studied and these were some of the brightest girls in the school and earned good grades. But to acknowledge that one does study, or at least, to be seen doing it, has become unfashionable. The number of honor pupils in high school probably remains about the same although the percentage is lower because of larger enrollment.

While a number of students are critical of their teachers, there is the not uncommon hero-worshipper. Every teacher has the experience of being put on a pedestal.

Girls of this age usually are very interested in people. What people think of them means much. Some worry for fear they are not like others, and are not developing into all-roound, attractive womanhood.

Girls' activities, like their friendships, are intensive. They have periods of great enthusiasm, spending every spare minute in making wax bead necklaces or handkerchiefs, painting lampshades, crocheting sweaters and the like. Then come periods of inactivity when they want to sleep or rest for a week. And yet they love excitement. They feel that to have a good time is their unquestionable right.

Desire to Attract Attention

Most girls give way at this period to the desire to attract attention. With some, this self-affirmation takes the form of extreme styles of dress or coiffure, in the use of paint and powder, loud talk and laughter, or in unnecessary dancing steps and arm movements. The girls who lack good home training are the worst offenders. In fact, a teacher runs a great risk of losing a girl's confidence if she criticises a girl's —shall I say—"make-up," for this girl may be patterning after her own mother or older sister. It is the silly mothers who deserve much of the unfavorable criticism received by young girls today.

Denouncing bad taste and improper conduct does not bring admiration for the good, nor help another person in discriminating between the good and the bad. The high school girl can be reached indirectly and nothing has so much weight with her as the opinion of her school-mates.

When one tries to describe the behavior of a group as large as this, it is the outstanding individuals that come to mind, and mostly those to whom attention is drawn by their unusual, perhaps more or less shocking, conduct. Are these the types who are attracted to the nursing profession? Do those interested in nursing education have the same problems as the high school teacher? The average teacher is not so conscious of the possession or lack of manual skill. Art and Home Economics teachers meet with difficulties similiar to the teacher

of nursing. The fact that all girls do not know how to make beds does not occur to the teacher of Latin. Do all student nurses know how to study, and have all of them learned the lesson of patience? Have they developed the ability to stay with a task and finish it regardless of its unpleasant features?

This power is only developed by awakening or stimulating fine motives, and then providing opportunities for sufficient responsibilities with due recognition of work well done. Both boys and girls want to do real work. They want to be considered grown up. Often, they are not fully trusted or thrown on their own resources. When their school work lacks vitality, they insist on stopping. They want to go to work, feeling that they will then be doing something worth while.

Young people respond quickly to suggestions of self-government, and "carry on" very successfully, if those in authority are sincere in the matter. Of course, the size of the group so governed has its effect on all concerned, but showing faith and respect for either boys or girls helps them to work their way out of one of the most trying periods of their lives —a time when the "wisdom and the advice of their parents is overtopped, but the feeling of self-confidence is undeveloped."

FIRST AID TO LECTURERS

The annual urge for literature that will appropriately put the subject of Public Health Nursing before student nurses is upon us. Almost daily requests are received at National Headquarters for such material. Doubtless there would be many more, if the wealth of available material were generally known. The National Organization for Public Health Nursing has in pamphlet form a series of lectures prepared by a joint committee of our three national organizations of nurses for presentation to student nurses by a qualified leader. These are not sold, but are loaned from National Heaquarters.

The N. O. P. H. N. has also descriptive and illustrated pamphlets on different phases of Public Health Nursing. A pamphlet prepared by the Educational Committee contains a list of postgraduate courses in Public Health Nursing and a list of current pamphlets. These are to be had for the asking. Write to the National Organization for Public Health Nursing, 370 Seventh Avenue, New York City.

THE HOSPITAL LIBRARY AND SERVICE BUREAU

The report of the first two years of work of this Bureau indicates a tremendous amount of highly specialized effort and a corresponding achievement. A library on all phases of hospital work has been gathered, and floor plans of over five hundred hospitals have been collected. Bibliographies on all subjects relating to hospitals have been compiled and package libraries are available for those who cannot visit the library. A wealth of information is available to those who care to write to Donelda R. Hamlin, 22 East Ontario Street, Chicago.

EDITORIAL COMMENT

The Journal at National Headquarters

YOU are cordially invited, indeed you are urged, to visit your *Journal's* office at National Headquarters when you are in New York. The new office has been opened in order that we may be accessible to those who travel for we know that large numbers of nurses visit New York every year. Our correspondence files contain many thoughtful and interesting letters, but there is something vital and stimulating about personal interviews that even the most gifted writers find difficult to put into letters.

Your editors are always roused to greater efforts on behalf of nurses and nursing by interested and animated discussion of professional and personal problems and by face to face consideration of the aspirations and achievements of nurses. Do come in with news from your section! No state or locality has a monopoly of all that is good nor yet of all that is difficult. Everywhere there are problems incident to the development of our service to humanity. Come in and tell us what part you and your colleagues are taking in the great health programme that is such an essential part of the social needs of our times. Only by close contact and genuine understanding can we properly interpret to other groups your contribution to the welfare of the country and to the growth of our profession. Only by generous coöperation can we know the best sources of information on a multitude of questions of vital interest to others as well as to you. Your experience and opinions may be more valuable to others than you realize. Come in and tell us!

We are amazed to find that lay people have more quickly grasped the significance of National Headquarters than have nurses and are making good use of its growing resources. Do come to see us when duty or pleasure brings you to New York. We believe we can serve you more adequately if we know you better. It is our pleasure as well as our duty to serve you, but we know that you can help us to do it better. Do come and see us!

The American Hospital Association Meeting

THE exposition of hospital equipment at this convention was so comprehensive and attractively arranged that the programme really occupied a secondary place. Notwithstanding this fact, the programme possessed one feature of deep significance. An entire day was devoted to the reports of the Rockefeller Committees that have been studying nursing education, the preparation of administrators of hospitals, and that of the Committee of the Hospital Association which has been studying the preparation of medical social workers, under the chairmanship of Michael M. Davis. The conclusions of the two Rockefeller Committees, it will be recalled, were published in the August *Journal*. All three reports recognize a changing concept of the functions of these groups that is in accord with the growing importance of preventive medical work. All three, while recognizing the very real achievements of the present

generation of workers, emphasizes the necessity for providing sounder basic training and all three stress the importance of the part the universities should play in providing the fundamental education necessary. It requires no great stretch of the imagination to visualize members of the groups coming together, under university auspices for certain courses. When that day comes, the core of common knowledge and the sense of a common objective will, we believe, go far toward eliminating the misunderstandings, sometimes unfortunately jealous in character and due to the limitations of each group, that have arisen in the past.

The very general approval of these reports on the training of nurses, of hospital administrators, and of medical social workers augurs well for the future. All of these fields have come to occupy their positions of importance largely through the initiative and courage of individuals and the results are therefore very uneven. A sound basic education for special work, which allows scope for initiative, cannot fail to raise the general level of achievement in the whole effort toward "positive health."

Laura R. Logan, Chairman of the Section on Nursing, provided one of the best programmes of the meeting. The Report on Nursing Education was discussed by Amy M. Hilliard, in Relation to Its Effective Practice Upon the Hospital Nursing Department; by S. Lillian Clayton on The Use of Ward Helpers in a paper which sharply differentiates between the various possible groups of ward workers, and by Annie W. Goodrich, whose paper was entitled The Role of the Hospital Nursing Department in a Community Health Programme. Miss Goodrich characteristically discussed her subject in its broadest possible aspects, stating at the outset that, in such a discussion, nursing could not be separated from the hospital inasmuch as any department of a hospital is to a great extent dependent upon the whole. She took the position that the family is the unit of hospital responsibility and not the individual patient, a conception that she believes requires that

> the entire personnel of the institution shall experience that life within its walls that will most effectively and enduringly impress upon them the essentials in health habits for their personal life not less than for the lives they are directing or being prepared to direct.

Discussing the relation of hospitals and kindred organizations, Miss Goodrich said:

> Born of philanthropy rather than coming into existence through the felt need of the members of the community whom they serve, these organizations and institutions, fine flowers as it were of a passing system which have indeed sown the seeds of the new social order, nevertheless to serve effectively, indeed to survive in a democracy, must know themselves responsible *to* the community, not *for* the community whom they serve. Their roots today must be sunk deep in *conscious community ownership* in order that they may receive the support—moral and financial—for effective functioning.

In summing up the preparation necessary for nurses, Miss Goodrich stressed the importance of a fundamental body of knowledge of science of college grade upon which to superimpose the training obtainable in a hospital providing experience in caring for the diseases now prevalent, including mental and tuberculosis.

The papers were followed by discussion from the floor which was of an unusually broad-minded, tolerant nature

indicative of real desire to come together on a basis of mutual understanding.

Correspondence Courses [1]

ANNOUNCEMENTS of correspondence courses open to public health nurses from the Departments of Health of New York and Ohio have recently been made. The one in New York is called "the Extramural Course in Public Health Nursing," and the one in Ohio a "Correspondence Study Course." The chief aim of both of these seems to be as expressed in the Bulletin of the Department of Health of New York, which says, "There needs to be a minimum standard body of facts, with which every one of us must be familiar, if our immediate work is to count as it should" and is for "a common outlook upon a field of work, and our responsibilities and opportunities therein." In each state the emphasis is to be upon the particular state conditions, laws and programmes.

In New York the course is open not only to nurses of New York and other states, but also to any persons "who feel they may be benefited by taking it." Out of the 250 accepted registrants of this course, seven are not signed as registered nurses. This is doubtless due to the fact that the emphasis has been put upon meeting the nurses' needs and also because it is announced as a course in public health nursing. The fact that this course is open to any person without careful consideration of previous academic or professional education excludes any possibility of its being given credit or recognition in any University offering work in public health nursing.

[1] Written by J. E. Hodgman and published also in *The Public Health Nurse*.

It has been distinctly stated by those directing these corresponding courses that they in no sense take the place of formal training in public health nursing. In Ohio the aim of the course is stated to be "a means of acquainting them (the nurses of the state) with the scope and limitations of laws and procedures under state local public health administration." It is in no way comparable with the work which is being done "within the walls" of the fifteen or more universities now offering postgraduate courses in Public Health Nursing. Nor can it be considered the most desirable preparation or sufficient for meeting the many and important problems in the fields of Public Health Nursing except under circumstances of proper and close supervision and direction.

A "certificate" will be granted by the Department of Health of New York State upon successful completion of the required study and one week's residence. It is perhaps the granting of this certificate that makes us a little anxious in regard to this course. The diploma of the eighth grade "graduation" which doubtless in its day stimulated many to continue their schooling until they had gained the impressive emblem has, as we know, been the stumbling block of "completed education" to many others.

It is said that the test of whether a thing is "good" or not is largely dependent upon its "leading on" qualities. That which stimulates growth, and gives the knowledge upon which growth feeds, is sure to open new vistas of interest and desire for more knowledge. A body of knowledge, even though small in amount, common to a large group makes possible a kind of intercourse within the

group which makes for growth. Common knowledge of problems, interests and aims makes for constructive team work. It is in the light of these things that we are considering these correspondence courses. If they accomplish their expressed aims, "a common outlook upon a field of work and our responsibilities and opportunities therein," they are indeed worth while.

Courage

WE have had many discussions, pro and con, of the flapper, the type of young woman whose psychology is so thoughtfully discussed by Miss Gregory in this number of the *Journal*. The notable thing about these discussions is that even the detractors of the young woman of today usually give her credit for possessing courage—the quality Sir James M. Barrie, in his Rectorial address[1] calls the lovely virtue—the very rib of Himself that God sent down to his children. We agree heartily with that brilliant, whimsical and wholly charming address which is so full of good sound sense, especially do we believe that the time has arrived for youth to demand a partnership, and to demand it courageously.

They will demand of nurses in vain, however, if those growing old in the service fail to recognize the glorious possibilities of youth. Youth will have received in vain if we grant the partnership and they make selfish use of it. Will their share in the partnership not be determined by the attitude of those in the field? If they find us seeking the easy way will Youth not tend to seek the easy way also? Just as Barrie says that doubtless the Almighty could have provided us with better fun than hard work, but he does not know what it is, so does the good nurse believe that doubtless there could be a more satisfying profession than ours, but it has not yet been developed. This belief must be convincingly demonstrated to those whom we would have in partnership. Courage is inherent in the youth of the present, but it is demanded also of the generation of nurses upon which is thrown the reponsibility for safely assimilating the generation that is demanding partnership. Let us not expect all the adaptation to be on the part of youth. We, too, must be courageously adaptable or the partnership will be no partnership, but a war between opposing forces. Out of the richness of our experience let us, too, develop "the lovely virtue" and with it an understanding of the psychology of youth.

[1]Courage. By J. M. Barrie.

The Spirit of Nursing

RECENT letters to the editor cite instance after instance of the failure of nurses to live up to the obligations they tacitly assume by becoming members of our profession. We should be in a veritable Slough of Despond if we could not recall a fund of such stories as the following, in support of the other side of the argument. A patient with advanced carcinoma of the face was admitted to a ward where the young nurses had not had previous experience with that appalling condition. Knowing this, the Director of the School said to the students in the course of her rounds: "What a dreadful condition that is. It will tax your ingenuity to the utmost to care for this patient, but *think of how*

much more dreadful his plight would be if no one wanted to take care of him! Suppose it had happened to one of us. Think of what good nursing would mean."

That sympathetic and great hearted woman, without tritely quoting the Rule that is fundamental to all good nursing, and telling the nurses, as is so often done, that they would just have to do the best they could, was able to put her own feeling for the afflicted into terms that even the most thoughtless student understood. The best effort of the supervisor was put forth in demonstrating the nursing care and it became a matter of pride on that ward for nurses to vie with each other in devising ways of lessening the misery of the patient.

So long as such women direct our schools the true spirit of nursing cannot die, for their graduates will go out imbued with ideals of service that cannot be quenched by contact with a materialistic world. When the Slough threatens to engulf us we recall the fact that there is a high percentage of such women in our schools, even though we must admit that there are some misfits in nursing, just as there are some square pegs in the round holes of every other profession. The spirit of nursing is a living force! It is not easily nor frequently demonstrated on the printed page, but it is the deathless power that animates the lives of thousands of women who are quietly and unostentatiously helping to make this world a better place to live in.

"There are trees which are of great service just because they are beautiful."

Ethics of the Trees, Dresslar.

POSITIVE HEALTH SERIES

The Woman's Foundation for Health is composed of sixteen member organizations, such as the General Federation of Women's Clubs and the National Federation of Business and Professional Women's Clubs. Their conception of health is described as "something positive, progressive, dynamic. It is not merely a vague and negative state of being which remains after active illness has subsided. It stabilizes and enriches life, and no effort is too great that helps to win it." The six attractive and valuable pamphlets which may be obtained for $1 from the office of the Foundation, 43 East 22d Street, New York City, were prepared by writers of authority in the health field on such subjects as The Health Examination, The Health of Adolescent Girls, Mental Health in Relation to Bringing up Children, Recreation, and the Physiology of Reproduction.

Married nurses no longer professionally occupied sometimes ask how they can serve their communities. Securing a wide use of these pamphlets is one answer to their question.

DEPARTMENT OF NURSING EDUCATION

LAURA R. LOGAN, R.N., DEPARTMENT EDITOR

THE MODERN EDUCATION OF WOMEN FOR THE PROFESSION OF NURSING

BY RICHARD OLDING BEARD, M.D.
University of Minnesota, Minneapolis

(*Continued from page 33, October* JOURNAL)

WE have heard in these latter days a good deal about shortage of nurses. It has been grossly exaggerated in newspaper reports. There has been no great diminution of the actual number of nurses in practice. Death and matrimony, which some critics of the profession appear to consider a disaster only less than death, have removed from public service no more than the average of loss. Even the war did not take any large toll of enlisted nurses. With the opening up of so many public health activities there has been a subdivided distribution of graduates into new avenues of service, but this involves only a matter of readjustment which very quickly takes care of itself. The operation of the law of demand and supply in human society has become autonomic.

On the other hand, many hospital nursing services, dependent upon their school registrations, have unquestionably suffered in increasing measure a shortage of pupil nurses. A careful canvass of the causes of this condition suggests, first, that it is due in part to an increase in the number of vocations to which women have been found adaptable; and second, that it is in part a consequence of the educational transition through which the profession of nursing is passing. In the past twelve years the University schools of nursing, first established within that period, have multiplied and they will continue to multiply. They and the major hospital schools have not been greatly prejudiced by a poverty of applicants. It is a significant thing that it is the purely institutional school, the school of inferior grade, in which the shortage has been notably felt,—and it is safe to predict that in this type of school it will continue and increase.

There are more, not less, women seeking a vocation today than ever before. A definite calling has become the expected thing in the younger generation, but the avenues of opportunity for women are now so many that they make for a real embarrassment of riches. Women, moreover, have learned, among the great lessons of the war, the imperative need of preparation for service and it is notable that the most of them want the best by way of an education, especially for the service professions, that they can get. In nursing, they are no longer willing to be exploited for the economic benefit of the hospitals in which they may be trained. They have too often learned what that exploitation means. They have grown wary of the purely institutional school.

It is true that the University schools of nursing have been limited in their registration of students by the comparatively small bed capacity of the teaching hospitals under their control; or, to put

it in educational terms, by the small volume of the clinical material of teaching they could command. At Minnesota we have waited long and impatiently for the opportunity of hospital extension and it has been slow to come. But if opportunity does not come in one way it comes in another to those who are looking for it; and it has come to Minnesota in a way which promises the achievement of a new order in nursing education. Three major hospitals presented overtures to the University a year or more ago, asking it to take over the education of nurses in their behalf and offering to the University's educational direction, in association with the University Hospital, their entire nursing services. These overtures were accepted. The University perceived a new occasion and a new duty. Suddenly the bed capacity of the School for teaching purposes increased to over 1,300 beds. Registration has notably increased with it, even in the short intervening period.

Centralization, however, rather than size, is the really significant thing in this event. It means the standardizing of nursing education. It affords an object lesson to the entire state. It promotes the University's influence upon the profession of nursing. It places the central school upon a collegiate basis. It gives a guarantee of fitness in the University degree to its graduates in nursing who go out into the public service.

Some of you may be interested in the main details of the management of the central school. All applicants, high school graduates, appear before the executive committee, after undergoing a complete physical examination. The student's credentials, references, health report, physical deficiencies, personality, purpose, degree of maturity, etc., are canvassed by the committee. All accepted applicants register as University students; they pay entrance fees of approximately $40. They are placed in University residence, but not in hospital service, during the preliminary period, in which they undertake the science subjects together with courses in physical culture, lettering, dietetics, hospital economics, history, principles and ethics of nursing, and personal hygiene.

At the end of the preliminary period, they are assigned to place, in pre-determined numbers, in the associated hospitals. In the order of their scholarship they are given the choice of their principal hospital residence, from which they are migrated, in rotational services, to each member of the hospital group, from time to time.

Quarterly reports of standing and progress are submitted to the committee and carefully reviewed in the presence of the student. They are in the nature of analyses of work in each service and have a comparative, as well as an individual value.

The length and alternation of services and the form of the clinical records in the several hospitals are uniform. Lectures in the undergraduate courses are given, so far as possible, to the students of the several hospital groups in common. Written examinations follow all these courses.

All students, upon the satisfactory completion of their studies, receive the University degree.

You will all realize that the importance and the influence of this central school movement, bound to extend to other institutions in other communities,

and promising the most hopeful solution of the problem of the University education of the nurse, have been heightened by the creation, in some fifteen major Universities, of combined courses in Arts and Nursing, of five years' duration, leading to the double degree of bachelor of science and graduate in nursing. These courses provide for the broader culture, the better adaptation of the student to the specific purposes of professional education, and for her safer and sounder preparation for the higher opportunities of public health and institutional service. I look to see the five year course become the great feeder of the Schools of Nursing, so sure, again, am I that the student in nursing wants the best by way of an education she can get. It is in the psychology of the situation that she will not be content with any less than her sisters may have.

The Universities are contributing to the higher development of your profession by the institution of graduate courses in public health nursing and in nursing education. Columbia University has been the great pioneer in this movement and many institutions are gladly following in her footsteps. At Minnesota, these courses are well established under a fortunate conjunction of interest in the School of Nursing, the Department of Public Health and Preventive Medicine and the College of Education. To their teaching the departments of psychology and sociology importantly contribute. Their field work is generously provided in the Infant and Child Welfare Societies, the Visiting Nurse Associations, the Associated Charities, the Public School Systems, and the industrial corporations of the Twin Cities. One of their most valuable adjuncts is the model practice field in public health nursing established in Hennepin County, in which the City of Minneapolis lies, supported first by the local chapter of the American Red Cross and later by the Board of County Commissioners.

Excellent as this educational work is,—and excellent as is the progress we have made in the promotion of public health nursing, I think that as yet we "but catch at the skirts of the thing we would be," and are in danger that too self-satisfied we "fall back on the lap of a false destiny."

We talk about public health nursing as if it were all one thing and it is so many different things; so greatly different that each phase of it must mean ultimately graduate study specifically adapted to the particular thing to be done.

The infant and child welfare nurse should have a far larger knowledge of the anatomy, physiology, chemistry and psychology of her human subject than she gets now. She should understand the problems of its nutrition, its growth, physical and intellectual, its emotional nature, its mental hygiene, its tendency to easily form and reform habit.

The visiting nurse and the rural community nurse, extending their study of the patient to his past history and his present environment, should be trained in his sociologic and psychologic relations and reactions, in the study of the case problem, the housing problem, the occupational problem he presents. They should be social service students first and graduate nurses second, or vice versa.

The public school nurse needs not only physiologic and psychologic

knowledge of the pupil; she requires knowledge of his physical, mental and moral hygiene; she should be trained as a teacher in the school and the home; she should understand the methods of education, the pedagogic approach to the child, in super-addition to her study of the questions of food, feeding, behavior, etc.

The industrial nurse should be an expert in personal, household, factorial and communal hygiene; she should know much of the bacterial and parasitic agents of disease; she should understand housing problems and sanitary requirements; she, too, should be a trained social worker as well as a nurse.

Specialization in public health nursing has yet far to go and in the methods and material of preparation for it we have much to do.

Women of nursing: When I look into the future in which the educational opportunities of your profession shall have ripened, as quickly they will, when I realize the wide extension of your fields of usefulness in private and public service, when I sense the possibilities of your personal and vocational development, I see small room for the pessimism which has possessed so many of us, involuntarily, perhaps, in the recent past. I know we have been tempted many a time, in these deeply shadowed days, beset with difficulties and misunderstandings, with unworthy suspicions and unfounded charges, to "wonder wherefore we were born, for earnest or for jest."

I cannot doubt that you women of the profession of nursing have been born into a day of terrible earnestness, of large destiny,—of which you are hardly yet aware. It remains for you to realize yourselves. I marvel, indeed, that the doors of our schools of nursing are not besieged by would-be nurses, and I look only to an extension to the people of a vision of the possibilities of your profession to bring them there. Recently a publicity expert, himself a public health man, put to me the pertinent question: "What have you to *sell*? If you have nothing attractive in nursing education to offer, you cannot put it across the world's counter today. If you have, the well supported announcement of it will bring you ready takers. Give young women the kind of education they want and you will be unable to keep them out of your schools. If you do not, your schools are destined to starve to death."

When every invitation is to service and to preparation for service, when fitness is the open sesame to so many doors, it is surely not the moment for compromise with those influences which would seek the rapid solution of the problems of the present by the short-cuts of expediency.

While you are asking yourselves, in the spirit of this new day, who among you is sufficient for the things that invite you, while you are sensing your own need of adequate preparation for larger usefulness, do I need to say that neither occasion nor the public will be served by the institution of the "sub-nurse?"

With your feet standing upon the very threshold of higher and better education in nursing, with the Universities of the country opening their doors to you and bidding you come in, with the promise of coöperation between institutions of learning and major hospitals which are still to serve as the clinical laboratories of the student nurse; with

the realization of your standing as a profession within your reach,—will you consent,—you women of light and leading and fruitful experience,— to sacrifice the possible collegiate standing of your schools in order to permit the output from them of a cheap, imperfectly trained, abortive type of nurse,—a type that will lower the educational level of your calling, that will offer to the public an inferior grade of nursing care, that will serve to unbalance still more unjustly the scales of social justice, that will make it impossible for the people to differentiate between pseudo-nursing and true nursing, the type that will soon pose as your peers in service and soon seek the same compensation, to the mischief and misleading of the public, that you receive? Far better that the people should fall back, in its minor need of help, upon the practical, the confessedly untrained nurse of other days.

I do not think that any effective tag can be tied to the sub-nurse that will tell the public who and what she is. I doubt that any competent legislation can be devised that will keep her where she belongs. Without that legislation I am quite sure that she will not be kept there. And, if she is not, she will be of harm to the body-social, since all unwittingly, human health and human life will be entrusted to her hapless care.

But there is a bigger and a better reason still, to believe that this proposal will not be realized. It is part of the faith in womankind that runs in my blood that compels me to believe that women in any numbers, in any part of the country, will not be found who, in this or any other major calling will want to be "a sub." It is foreign to the nature of the Eternal Feminine and, if it is, the stars in their courses will fight against her in vain. I trust that, as individuals and in your great organizations assembled, you will wash your hands, once and for all, of this proposal. It cannot be accomplished with your coöperation and consent. Though the report of the Rockefeller Foundation should yield to the dictates of expediency, I have faith to believe that this thing will not be done. I believe in the prohibitive power of the unfitness of things.

The educational future of the profession of nursing is in your hands and that is where it belongs.

It is not to be determined by the profession of medicine, helpful as it may be; not by the hospital or the hospital administrator, whose coöperation you will desire; it is not to be determined by the University Schools, whatever may be their measure of saving grace; it is not to be determined by the report of the Rockefeller Foundation which we are eagerly awaiting. It is to be determined by the joint sense of the great organizations of nursing, beneficently representing your profession. If you are to realize yourselves, if you are to fulfill your manifest destiny as a profession, you must meet the conditions which the present opportunity carries with it. And this brings us back to the third of the questions I proposed to you awhile ago.

What are the tests by which the evolution of the nursing profession, as the product of education, may be determined? They are several and they are crucial tests.

A profession is, first of all, a learned body of men or women. Its initial test is culture. And culture is the product of education.

Its second distinction is that of social privilege, bestowed upon it in consideration of the peculiar office it has to fill. The test it carries with it is that of fitness. And fitness is the flower of education.

Its third distinction is that of social obligation. Its ultimate test is service. And service is the function of her who has the capacity and the will to serve.

These are tests of keener edge than any your profession so greatly met in the days of the Great Conflict. They suggest obligations, and the obligations of the period of reconstruction are always heavier than those which rest upon the individual during a state of war. Your fulfillment of these obligations puts you into very intimate relations with society; and coincidently the nursing situation of today lays a reciprocal obligation upon the public. Popular sentiment, and something more powerful than sentiment, the judgment of the people, must be educated up to the appreciation of your educational needs, for which it is incumbent upon the public to provide. Universities and schools, like other public institutions, are responsive in a democracy to the popular will. One of your major duties is the undertaking of a nation-wide propaganda for the promotion of University nursing education along both under-graduate and graduate lines. Your influence should be brought to bear, alike upon state-supported and upon endowed Universities to which women are admitted, to organize nursing schools and to invite a working alliance with major hospitals. Years ago I was told that this was the dream of the educationist. Even so, I believe in dreams and the educationist, working with the vanguard of the profession, has always stood for progress. And the best answer to the critic is that the dream has come true. There is powerful logic in the accomplished fact. The central school of nursing, under University direction and control, is in actual and successful operation today. It is for the Universities to provide the mechanisms of teaching, to determine the standards of education, to conduct the schools, and to control the nursing services of the hospitals contributing to nursing education.

It is the part of the public to see that they do. The interest of the people in the profession of nursing, because it stands for health restoration and preservation, is more vital than it is in anything by way of education. Its interest is to be taken into the account.

You will have to influence the hospitals and the administrators of hospitals to the acceptance of their new relationship to the schools, to an appreciation of the higher quality of service they may render and of the higher quality of the student nurse who will be offered for their clinical training and service. To some of them you will have to say, when the time shall have come that the University schools have an output adequate to the public need, "Your useful part in the institution of the trained nurse in America is finished; henceforth you must rely upon the paid service of the graduate nurse." I doubt if that will mean a misfortune to many of them. The science of economics would teach

that the thing which is unfitly done is not the profitable thing to do. It is the highest good of the educated nurse, the highest good of the public she serves, that are the things to be considered. If it is necessary to starve out of existence the unfit schools, let it be done! It is again the word of the Lord to Gideon: "Say to the people that they go forward."

There is yet another personal obligation which rests upon each one of you in proportion to her powers. The day of the extension of education to the people has clearly come. It is no longer fitting that a profession of service shall reserve its exclusive knowledge to its own uses; that it shall place its intellectual light under an ethical bushel; that it shall refuse to become the teacher of the public in the things which the education provided by the people has revealed to it.

It is the part of the nurse, and especially of the nurse who is educated for public health nursing, to become the instructor of her clientele, of her community, in the principles and practice of preventive medicine; in the avoidance as well as the cure of disease; in the bearing and rearing of healthier children; in the science of their successful nutrition, contributing to mental as well as physical growth; in those functional exercises and controls which will make for better men and women.

And it is yours to re-educate *yourselves,* to remember that your education is never finished. In the school of life, if you have capacity for growth, the opportunities are infinitely greater than in the school of training to greatly grow. And you have need of growth. This is the day not only of the enfranchisement, but of the evangelization of women. You are the gospellers of a new day and yours is the gospel not merely of good-will but of good health.

May I urge upon you that most cultural of all the functions of a profession, —the final test indeed of its professional quality,—the cultivation of the instinct of professional parentage, of an interest in those who are to follow you in service; perhaps a personal interest in some one neophyte of your calling whom you may inspire with its traditions, to whom you may hand down its ideals, to whom you may pass on the torch of progress you have so long borne, whom you may teach to keep its light burning still; whom you may urge to better service than you have given, to higher heights than you have held.

Finally, your choicest distinction is that you are social workers. The spirit of social service is the highest hall-mark of your profession. She who is not possessed of that spirit may well be iron-bound in the fetters of her own training. She who lives by its light and leading, lives and works by love. Work instructed by education and guided by wisdom, taking on the quality of social service and inspired by love, is the greatest thing in the world.

"All of beauty, all of knowledge, all
of wonder, fused and caught
In the magic of life's music, weaving
out of sense and thought,
And a touch of love—the fabric out of
which the world is wrought.
Love be therefore all your passion,
the one ardour that ye spend
To enhance the craft's achievement
with significance and trend,
Making faultless the wild strain that
else were faulty to the end."

DUTIES OF NURSES ON PRIVATE WARDS[1]

(Instructions to Pupils for Which the Head Nurse Must Hold Herself Responsible)

By Effie J. Taylor, R.N.

1.—In receiving patient.

Open bed when notified of patient's admission. First note patient's comfort. Ask to be seated.

Assist patient to undress if necessary.

Put away clothing in wardrobe and bureau.

See that water pitcher is filled if washstand is in room.

If patient has come from a distance, she may be refreshed by bathing face and hands.

Get fresh drinking water.

Explain the use of bells.

Admission slip verified in the usual way.

If the patient has been traveling and needs nourishment, get orders concerning diet.

2.—Daily.

Morning care of patient.

The manner of bathing.

If patient is allowed tub bath, first go to bathroom and see that tub is scrubbed out.

Draw water at desired temperature.

Place bath mat on floor beside tub.

Assist patient to bathroom with wash cloths, towels and soap.

Return to room and make bed and straighten room.

Assist patient from bathroom and put to bed.

Clean out tub and leave bathroom in perfect order.

Comb patient's hair or assist if the patient wishes to do this herself.

3.—The bed bath.

The general manner of giving a bed bath is the same as on public wards.

Clear off bedside table, removing cover, and cover table with a towel.

Place toilet articles from washstand on table.

Use china basin for entire bath.

Use two pitchers of water (large one filled with hot water, small one filled with cold water).

Bring slop jar to bedside table.

Bring water to desired temperature and change frequently during the bath.

If the weather is cold, place a bed blanket over the bath blanket during the bath.

For male patients, always ring for orderly to finish the bath.

4.—Preparation of patients for meals.

(a) *Before breakfast.*

If the morning bath has not been given, bathe the patient's face and hands.

Clean the teeth.

Comb the hair.

Straighten the bed clothes.

Bring fresh drinking water.

Place the patient in comfortable position to receive the tray and see that the bell is within reach.

(b) *Before dinner.*

Straighten bedside table.

---

[1] Presented at the Nursing and Health Alumnae meeting, Teachers College, New York, February, 1922.

See that fresh water is within reach.
Straighten bed and see that patient is in comfortable position.
Place bell within reach.

(c) *Before supper.*
Bring basin and pitcher of water to bedside and bathe patient's face and hands.
Adjust bed, bedside table and drinking water in usual manner.
Place bell within reach.

(d) *During meals.*
Visit patient's room to see that tray is properly placed and that patient has everything that is needed.
Assist the patient and feed when necessary.

(e) *After meals.*
Go to each patient's room and straighten bed and bedside table, placing magazines and books within reach.
Note ventilation.
Be observant of everything that will add to patient's comfort.

5.—To prepare the patients for the night.
Wash patient's face and hands.
Clean teeth.
Comb hair.
Rub patient's back and readjust bed clothes according to the usual instructions and be sure that before leaving the room the patient has everything to make her comfortable for the night.

6—Care of thermometers.
This is the duty of the nurse who has the morning care of the patients.
The thermometer is kept on bureau in each patient's room.
A small piece of absorbent cotton (not a screwed up pledget) is placed in the bottom of the glass and the glass filled with water. The thermometer and glass to be washed each day and fresh cotton and water placed in glass. Gauze squares to be kept under glass to be used to wipe off thermometer both before and after using.
Keep only a sufficient number of squares for use in one day.
A rectal thermometer should be kept in a small, wide-mouthed bottle with cotton and water in the bottle.
This should also be cleansed daily.
A small tin box of vaseline should be kept for lubricating thermometer.

7.—Preparation of room for new patient.
Cleaned by orderly and maid.
Put fresh paper in all drawers.
Thermometer on bureau.
Alcohol and listerine on washstand.
In washstand drawer (curved basin, hot water bottle and covers, ice cap and cover, dressing rubber).
Clean towels and fresh soap on washstand.
In wardrobe drawer, clean bath blanket, porch blanket.
Fresh curtains at window.
Fresh screen covers and chair cover.
Make closed bed in routine way with rubber and draw sheet.
See that bell works and that electric light bulbs are in order.
Ask head nurse to inspect room, then lock door.

8.—Stripping room.
Go through drawers and give to

head nurse any articles left by patient.

If patient has been isolated, get instructions from head nurse.

Soak thermometer in bichloride solution 1-1000.

Blankets, pillows and mattress to be taken to porch and cared for in the routine way.

Chair covers exchanged at linen room.

Screen covers, curtains and all other linen to be stripped and placed in soiled linen chute.

9.—Always inform head nurse of everything concerning the patient and assume no responsibility for affairs concerning the patient.

The nurse must make herself responsible for the orderly's work over the patient.

10.—Never enter a patient's room without first knocking on the door.

Never discuss personal affairs with a patient.

Never discuss ward work, hospital affairs or personnel with a patient.

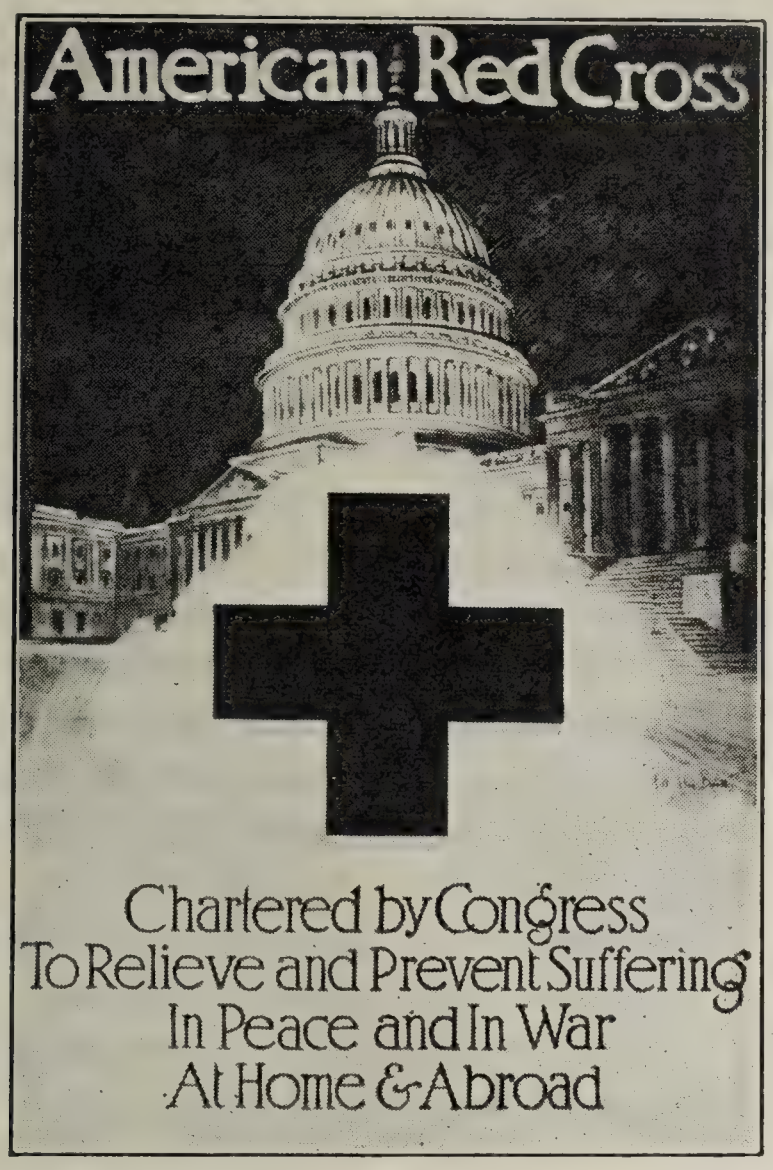
Never stand at a patient's door and say, "Is there anything I can do for you?" A nurse should know what should be done to make the patient happy and comfortable and should not have to ask the patient.

AN INVITATION FOR LEAGUE MEMBERS

The Executive Committee of the Council of the American Association for the Advancement of Science, at a recent meeting, voted cordially to invite the members of the National League of Nursing Education to attend its meetings. The meetings of the Association include sessions of many special scientific societies, representing every field of work, including education. It is the only large national convention in which the whole of science is represented. The next annual meeting will be held in Boston, December 26-30, 1922. One of the special features of that meeting will be a series of sessions on conservation, in the broadest sense of the term. Another special feature of the Boston meeting will be a programme dealing with those scientific fields that lie on the borders of the medical sciences, where medical and other sciences seem to overlap. Burton E. Livingstone, Smithsonian Institute Building, Washington, D. C., is the permanent secretary of the Association and will be glad to furnish membership blanks and any other desired information.

DEPARTMENT OF RED CROSS NURSING

CLARA D. NOYES, R.N., DEPARTMENT EDITOR
Director Nursing Service, American Red Cross



"A HISTORY OF THE AMERICAN RED CROSS NURSING SERVICE"

NEXT month, it is hoped, will see the publication of the long-heralded "History of the American Red Cross Nursing Service."

To attempt to give in brief to readers of the *Journal* the scope and treatment of this History, upon the compilation of which the authors have spent nearly four years, is a difficult task. Miss Dock has written the chapters which treat of the evolution of military nursing, the nursing service of the Civil and Spanish-American wars, the early period of Red Cross affiliation with the nursing profession, mobilization, class instruction to women and rural nursing. Elizabeth Pickett, who has been associated with the Director of the Nursing Service at National Headquarters since before the signing of the armistice, has written the chapters which relate to the European War. Of American Red Cross participation in international nurse education, of the founding of the League of Red Cross Societies, the establishment of American methods of nurse education in foreign schools of nursing and of the child health units, Miss Noyes has written. Miss Fox tells of Red Cross public health nursing since the signing of the armistice. Anne Van Meter, one time Professor of Home

Economics of Ohio State University, has written of the Dietitian Service.

Candor where vital principles are concerned, fairness and complete veracity (for the different sections have each been submitted to the various nurses who have been in charge of the various phases of work and their suggestions noted) and an attempt to make the book an interesting narrative as well as an authentic source, have been the policies which have guided the authors in the compilation of the History. The original sources quoted and the editorial comment in many instances lead the reader into verdant fields of nursing ethics and principles, as for instance a discussion of the struggle between the trained worker and the sentimentalist. On the other hand, the narrative takes the reader with the Army, the Navy, and the Red Cross Commissions to Great Britain, France, Belgium, Italy, Palestine, the Balkan States, Poland, Russia and Siberia and endeavors to interpret in the light of economic and military events the need for and results of American Red Cross nursing effort in those countries. In the words of the nurses themselves are told the strangeness of far lands, the pathos of the refugees and *rapatries,* the brutal, pitiful story of the wounded. The History will also prove a veritable "Who's Who" of the contemporary nursing world, because full biographical material is given of the events, professional struggles and attainments of the many women who have built up the Service and carried its banner to the outposts of the civilized world.

It may be said that the nursing profession, alone among women's professions, held at the outbreak of the European War so well-entrenched and recognized a position that its members were given opportunities perhaps unparalleled in the history of woman's endeavor. These opportunities and the response made to them the History records and thus hopes, modestly, to receive a place among the feminist as well as the professional literature of this nation.

The History will be published by The Macmillan Company in one volume of some twelve hundred pages, with thirty-two half-tone and five color illustrations and with full appendices of units and nurses decorated and deceased in war service and will be on sale, it is hoped, before Christmas at all bookstores. The retail price the copy will be five dollars. A special pre-publication offer of twenty per cent discount (four dollars the copy instead of five) has been made on all orders which are received with remittance before publication.

Red Cross Annual Convention

On October 9-11, the Chapter delegates of the American Red Cross met in annual convention at National Headquarters, with a total attendance of four hundred and sixty-nine delegates. Among the sixty-one American Red Cross nurses present were many of the leading nurses of the country. Helen Scott Hay and Stella Matthews were Chapter delegates: Miss Hay from the Carrol County Chapter, Illinois; and Miss Matthews, whom readers of the *Journal* may remember as formerly the Chief Nurse of the American Red Cross Commission for Poland, from the Milwaukee (Wisconsin) Chapter.

Miss Maxwell came down from New

York City. Marie T. Phelan, formerly head nurse of the dispensaries established by the American Red Cross Children's Bureau in Paris and later a member of the Commission for Greece; Miss Ahrens, Director of the Nursing Service of the Central Division, and Nellie F. Oxley, one-time Director of the Potomac Division Department of Nursing and now Superintendent of Nurses of the Northern Westchester (New York) District Nursing Association, were among the public health nurses in attendance. Mrs. Eliot Wadsworth, the bride of a member of the Executive Committee, now Assistant Secretary of the U. S. Treasury, attended. Before her marriage, Mrs. Wadsworth was Nancy Whitman, a graduate of the Presbyterian (New York City) School of Nursing.

Out of the country visitors included Katherine Olmsted, Director, Division of Nursing of the League of Red Cross Societies; Mrs. William Wyllie and Elizabeth M. Wright of the Dominican Republic, and Genava S. Manongdo, of the American Red Cross Philippine Chapter, Manila, P. I.

Work with the Refugees at Athens

Hundreds of letters from Red Cross nurses are being received at National Headquarters, offering their services for work with the refugees from Asia Minor. The work of the Red Cross will be centralized at Athens, Greece, where the majority of the refugees are being sent. Fortunately, the Red Cross had stationed at that point Mrs. Charlotte M. Heilman, who has been in charge of the Infant Welfare work for several years, and two Greek, American-trained, nurses, as well as a large group of Home Visitors. Mrs. Heilman immediately took charge of the nursing situation, and has utilized her personnel as far as possible for their care. In a recent letter, she states:

> The refugees are arriving by the thousands. They are huddled together at the Port of Piraeus like sheep. * * * I have been over the camps at the Port, and two of the smaller ones, and the people are all in bad condition. Refugees of the better class have been taken into homes at Piraeus and Athens. I have one young woman from the Y. W. C. A. in Smyrna, at my house. The ladies of Piraeus take the girls who are at the American School at Smyrna to their homes to bathe, and to give them a good meal, and then let them go to a Protestant church where they are camping. We all have to divide our clothes with the refugees because most of them have only what they are wearing. There are masses of children and small babies who need care. Miss Zacca, an American Red Cross nurse, and I made a plan, and gave it to the Director of the Ministry of Public Assistance, for the feeding and caring of these babies. There are no buildings. We are trying to persuade them (Greek authorities) to erect some wooden barracks for the children, so that we can separate them from the adults. There is so little work to be had in Greece, I am afraid there will be tremendous suffering, as it gets colder. Already the children are crying with the cold at night, and there are no blankets to give. * * * The Americans in Athens have organized a Relief Committee and will help in every way possible to assist the A. R. C. Upon this Committee—the Legation, the Consulate, the American School, Standard Oil Company, American Express Company are represented, with the Director of the Y. W. C. A. as Executive Secretary.

The American Red Cross immediately cabled $25,000 to Rear-Admiral Mark Bristol, Chairman of the Constantinople Chapter, for temporary relief. Later this was augmented by a lump sum of $50,000 to supply clothing and blankets,

and another $25,000 for the purchase of medical supplies. This will probably be used in and around Constantinople. In order that supplies may be provided for the refugees in Athens, $50,000 has been cabled to the Red Cross representative in Paris to be devoted to the purchase of blankets and clothing, and $25,000 for the purchase of medical supplies. The last record shows about one hundred thousand refugees in Athens, forty thousand in Salonika, with thousands pouring into these two cities from the territory in Greece overrun by the Turks.

In order to augment Mrs. Heilman's nursing staff, Sophie C. Nelson and Rose Schaub have been ordered to proceed from Vienna, Agnes Evon from Constantinople, and Theodora Legros from Paris. Dr. A. Ross Hill, Director of Foreign Operations, sailed for Europe on Friday. No nurses will be sent from America until Dr. Hill has an opportunity to investigate the need. A small unit of qualified nurses is being held in readiness, however, to proceed upon the receipt of cable communication.

Returning Personnel

(Continued from the October Issue)

Nurses who have completed their foreign service and have returned to the United States are Helen Scott Hay, Susan G. Rosenstiel, M. Elizabeth Shellabarger, Clarinda B. Akeroyd, Eva L. Morrison, Jeannie Fraser, Johanne E. Ericson, Maude Lee Judy, Pansy V. Besom, Mary E. L. Thrasher, May Louise White, Margaret K. Gray, Kathryn I. Monahan, Stella Grogan, Jean G. Waldron, Katherine Spann, Ruth Murray, Alice G. Carr, Thora Ingebritson, Alma J. Ahlstrom, Ida Dahl, Lillian J. Spelman, Josephine V. Herman, Nell Couch, Anna E. Rowe, Gladys Nicholson, Hazel Drake, Margaret A. McGregor, Clara G. Skornia, Stella S. Matthews, Margaret McCaughey, Sophia C. Zolaowska, Ruth A. Bracken, Glee Marshall, Martha M. Rhode, Adele Ronecker, Mary E. Stebbins, Ida Rose Kratsch, Jennie B. Donald, Ada Taylor Graham, Elizabeth Gillespie, Katherine Pellow, Isabel T. Norkewicz, Edith Wood, Theda Belle Phelps, Margaret MacLellan, Dorothy Ledyard.

Nurses who have been released, but whose sailings have been deferred, are Theodora C. Legros, Marion MacEwan, Agnes E. Evon, Eleanor Dove, Katherine MacFarland, Augustine Stoll, Freida Johnson, Dorothy Buttle, Aurelia S. George, Ethel G. Ericson, Georgia M. Glass, May A. Lundberg, Lydia Schmeisinig, Theresa Stinson.

Nurses released from service with the Serbian Child Welfare Association are Mary Kate Allen, Ada Boone Coffey, Clara DuBrau, Anna Eddson, Mary R. Fleming, Inez C. Gilliland, Mary Jenkins, Sara Lane, Ella McGovern, Dora Peterson, Helena M. Riordan, Isabel R. Hall and Annie Laurie Williams.

"We all suffer ourselves to be too much concerned about a little poverty; but such considerations should not move us in the choice of that which is to be the business and the justification of so great a portion of our lives; and like the missionary, the patriot, or the philosopher, we should all choose that poor and brave career in which we can do the most and best for mankind."—Robert Louis Stevenson.

FOREIGN DEPARTMENT

LAVINIA L. DOCK, R.N. DEPARTMENT EDITOR

NURSING CONDITIONS IN SOUTH AMERICA

BY LOUISA KURATH, R.N.
Callao, Bellavista, Peru

THERE is very little nursing, as it is understood in the United States, in South American countries. There are fine hospital buildings, and splendid doctors (many of them having studied in England, France and the United States) in the larger cities, but the nursing is done by untrained Sisters of Charity, or by servants, except in a few private hospitals operated for their own employees, by mining corporations or business concerns. In these may be found foreign graduate nurses.

Here in Peru, an attempt is being made to train native girls, and I understand that it is the only effort along that line on the West Coast. This school was founded about six years ago by an American nurse, Miss Carner, who came to Peru to take care of the wife of a Peruvian doctor. He had never known a graduate nurse before, and was so impressed by her work that he asked her to stay and organize a training school for nurses in connection with the Government Hospitals. As he was a director on the Hospital Board and was influential, Miss Carner reluctantly accepted the position. She had had no special preparation for teaching, but she saw the need for a school. Unfortunately, nursing was, and still is, considered servant's work, and it was only possible to get that class of girls as students.

The school is under a Medical Director—a physician, and time off duty, vacations, etc., are arranged by him. He also disciplines the nurses when necessary, and not infrequently takes the part of the student rather than of the Director even though the latter may be in the right. The school is a mixed one, with men and women students, and that makes for many difficulties in a country where the morals are as they are here.

The Sisters of Charity have charge of the linen, diets, cleaning and medicines, which limits the experience of the student nurses. As the entrance requirement is only Primary School, (a five-year course) it can well be understood that the theoretical teaching must be very elementary. The nurses so trained are not making nursing very popular among the better class of Peruvians.

Miss Carner resigned after three years, and was succeeded by an English trained nurse, a fine woman. She worked hard to improve things, and finally resigned because she could not do so. The present Directora is not a graduate nurse, but an English missionary who had a three months' course in nursing before coming here, seven years ago. As there is no Spanish speaking nurse available, she is trying to keep things going until her assistant, an English graduate nurse, learns the language. At present there are not more than six

graduate nurses, except those locally trained, in all of Peru, except those in mining hospitals, etc. Only three of the six know any Spanish.

The great need of the country is for well trained nurses who know, or are willing to learn, the language. Sanitary conditions are very bad. Every one expectorates on the floor, walls, sidewalks and street cars. Tuberculosis takes a heavy toll. Most of the people sleep with windows and doors tight shut, as night air is considered d a n g e r o u s. Baths are taken only in summer time, this applies to all classes of society. Typhoid fever is endemic. P u b l i c health nurses are needed and baby welfare stations, for the infant mortality is said to exceed that of China.

The government is willing and anxious to improve conditions, but nurses are not available, and nurses are needed to work out some of the problems.

Conditions in the local hospitals are bad. Even where they have a training school, patients are left to the care of servants at night. Wards are full of flies and mosquitoes. Linen and the hospitals in general are not kept clean.

The British American Community has recently purchased and opened a hospital which is screened and ratproof, the first on the Coast. It is primarily for English-speaking people, but any one can come here. The building is quite a curiosity, I am frequently asked how we get rid of the flies that get in, or, more often, what it is all for.

Four of the six graduate nurses in Peru, are here with us. The other two are with the Government, one in charge of the Insane Asylum, which is the cleanest and the most up-to-date part of the Peruvian Sanitary Department, and the other in the Training School at Lima.

We have started a Training School here with six students; a small beginning, but we are trying to get the better class of girls interested, and train them to the best of our ability. We have fortunately succeeded in getting six fine young women, most of them with a bit more than primary education; and we have some promising applicants.

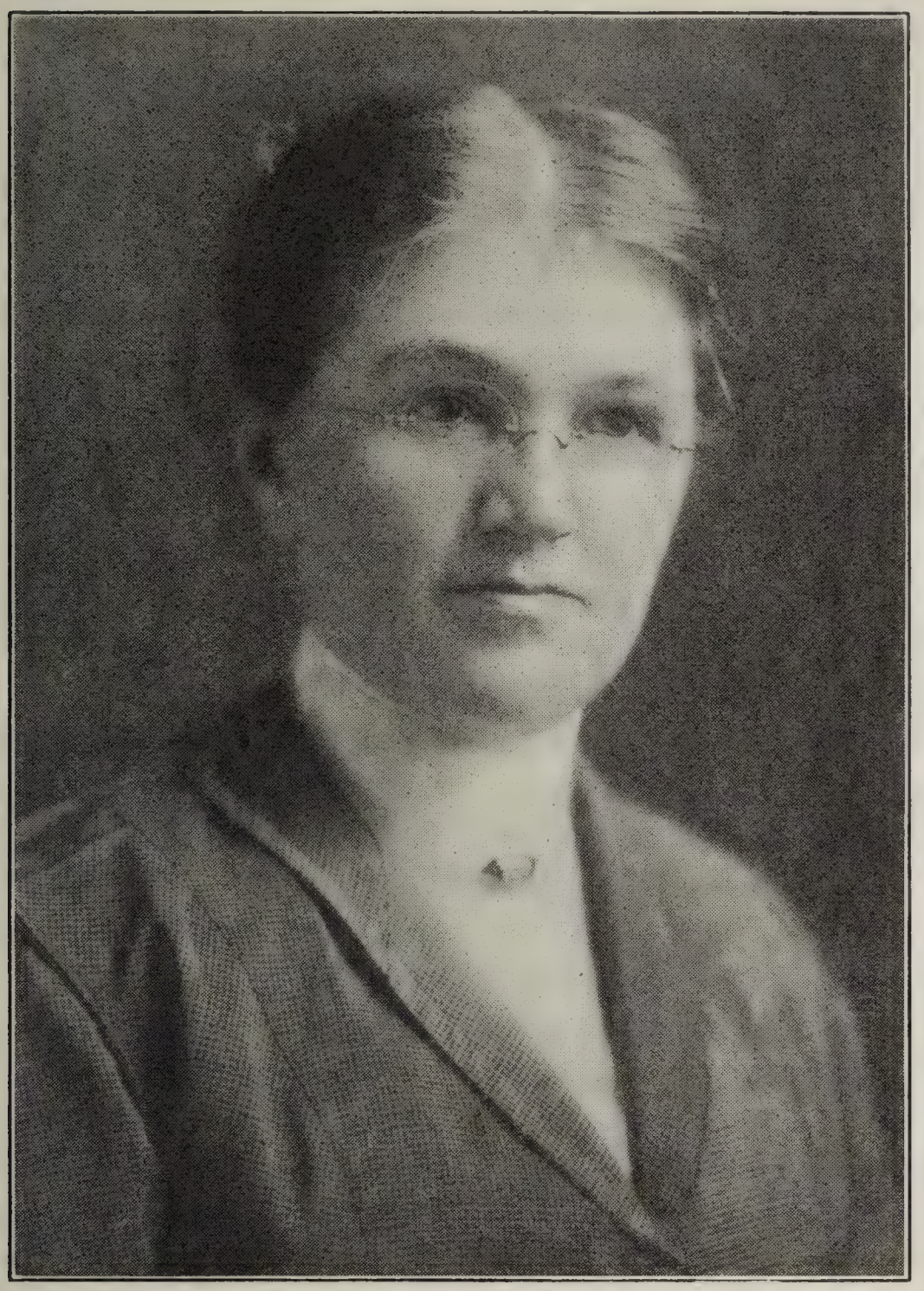
Nursing conditions in the other countries on this Coast are said to be the same, or worse than here. We are hoping that some nurses who do know Spanish, and are capable of teaching and leading these people may decide to "come over and help us" as the harvest truly is great, and the laborers are very, very few.

ORDER YOUR 1923 CALENDAR NOW

The 1923 Calendar will present a very interesting group of women ranking in achievements and closely identified with the twelve presented last year.

These Calendars are planned to illustrate a chapter in history that introduces the nurse of today, to the women that made nursing a reality in America, and every nurse should possess this bit of history. The Committee is endeavoring to combine artistic and practical values in this number, and is promising deliveries in ample time for holiday purposes.

Detailed information, including order blanks, will be sent to all State and Local Nursing Organizations, Schools of Nursing, Alumnae Associations, Nurses' Clubs, etc., and orders are now being received at the Headquarters Office of the National League of Nursing Education, 370 Seventh Avenue, New York City.



XV. ELLA PHILLIPS CRANDALL, R.N.

BIRTHPLACE: Wellsville, N. Y. PARENTAGE: American. PRELIMINARY EDUCATION: High School graduate; post-graduate course, New York School of Philanthropy. PROFESSIONAL EDUCATION: Graduate of Philadelphia General Hospital, Philadelphia. POSITIONS HELD: Superintendent, Miami Valley Hospital, Dayton, Ohio, 1899-1909; Supervisor, Henry Street Settlement, 1909-10; Instructor, Department of Nursing and Health, Teachers College, Division of Public Health Nursing, 1910-12; Executive Secretary, National Organization for Public Health Nursing, 1912-20; Director, Special Committee to Study Community Organization, 1921. OFFICES HELD: President Ohio State Association of Graduate Nurses; Member Board of Directors American Nurses' Association; Member American Red Cross Committee on Nursing; Member of Board of Directors of various health agencies at various times; Chairman Sub-committee on Public Health Nursing, Department of Public Health, General Federation of Women's Clubs. PRESENT POSITION: Director, Nursing Service, Asociation for Improving Condition of the Poor, New York. AUTHOR OF: Articles on Public Health Nursing. ADDRESS: 92 South Oxford Street, Brooklyn, N. Y.

DEPARTMENT OF PUBLIC HEALTH NURSING

A. M. Carr, R.N., Department Editor
National Organization for Public Health Nursing

MODERN FACTS AND PHASES OF TUBERCULOSIS

By David Alexander Stewart, M.D.
Medical Superintendent, Manitoba Sanatorium, Ninette, Manitoba

(Continued from page 48, October *Journal*)

TUBERCULOSIS, a Community Index.—Perhaps you can now see the heart of the problem. Tuberculosis, the *infection,* it is true, is a matter of germs, but tuberculosis, the *disease,* is a reaction to wrong environment. It is not cured by medicine, but by a mode of life. It attacks the individual, but in its essence it is a community disease. Bad conditions, physical, domestic, social, industrial, financial, and even perhaps political, are among its causes. It is shot through and through the warp and woof of life.

Tuberculosis has been called an Index Disease. Where its ravages are great, general living conditions must be bad; and where its death rate is low, general living conditions are likely to be good. If a visitant from Mars wished a yard-stick to measure our civilization with, perhaps tuberculosis would be as good as any for the purpose.

An Index of Housing.—It would indicate where communities fail in housing conditions. Bad housing means over-crowding, impure air, storm windows that won't open (especially in the most important rooms of all the house, the bedrooms), sunlight shut out, overheating, under-heating, air too dry or too damp, dust, dirt, close association with people of careless and dirty habits. The deaths from tuberculosis in one and two-roomed houses are twice as great as in five and six-roomed houses. The city of Liverpool cleaned out a bad tenement district many years ago to stamp out typhus fever, and found that with improved housing, tuberculosis had been lessened as well. Our best houses perhaps are good, but in city and country there are, in Canada at any rate, houses little better, and little better lived in, than the gross hovels of the Saxons of a thousand years ago. Tuberculosis is a house disease, and we have not yet perfected, or at least have not widely applied, the art of living safely in houses.

Index of Other Diseases.—The index disease tuberculosis rises and falls to correspond with the other unnecessary disease conditions we allow to become epidemic and linger in the community. Nothing ever gets quite well. All diseases debilitate, and so all tend to prepare a soil for tuberculosis. After an attack of typhoid fever or malaria, the convalescent has twice the average chance of active tuberculosis in the next five years. Tuberculous meningitis has a way of following measles epidemics. Most of all, tuberculosis is ushered in by acute respiratory diseases, the common cold, the uncommon cold, grippe, "flu," whooping cough, measles, all highly infectious and all largely preventable. If the incidence of such diseases were cut in half, the incidence of

tuberculosis would be cut in half also.

Some Unhealthy Trades Raise the Index.—More than twice as many tin miners as coal miners die of tuberculosis; more than twice as many sandstone cutters as limestone cutters. A hatter, a silk weaver, a polisher or grinder, a file maker, a brass worker, a lace worker, a spinner, a cigarmaker, a glassworker or a coachman has only a fifty per cent chance of escaping death from tuberculosis.

Spendthrifts of Energy.—Perhaps the commonest cause of all, of breaking down into active tuberculosis, is the over-expenditure of energy. And this over-expenditure is largely a matter of "keeping up with the Joneses," of doing as others do, of following the customs of the day, of being in the fashion. In the main it is the doing of unnecessary things.

If one who has a strength income of one hundred will spend constantly one hundred and twenty-five, how can this end but in debt; and worse than debt, in mortgage; and worse than mortgage, in ruin. Tuberculosis is one of the commonest forms of health and strength bankruptcy. As income must balance expenditure, so rest must recreate after work and after play as well.

Of wrong community conditions of almost all sorts, tuberculosis is an unfailing index. Its death rate rises and falls in England with the price of bread. In war time in England the death rate among the civilians at home increased more than among the soldiers abroad. In the famine-stricken, plague-scourged and enemy-overrun countries it was appalling. In Hamburg those with income under one thousand marks were found to have a tuberculosis death rate eight times as great as those with income over twenty-five thousand marks. Hazen proves that a pure water supply has been followed by a decrease in tuberculosis in many a community.

Manitoba communities in which tuberculosis is most rife are those in which living standards are lowest, ignorance general, houses small, sanitary conditions bad, over-crowding common, work hard, the average of wealth low; old settlements of ignorant people and unmodern type; foreign un-Canadian settlements, out of touch with modern movements; pioneer settlements in which life is hard. Such communities have a death rate several times the average for the province. Prosperous communities, on the other hand, where houses are good, circumstances easy, people intelligent and modern-minded, sanitary conditions fair, crops good, mortgages few,—some such settlements have a death rate from tuberculosis a fifth or a sixth of the average provincial rate.

Tuberculosis a Social Problem.—Of this you are perhaps now convinced that tuberculosis is less a medical problem than a social problem, less a disease of the individual than a disease of the community. Like all social ills it is a bundle of many associated evil conditions, complex, interwoven, inseparable. It has intimate relations with tonsils and adenoids, dirty hands, dirty habits, squalor, mouth breathing, bad teeth; with colds and infections. It is connected definitely with milk supply and street cleaning; with epidemic diseases and the water carriage of sewage; with house and shop conditions; with sanitation and the size of families; with work and play, especially play; with cares

and recreations. It has to do with hours of work and hours of sleep; with strikes and lockouts; with hard times and good times; wages and unemployment; rents and taxes; with education and intelligence; with fashions and institutions. It is bound up even with famine and plenty; with justice and oppression; with cookery and conduct; with marrying and giving in marriage; with motherhood and responsibility; with war and peace.

"The Cure."—Such is the disease, in the individual and in the community. What is the cure? "The cure" for tuberculosis in the individual might be discussed with profit for many days. I can give but a few principles, briefly.

"The cure" does *not* consist in travel, in chasing climate like a will-o'-the-wisp until life is lost. Far fields look fair. But every mile of travel is a disadvantage to a sick person, the confusion of every move is dangerous, and comforts, conveniences, appointments and service away from home, equal to those at home, are beyond the reach of all but the few. Not once in twenty times is there any advantage to gain at the end of the journey; and many times there is disadvantage and loss.

"The cure" is not something out of a bottle, or from a hypodermic syringe. A specific, easy, unfailing remedy for tuberculosis may be found possibly when the pot of gold is found at the foot of the rainbow. "The cure" as we know it is, as Bushnell has said, not medicine, but a mode of life. It does not consist in stuffing the body to enormous proportions by excess of food. Enough fuel for the engine is better than too much. There are no specific foods. The day of swallowing raw eggs is long past. And "the cure" is not even a matter chiefly of abundant fresh air. Good as that undoubtedly is for well and ill, and important as it is in the cure of tuberculosis, it has not the chief place among the essentials.

Teaching.—The first questions to ask are *not* where to go, or what to take, but what to learn and what to unlearn; what to do and what to avoid. The first need of the tuberculous patient is to be taught, and the first duty of doctor and of nurse is to teach. It is easier to give a patient pills than to teach him how to avoid constipation by regulating his habits, but the teaching is the better way. It is much easier to drug a cough than to teach how coughing may be controlled, but the teaching is the better way. A patient should no more be allowed to think that a cough brought on by over-much talking, or by a nervous, unnecessary clearing or rasping of his throat, is properly hushed by a sedative than a boy should be allowed to remain in the belief than twice two makes five.

"The cure" is the regulation of activity, of energy expenditure. It is the undoing of what has been done wrongly. It is the repair of extravagance and debt by retrenchment and economy; the reform of dissipation by self-denial and self-control.

Rest, the Essence of "The Cure."—The very centre and essence of "the cure" for tuberculosis is *REST*. A diseased joint is immobilized, inflamed vocal cords are hushed, and a bad lung is splinted by therapeutic collapse. General symptoms demand general rest, rest of the body in all its parts and rest of the mind as well. Even

machines need rest, and "our foster-nurse of Nature, is repose."

The most potent means of cure, and the most widely applicable, the best medicine we have, is rest. If cough is troublesome, fever rising, the pulse rapid, appetite lacking, if there is pain, weakness or loss of weight, for each and all the sovereign remedy is rest. The infirmary, where bed care is given, is the essential part of the sanatorium.

One tuberculous patient can scarcely lift his hand to his head without harm, or have a visitor for five minutes without danger, or even whisper without losing some chance of recovery. Another can do a day's work not only without harm, but with positive benefit. Just where along that gamut of activity any tuberculous person should be placed is the most difficult question to settle and also the question most of all needing to be settled right. The physician who has experience and judgment to prescribe the rest and exercise of his patients wisely can treat tuberculosis. If he cannot prescribe rest and exercise wisely he can only mistreat tuberculosis.

Special Treatment.—Among special methods of treatment I have already referred to therapeutic lung collapse or artificial pneumothorax which, when applicable, perhaps doubles the chance of recovery. So striking are its results, that when, on account of adhesions, collapse by the usual method is impossible, physicians are willing to advise, and patients to undergo, very extensive thoracoplastic operations involving removal of parts of almost all the ribs on one side, in order to secure the benefits of lung collapse.

We are beginning to realize that tuberculous ulceration of the intestines is a very common complication of pulmonary disease, to presume that it has an early and curable stage, and to endeavor to make a diagnosis and institute treatment at that stage. The opaque meal is an important means of diagnosis in these cases and the ultra-violet ray a promising mode of treatment.

The Sanatorium.—Fifteen years ago a great part of the anti-tuberculosis campaign was concerned with the building of sanatoria. The sanatorium was to be the centre of the line, the fore-front of the battle, the spearhead thrust into the heart of the foe. Because the sanatorium has not single-handed waged the whole fight and won the victory, there have been some heartburnings, but it has been in no way a failure. It has cared for the sick and cured them when cure was possible. Most forms and phases of tuberculosis are curable if the right treatment is applied early; most are very destructive, or fatal, if wrong principles are followed or if treatment is sought too late. Unfortunately treatment is seldom sought early. Most often the fire brigade is sent for about the time the roof is falling in.

The sanatorium as a centre for diagnosis is more and more appealed to, but, most important of all, it has taught its patients and through them their friends and the communities to which they belong. In it have been developed and improved modes of diagnosis and treatment, and it has trained physicians and nurses for the campaign. The diagnosis of disease is a good work, but if the diagnosis of disease can be taught, that is a work even better. The care of the patient is of value to the

community, but teaching the care of patients is of even greater value.

A More Perfect Civilization.—And of tuberculosis, the community disease, what is the cure? It has been described as a product of our civilization. True, its ravages began when wandering tribes began to build houses and wall them around into cities. Like murder and theft, it is a product, not of the best, but of the worst in our civilization, of primitive, imperfect, incomplete civilization. Like murder and theft, tuberculosis can be stamped out only by newer, truer, more perfect civilization.

Because tuberculosis is interwoven with almost all parts and phases of community life, it follows that any betterment in any part of man's complex environment, any reforms in any phase of his life and work, will tend to the staying of the plague. Its death rate has been cut in two in the last fifty years in all progressive countries, not through special anti-tuberculosis effort, but as a net result of many industrial and social reforms; through a general amelioration of social conditions.

Toward the final conquest of tuberculosis more can be accomplished by a good housing movement, by teaching the use of the tooth-brush to children, by ringing a curfew bell to get them to bed, by setting a fashion, or at least giving an example, of plain, moderate, placid, wholesome, unfevered living, than by many lurid lectures about the badness of the bacillus.

Ignorance, the Enemy.—Ignorance is the enemy of all betterment, and enlightment the hope of all reform. People cannot do right until they know the right. "Ye shall know the truth and the truth shall make you free." Because the tuberculosis problem is complex, there must be much teaching and along many lines. People in general do not know or do not realize that weakness, cough, and loss of weight are very abnormal conditions whose significance they cannot properly estimate, do not know or do not realize, that these need early diagnosis and exactly right treatment. Because they do not know or do not realize such things as these, thousands of lives are lost.

Knowledge is of little use until it is spread abroad. It bears no fruit until it is sown widely in the minds of men. There is knowledge enough within universities and colleges, and agricultural councils, and among the health workers of this country to banish noxious weeds, bovine tuberculosis, human tuberculosis and many other scourges forever from our continent. Why then do they still linger? Why are they not gone?

The last noxious weed will not be banished until the last, most remote and most backward farmer has been sought out, taught, convinced, and indeed inspired to the patient toil and good farming which alone can banish weeds. And tuberculosis will not be banished until the whole country, every state, every province, every section, every family, indeed every person, is taught and convinced and indeed inspired in all elements of the better, cleaner, saner, higher civilization which alone can cast out this disease. Order in the beginning came out of chaos, when it was said, "Let there be light."

To carry the torch of knowledge about health, for the enlightenment of the people, into all dark corners of the earth, is pre-eminently the work of nurses.

HOSPITAL AND TRAINING SCHOOL ADMINISTRATION

ALICE SHEPARD GILMAN, R.N., DEPARTMENT EDITOR

THE ELIMINATION OF THE UNDESIRABLE STUDENT DURING THE PRELIMINARY COURSE

BY E. PRISCILLA REID, R.N.

Educational Director, Utica Central School of Nursing, Utica, N. Y.

IT is first of all necessary to have in mind definitely and accurately the qualifications and characteristics necessary in a successful nurse. These will vary with the type of work which the nurse will take up, whether institutional or training school management, supervision of a department, public health work in all its various phases, including missions, private duty nursing, considering the care of old people, of children, or tubercular or of chronically ill patients. No personal like or dislike should enter into the matter of accepting or rejecting student nurses. Neither is it desirable, as we all know, to base the decision upon the immediate needs of the hospital, which may be over supplied, and therefore good students rejected; or undersupplied, when poor ones will be retained. When the student has not the qualifications desirable for a nurse, it will rarely if ever work out to the advantage of anyone, much less to herself, to retain her in the school. It may be well to consider this important matter from different view points.

1. That of the student. If she is not adapted for the nursing profession, she may be for some other kind of work. To spend one's time attempting to do work in which one will not be a success, and at the same time leave undone the thing for which one is better qualified is, to say the least, a loss of time and energy. There are many misfits in all professions; let us not add to their number unnecessarily. Girls who go through their course of instruction continually failing to make good, if they have any ambition at all, or any conscience, are not happy. Sometimes this results in loss of self confidence, and the desire to try to succeed; an attitude of "What is the use?" is developed. Very often it leads to dislike of and dissatisfaction with supervisors, head nurses and teachers. These executives are all to blame, she feels, and have all conspired together to effect her downfall. Every criticism is taken as though instigated by personal dislike. Very often the superintendent who has allowed the student to remain, hoping that she will develop, comes in for the largest share of misunderstanding.

This, however, is the smallest part of the matter. It is the student who reaps the results with great disadvantage to her disposition and character. These students are oft times retained one or even two years, when their poor work can be endured no longer. This is obviously unfair to the student, as much time is wasted while she receives little, if any, benefit, but rather harm. It

always seems a reflection upon the principal of the school who can not under ordinary conditions determine the student's lack of fitness for the work in less than one or two years. This student leaves many times with very bitter feelings against the school. The message which she will carry to the public will not help our advertising campaigns. She feels that she has been unjustly treated, and is she not often justified?

2. From the standpoint of the school. It is a great detriment to a school to have a large percentage of weaklings. The morale is endangered, and the progress of the school hindered. We all know the difference in the spirit of different classes. The "spirit of the class," of course, comes from its individual members. When there is a strong pull toward criticism, complaining, laziness, indifference, poor work, lack of coöperation and interest, even though there are many excellent members in the class, it will be almost impossible to do good work with that particular section; the detrimental effect is felt not only in the class, but in the whole school. "Mental atmosphere" is most important for success in schools of nursing, as in any other school. The students who are putting forth every effort to do good work see the apparent success of the obviously poor and indifferent students. They are continually confronted with the questions, "Why do you do this so carefully? I don't bother about that, you get along as well or better if you don't." It is difficult to build up a splendid school with splendid traditions, against this great difficulty.

3. The alumnae. Naturally one who holds the diploma of a school should be eligible for membership in the alumnae association. If the undesirable student is a drag on her class and on her school, how much more so will she be in her alumnae association? She not only fails to give assistance in any work of the association, but is a hindrance and in many cases a real problem. If we do not want "cowbirds" in our associations, as referred to in the editorial of the July Journal, we must not let them hatch from the nest. As a chain is only as strong as its weakest link, so an association is held back by its weakest members. The nurses who do poor work and whose ethics are questionable are, unfortunately, the ones who attract most attention to themselves through these very faults. In this way schools and graduates of these schools, receive unfavorable criticism *en masse*, because of the failings of the few. The nurses who are a problem in school will be a problem when graduated.

4. Nurses' Associations and Directories. Here we have the same problems, only perhaps magnified somewhat.

Criticism comes back on the nurses in general. We know that much of the criticism is justified. We all know also that if we could trace back the history of many of the nurses who are the cause of criticism we would find that the same problems and characteristics showed themselves plainly in them as student nurses. Nurses in general pay the penalty of these misfits. One never suffers alone. Many of the trials that wear out the life of the registrars at the central directories could be eliminated by more careful selection during the preliminary course.

5. The Public. This of course is

most important of all. Members of the general public have, as a rule, no means of judging the capability of a nurse until they have had her in their home. Either they will be fortunate, and have reason never to forget the nurse for her helpfulness and kindness, or the reverse. Fancy some women coming into your home and taking charge! The public, after all, pays the bills, not only in money, but, when the nurse is a failure, in irritation, fatigue and worry. The nurse has been more of a trial than a help at a time when one could least afford an added burden, and when greatly in need of help, to which they were entitled. Perhaps we have more extremes in the private nursing field than in any other, more splendid women, and more worthless ones. The worthless ones talk the loudest, as is always the case.

What can be done, in fairness to the students, to ourselves, and to the public? If those who come to us as students do not "fit" in the nursing profession, they are not to be blamed, and should not be criticised. They have not found their proper place. Through the assistance of an expert in vocational guidance for girls, many of these misfits could be started towards success in work which will appeal to them, and to which they can give their best. Mental tests are being utilized more and more in colleges and other schools and if properly used, might be of great advantage in schools of nursing. These tests could be used not only to determine mental age, but mental tendencies as well. Would it not be possible to make some progress in the proper selection of students, by conferences of the principals of the schools of the city, their assistants, the presidents of the alumnae associations, the registrar of the central directory, leaders in public health work, and presidents of training school committees? At these conferences they should discuss and decide upon at least the general qualifications considered desirable in graduate nurses, and therefore necessary in student nurses. Of the utmost importance, not only to the superintendent, but to all, is the type of student retained in our school of nursing. We have a greater and more far reaching obligation than that of keeping poor material, just to get the work done in the hospital without increasing its deficit. Our responsibility is to the public and to the young women who come to us as students for, after all, if we are honest we are responsible for their education and their ethics.

STUDENT NURSES' PAGE

MY IMPRESSIONS OF SOCIAL SERVICE[1]

By M. C. McDonald
The Cambridge Hospital, Cambridge, Mass.

MINE is necessarily a bird's-eye view of Social Service, because it has been acquired in one short month. It is impressionistic and vivid for the very reason, perhaps, that it lacks the detail of well rounded acquaintance. First of all, I was impressed by the amount of organized good work which is on foot in Cambridge and the number of fine people who are consecrated to the service of others and the community at large. I had always known that there was a certain amount of charity in the city but without the least conception of its extent and coördination: that there is a home, a fund, or a society to meet nearly every perplexing situation. My next feeling was of the great need that all this service only helps to fill. It is hard to realize without seeing for one's self just how sorely people can be "up against it." Even contact with the poor on the wards does not give a nurse any idea of what their home problems and environment really are. In the hospital atmosphere patients seem to lose all personal background.

The reception which I have met in all sorts of homes, just on the strength of my profession, has touched and inspired me more than anything else. I made my first call very diffidently, feeling that if I were poor and miserable I should not welcome even well-meant visitation from outside. A child answered my timid knock, and when I announced that I was a nurse from Cambridge Hospital, she went running in, calling: "Oh mother here's a nurse come to see you!" Then "mother" bestirred herself to welcome me, seat me in the best chair, and trustingly tell me all her troubles. These people don't seem to look on us as "lady visitors," but in the light of real friends to whom they can unburden their hearts. It makes me want to step warily and not betray such confidence.

For this very reason Medical Social Service seems so worth while and practical, such a direct route to accomplishment. No matter how poor people may be, they are not completely knocked out until illness comes. They are delivered into our hands with this positive physical need, and whether they are ever so shiftless or unworthy, our plain course is to help get them well. In so helping we have an unequalled opportunity for gaining friendship and confidence which will enable us to aid in the purely social problems of the patient's future.

It seems very obvious how much waste is avoided by the Medical Social Worker. She explains the doctor's orders to the patient and helps him to carry them out, while in many cases they would miss fire altogether without her aid. She seems to supply the link which is absolutely necessary to make out-patient work effectual. In the same

[1] Submitted first to the Board of Trustees of the Hospital as part of the report of the Social Service Department.

way by planning convalescence for post-operative and medical cases, she is able to return to society useful members, instead of people too weak to take up their work in the world.

All this has been said much better than I can hope to say it, so I shall only add how deeply grateful I am for this month's experience and the broader outlook and insight which it has given me.

AN ANNOUNCEMENT

The President of the American Nurses' Association wishes to announce that Agnes Deans, secretary of the Association, has been appointed by the Board of Directors to act as its representative at National Headquarters, 370 Seventh Avenue, New York, to work out the programme planned for the American Nurses' Association. It is unnecessary to say anything of Miss Deans' qualifications, as she has previously served for many years as secretary of the Association. The position of Office Director is being given up and Miss Deans will take over, on January 1, the work which Miss Albaugh has so well organized. It is hoped that eventually the work of treasurer will also be brought to Headquarters.

CHRISTMAS

IS JUST FIFTY-FIVE DAYS AWAY!

The gift problem is already confronting some people, but here are two practical suggestions for members of the nursing profession:

A year's subscription to the JOURNAL will mean to the recipient twelve delightful reminders of the love and forethought of the donor. An attractive Christmas Certificate will be mailed with the first copy.

The 1923 Calendar, containing the portraits and brief historical sketches of twelve prominent nurses, will be an inspiration to some nurse friend.

Orders for the JOURNAL should be sent to the Rochester office. For information concerning the Calendar write Headquarters Office of the National League of Nursing Education, 370 Seventh Avenue, New York City.

LETTERS TO THE EDITOR

The editors are not responsible for opinions expressed in this department. Letters should not exceed 250 words in length and should be accompanied by the name and address of the writer.

"COWBIRDS"

DEAR EDITOR: I am one of the "urban sisters who missed the joys of bird-nesting." I have, however, traveled widely in this country and I have seen nursing organizations and administrations "from the coast of Maine to the coast of California." Undoubtedly, in a profession as large as ours, there are a great many cowbirds, but as an advertisement of a popular morning beverage states, "There's a reason." Our nursing organizations, national, state and local, have gotten into a serious rut of being, what one might call, undemocratic; and parallel to the phrase "once a cowbird, always a cowbird," could be voiced by the younger nurses of the organization, "once a president or an officer of a national, state, or local organization, always a president. . . etc." There are some birds in the nursing profession who do give birth to ideas which they would like to hatch and feed and develop, but there is no nest vacant for them in which to lay their eggs and they must forsooth lay them in the nest of the ever-setting president, etc., and I am sorry to say that after the birds are hatched, even though they be little cowbirds, the little red identifying tips on their wings are destroyed so that even the mother who gave birth to the idea and did not have the opportunity to hatch it, is denied the further opportunity of nursing it and developing it.

I think the time has definitely come when the older members of our profession must recognize that they do not, like the judges of our superior courts, ascend the bench for life. Every person, no matter how lowly, aspires to public recognition and appreciation of service rendered or experience gained, and it is not fair to the younger nurses of the profession generally, to allow these sole proprietorships to go on forever. All over the country there is murmuring among the rank and file that there is such a limited space at the top and that a selected few get all the honors. Of course the statement is constantly being made that So and So has developed the organization and that there is nobody else to take her place. This, it seems to me, is a marked weakness which runs through our ranks and is reflected in the work we do in hospitals, public health nurse organizations, et cetera. Over and over again we see pieces of work go to smash because they have been absolutely built up by individuals who were not big enough to develop understudies. This might be a very good time for the American Nurses' Association to take stock of the various state and local organizations and find out once and for all why we have cowbirds, why we continue to have cowbirds, and how we can exterminate cowbirds.

Washington — ANN DOYLE

WHY SHE GAVE UP NIGHT DUTY

DEAR EDITOR:

My patients have told me I snore,
A fact I most sadly deplore;
For myself I can't weep,
For I am asleep;
It's the ones I wake up that get sore.

New York — L. M.

FIRES OF VARIOUS KINDS IN KOREA

DEAR EDITOR: Yesterday there were two fires at our hospital, one in the morning and one in the evening. The first was one which is kindled by that "unruly member." One nurse lent her ring to a probationer who left it in a basin of water. Another nurse threw water and ring away at the same time, and you may guess the rest. There were tears, and angry words, and many unworthy feelings to be soothed and corrected. As they all sat down to supper, I hesitated before going to the house for my supper for fear the clash would begin again. Just as I sat down to the table, the church bell began ringing for evening service and in a few moments the "Come to church, come to church," sound rang out into the "tang, tang, tang," of a fire alarm. I sprang to the window to see where. To my horror the flames were licking high above the roof of our hospital! The first glance made me think of the wood

yard where pine tops have just been stacked for lighting hospital fires. One ward is very near the wood. As I sped to the gate, my mind whirled round as to how we could get all the patients to a safe place and what effect such excitement would have on the helpless ones with weak hearts, etc. My fingers were all thumbs as I tried to unfasten the combination lock at the gate, but I finally got through, and what a relief to find it a separate building and not the wood which would have made a more furious fire. It was bad enough. The carpenter's shop and the cotton machine, tools and new lumber, with the baked beans made up into loaves ready to use in making "chong" an essential part of the Korean tray,—all this was soon charred black. The nurses forgot their quarrel and we formed a bucket line to the well and passed water in face basins, pitchers, bath tubs, buckets and anything handy. Most of the patients kept their places though some bundled up their belongings ready to leave if necessary.

We all felt how merciful God was to us in that there was not a breath of wind the day of the fire while the day preceding and today the wind is fierce.

Kunsan, Chosen LILLIE O. LATHROP.

A SUPERINTENDENT'S WORRIES

DEAR EDITOR: Ting a ling. "No, we have no one by that name here." Who has her afternoon off today? Is the office girl here? Who relieves for time? Do we need anything in supply? Did that patient in No. 17 with eclampsia die? Ting a ling! "No, there is no umbrella here, she must have taken it." But the eggs are scrambled except a dozen or so. Will you please pay the meat man that bill we owe? A doctor enters and wants a room right away for a man with the gout who cannot afford to pay. A probationer arrives with sobs shaking her frame, "She's too mean, I won't stay." A head nurse arrives, she can't do anything with her probationer. She has told her to answer those bells but she is slow as a toad. The bread man, the milk man, the butter man and egg man too, come stringing in with bills that are due. Ting a ling! "No, Dr. Miller has just gone, we don't know where." The meals for the patients, nurses, and help must be arranged. The head nurse rebels because her time cannot be changed; the junior nurse knows some one who has two tickets for a show; could not she have late permission in order to go? The president and board are coming on an inspection tour. A man cannot pay his bill; he says he is too poor. A doctor comes in with a puckered brow, "Say, do you know those glass syringes don't work." I was dressing Patsy's leg and instead of the solution going where it should, it shot in his eye and there is the dickens to pay. "If you have any more of them throw them away." Ting a ling! "Yes, she is better this morning." The operating nurse arrives with a tale of woe, the autoclave door blew off and just missed her head. The stenographer was so busy she forgot an important letter. The dietitian stated that they sent old-tasting butter. The meat man brought pork instead of lamb chops and hoped we would not mind. The surgical maid lost her soap and could not find her scrub bucket. A doctor entered and wanted a special nurse for a day; he thought the patient would be able to pay. A special nurse complained that she lost a uniform that she brought into the dressing room. The state reports must be made out at once. A baby won't nurse and makes his appeal for help in nutrition by a very lusty squeal. The coal man arrives with a load of coal. This is not all that taxes the superintendent.

Can you not see how much she has to do, and yet she directs the classes and floor work too. When I look back on training days, I think of our superintendent and her trouble with us and her wonderful character and tact. We respected her and admired her capability to do the right thing. She always had time to listen and aid when we told her our troubles.

Pennsylvania I. E. B.

A TRANSPORT TRIP

DEAR EDITOR: Several reports have been written covering the chief points of our duty on transports, but my recent journey of 15,000 miles, covering 100 days, was such a delightful trip that I am sending a brief outline hoping it may prove of interest to the nurse readers. We arrived at Hampton

Roads and reported aboard, October 4. Two very desirable rooms, superstructure deck, starboard side, were provided for the nurses and we were subsisted in the ship's officers' ward room where we were made very welcome by the members of the mess. As chief nurse, one of my first duties was to arrange the details for the nurses. One was given the supervision of the children's mess while two others relieved each other doing eight-hour duty and exchanging their duty period every week, while my duty was continuous. This arrangement met with the approval of the Medical Officers and worked out satisfactorily. On Thursday morning, October 6, at 10 a. m. we left Hampton Roads anticipating a rough trip off Cape Hatteras but were agreeably disappointed. The ship carried 224 first class passengers; of that number 49 were children, four under two years of age, the rest from four to thirteen years of age.

Two days out, the usual procedure of vaccination was gone through, the only persons exempt being children under two years and adults having certificates to show they had been vaccinated within a year. The two ship's Medical Officers and the nurses finished this duty in two hours. One of the chief duties which came under the supervision of the nurse was the children's mess. This meant making out a menu with a good substantial, plain, well-balanced diet. The menu was made a week in advance, was O. K.'d by the Medical Officer. The children were fed at 7:30 a. m., 11:15 noon, and 5:15 p. m. Five minutes prior to the serving of these meals, the nurse went to the pantry, saw that the menu was well prepared and fit for serving by the steward, and inspected the food. With the installation of a steam apparatus, the mothers could sterilize the milk bottles. The laundry took care of the children's clothing. Aside from this arrangement, baby bins were furnished, small bath tubs, etc. Everything possible was done by the ship's officers to make the long trip a pleasant one and as easy as possible for the parents. Four days out of Hampton Roads, we reached Haiti, entering the harbor of Port au Prince where we anchored. While waiting for the motors to be lowered, we had an excellent view of the magnificent entrance and the surrounding country; the high peaks were richly covered with vegetation; numerous paths led upward giving one the impression that they were waterfalls. To add to this attraction, the natives came out, surrounded the ship, calling the passengers to throw coins in the water, that they might dive for them. The response was liberal and the amusement afforded by the natives was a pleasing diversion. In twenty minutes, the ship's boat landed us at the pier where we took one of the native conveyances (a rickety old carriage with a poorly-cared-for burro) and made a sight-seeing trip through the town. We enjoyed all the interesting sights and visited the important places. The market, open and within doors, is always patronized by the tourists,—bargaining with the natives being one of the amusing features. The principal wares are chiefly all kinds of rugs (hand made) mahogany, perfumes and fruits. We visited the President's Palace, a very pretentious building, located in the center of the town, surrounded by well kept grounds. The new cathedral overlooking the open market is also a beautiful building. The funny little smoky train of cars running through the main street of the town is unique.

(To be continued)

HOW ONE SCHOOL USES THE JOURNAL

DEAR EDITOR: The day of the arrival of the JOURNAL, all my students gather in the Nurses' Home, and we read it aloud.

Minnesota F. V.

EXCHANGE DESIRED

The editor of *The Mydriatic,* a school paper, would like to exchange with other similar periodicals. Address Edna G. Andrews, Clifton Springs Sanitarium, Clifton Springs, N. Y.

JOURNALS WANTED OR ON HAND

Volume X. is wanted to complete a set. Address Miss E. Dahlgren, Lutheran Hospital, Moline, Ill.

Copies of the *Journal* from November, 1919, to date, will be sent on receipt of postage to anyone needing them. Address Florence V. Delaney, 129 Buckley Place, Brooklyn, N. Y.

NURSING NEWS AND ANNOUNCEMENTS

New York Office of the Journal: On October 1, the New York office of the *Journal* was opened at Room 1535, 370 Seventh Avenue, Mary M. Roberts in charge. Miss Roberts will be glad to see nurses living in or passing through New York. All manuscripts submitted for publication and books for review should be sent to this office. All other material of every sort should be sent, as before, to the Rochester office.

American Nurses' Association: Directors' meetings were held the latter part of September. The vacancy in the Board of Directors caused by the resignation of Adda Eldredge on her election as president, has been filled by the appointment of Mrs. F. B. Albert, Fall River, Mass., who has been an active worker in her own state.

A CORRECTION: In the September *Journal,* page 1074, convention proceedings, the phrase, "an effort to secure rank for navy nurses" should read, "an effort to secure relative rank for Navy nurses." On page 1097, the words, "Advocate General of the United States," should read Advocate General of the Navy, and the phrase, "this body goes on record as favoring rank for Navy Nurses," should read, relative rank for Navy Nurses.

A RESUME OF THE TOPICS DISCUSSED AND CONCLUSIONS REACHED AT THE ROUND TABLES ON REVISION, SEATTLE, JUNE, 1922:

Round tables were held on June 27, 28 and 30. Sarah E. Sly acted as chairman; and Mrs. Charles C. Bailey of Topeka, Kansas, secretary. Miss Deans and Miss Greaney of the Revision Committee helped in the discussions. There was a total attendance of 222, representing 32 states, District of Columbia, Hawaii, Canada and China.

Non-resident Members: Those living in localities of which their alumnae is not a part. Can an alumnae association enter the American Nurses' Association without going through the district and state associations? Every alumnae association must conform to the requirements of district and state membership in order to join the national body. (In states where there are no district associations, they join the state association, directly.) Voting privileges of a non-resident member of an alumnae association. If present at a meeting of her alumnae association, the non-resident member may vote on alumnae affairs, only, provided this privilege is defined in the by-laws. It seems inadvisable for non-resident members to hold alumnae offices. Problem cited of an association having a small active membership and a large non-resident membership of those near enough to attend meetings. This problem can best be settled locally. Necessity for a nurse to declare her membership and not duplicate it by belonging to two associations. The Board of Directors of the A. N. A. has discussed the term "permanent residence" and has decided that it could not be restricted to months; one year or more may be needed to reach a decision. The nurse herself should declare it. She should not be classed as a non-resident until she announces herself as such, or discontinues paying dues or is dropped for non-payment of dues. Has a nurse the right to retain her membership in a state when her residence is elsewhere? Not indefinitely, except those engaged in government or missionary service.

Transfer of Members: An official uniform transfer for members should be arranged after the by-law making provision for this has been adopted by the A. N. A. It was suggested that the date for paying dues for district and state associations be prior to the date of the national. Dues of transferred members. If all associations adopt the calendar year as the fiscal year, the member who is transferred to another state would simply be carried to the expiration of the year for which she had paid dues.

Border-line Memberships: Numerous difficulties arise regarding nurses living near the border of a state, possibly living in one state and working in another. It was advised that each state reach a definite solution regarding its own problem and, if unable to reach an amicable settlement, that they appeal to the national Board of Directors.

Married Nurses: Some desire active membership without payment of full dues. Stimulation of interest in becoming full members was urged. An associate membership should

be established by an alumnae association for those resident members who do not desire to qualify for active membership.

Direct Membership in the District: May a member join the district directly without coming through her alumnae association? Not if her alumnae association is located in the district.

Increase of Per Capita Dues to the A. N. A.: This is to go into effect at once and requires an increase in the dues paid by the state associations in December, for 1923. Some states have already increased their dues in anticipation of this action. Some have a sufficient balance to meet it. Others are advised to appoint a Finance Committee to prepare a budget that will take care of the increase. It was reported that state dues vary from $2.50 per capita to $5, some including *Journal* subscriptions, (*American Journal* or *Pacific Coast Journal*), others including the Relief Fund, payments on scholarships, etc. One district in Utah includes the state registration fee in its dues.

Payment to Members Holding Office Requiring Clerical Work: It was advised that those doing a large amount of clerical work should receive a nominal salary. Many states and districts reported that they are at present paying salaries ranging from $50 to $300 a year. Some districts have combined the offices of secretary and registrar and pay $125 a month.

Sections: Procedure,—a group of nurses desiring a section should make known their wishes to the Board of Directors, who will create such a section. Then follows its organization, adoption of by-laws, and election of officers. The by-laws adopted by a section of the American Nurses' Association is recommended as a guide as to form.[1] A chairman appointed by the board or elected by the group acts as chairman when the meeting is called for the adoption of by-laws and the election of officers. By-laws so formed are not to conflict with those of the association of which the section is a part. Map out programme. Specify requirements of enrollment in section,—those actively interested in as well as actually engaged in the type of work represented by the section. All section members must first belong to the association of which it is a part. There should be no additional dues for a section, as its incidental expenses are met by the parent organization. The section should not incur expense without consultation with the Board of Directors of that organization. May a section be created on subjects covered by separate state organizations, such as the League and the Public Health? Sections may be created as Committees on Education, Public Health, or Private Duty, as a basis for a larger organization later.

Incorporation: A vote of the members of an association is necessary to decide on their desire to become incorporated and to state their intent. The advice of a local attorney should be sought. The number of articles of incorporation should be as few as possible, as they cannot be amended or changed without application to the Secretary of State. The by-laws then should cover the larger field. A point favoring incorporation is that bequests or gifts cannot be legally accepted by an unincorporated body.

PUBLIC HEALTH BILLS BEFORE THE 67TH CONGRESS: Only 1½ per cent of the bills and resolutions introduced in the 67th Congress were concerned with national health. During the two sessions of this Congress, the first session of which convened in April, 1921, and the second session of which adjourned on September 22, 1922, over 18,000 bills and resolutions were introduced in both Houses. Of this number, less than three hundred pertained to public health; 587 bills and resolutions became laws, but only about 25 of these were measures of direct interest to sanitarians. This information comes from the National Health Council, which has issued 36 bi-weekly statements on National Health Legislation, beginning in April, 1921, and continuing throughout the 67th session. Statement No. 36, dated October 15, 1922, contains a review of this national legislation which has been before Congress. The Legislative Statements are issued from the Washington office of the National Health Council and contain abstracts and reports of progress on bills

---

[1] The by-laws or rules of the Private Duty Section of the American Nurses' Association with suggested changes will be printed in the December *Journal*.

relating to medicine, nursing, child hygiene, school hygiene, mental hygiene, control of diseases, social hygiene, health education, and various other aspects of public health. The statements, which will be continued throughout the third session of the 67th Congress and during the 68th Congress, have a subscription rate of $4 a year, which is slightly less than cost price. Single copies are sold for 20 cents apiece. These statements may be obtained from James A. Tobey, Washington representative, National Health Council, 17th and D Streets, Washington, D. C.

NURSES' RELIEF FUND
REPORT FOR SEPTEMBER, 1922

Receipts

Previously acknowledged	$15,773.43
Interest on bonds	40.00
Interest on Liberty Loan	85.00
Illinois: Dist. No. 7, one individual	18.00
Maine: One individual, Kennebunkport	2.00
Michigan: Dist. No. 10, $17; Dist. No. 6, $50	67.00
Minnesota: State Nurses' Association	12.00
New York: Broad St. Hosp. Nurses' Alum. Assn., Oneida, $5; Dist. No. 13, Roosevelt Hosp. Nurses' Alum. Assn., seven individuals, $7; sales and contributions on the N. Y. Special Train, by Emma Benz, New York Hospital Nurses' Alum. Assn., $61; two individuals, $15	88.00
New Jersey: Dist. No. 6, ten individuals	10.00
Ohio: One individual	2.00
Pennsylvania: Two individuals	3.00
Wisconsin: Dist. No. 6, $60	60.00
	$16,160.43

Disbursements

Paid to 33 applicants for September	555.00
Exchange on checks	.20
Contribution to Jane A. Delano Fund, through Nurses' Relief Fund	37.50
	$ 592.70
October 1, 1922, balance	$15,567.73
Invested funds	49,150.00
	$64,717.73

V. Lota Lorimer, R.N.,
Treasurer

Contributions for the Relief Fund should be sent to V. Lota Lorimer, 1238 West Lake Avenue, Lakewood, Ohio. For information address E. E. Golding, Chairman, 317 West 45th Street, New York City.

ARMY NURSE CORPS

During September, 1922, the following named members of the Army Nurse Corps were ordered transferred to the stations indicated: To Letterman General Hospital, San Francisco, Captain Dora E. Thompson, Asst. Supt., Army Nurse Corps; 1st Lt. Ruth I. Taylor, Chief Nurse; 2nd Lieutenants Lillian Doyle, Elsie G. Edmondson, Margaret Lydon, Mary Miller; to Walter Reed Hospital, Washington, D. C., 2nd Lieutenants Jeanette Blech, Bernice E. Hanson; to Fort Benning, Ga., Station Hospital, 2nd Lt. Viola H. Swindell; to Station Hospital, Fort Sill, 2nd Lieutenants Lila V. Mahon, Maud Moore and Nell Suggs; to the Philippine Department, 1st Lieut. Elizabeth Harding, Chief Nurse; 2nd Lieutenants Alice Becklen, Emily McLean, Hannah Smylie; to the Hawaiian Department, 2nd Lieut. Kathleen O'Driscoll; to Fort Totten, N. Y., via the Suez Canal, 1st Lieut. E. Valine Messner, Chief Nurse; 2nd Lieutenants Stephanie Masbach, Helen Taggart.

Orders have been issued for the separation from the service of the following named 2nd Leutenants: Kathleen M. Austin, Gladys T. Bachman, Bertola G. Bains, Ada B. Bush, Lucy S. Calhoun, Margaret C. Calhoun, Bernadette L. Campbell, Margherita Capparelli, Ellen Danielson, Zita Farrell, Avah M. Fish, Augustine Fisher, Julia M. Fitzgerald, Janet Foran, A. Goldie Garrett, Elizabeth S. Gerhard, Florence E. Gervais, Evelyn I. Gill, Mary I. Groves, Bessie L. Hadley, Essie A. Harder, Elinor G. Holland, Laura I. Hooker, Mary Hyre, Theresa McDermott, Mary A. Malone, Helena Mercet, Laurel F. Mason, Nellie B. O'Brien, Marie E. Rogers, Agnes G. Roughan, Agnes W. Ryan, E. Lorraine Setzler, Marie Showalter, Barbara Skidmore, Emily D.

Smith, A. Marie Sutton, Eunice B. Tolman, Mary L. Tooker, Louise M. Valle, Elizabeth Williams.

The following named 2nd Lieutenants have been transferred from the reserve to the regular Corps: Alma T. Skoog, Mary Everett, Marie Hermanson, Edna L. Moat, Bernadette L. Gray.

Elizabeth D. Reid, stationed at Walter Reed Hospital, has been promoted from the grade of 1st Lieutenant, Chief Nurse, to the grade of Captain, Assistant Superintendent, Army Nurse Corps.

Because of the discontinuance of the training school for nurses conducted at Fort McHenry, Md., under the Veterans' Bureau, seventeen students in training at that place, were admitted on September 15 to the Army School of Nursing. These students will be given full credit for the time spent in the training school which, when they entered, was under the U. S. Public Health Service, but with the transfer of certain hospitals to the Veterans' Bureau, automatically became transferred to that bureau also. Their addition to the class of the Army School will be a real asset to the school, because they have been well taught, and are a splendid group of young women, fully meeting the requirements of the Army School of Nursing. On October 4 the new class of the Army School entered at both branches; thirty-four at the Walter Reed Hospital; and fifteen at the Letterman General Hospital.

The Surgeon General has promised that the next legislative matter upon which the efforts of the Medical Department shall be focused will be retirement for members of the Army Nurse Corps, a matter which deserves the support of all nurses concerned with the best interests of the Army Nurse Corps. The Nurse Corps is the only component part of the Army for which no retirement provision exists. A bill granting retirement on three-quarters pay for twenty years' service passed the Senate in 1919, but got sidetracked in the House of Representatives because of opposition to the twenty-year clause, which was felt by the committee in charge of the bill to be too short a period. Although a retirement bill will affect only a very small proportion of the corps within the next few years, and will thus require great efforts to get it through, still, it will be urged as a matter of justice with every effort available.

JULIA C. STIMSON,
Major, Superintendent, Army Nurse Corps,
Dean, Army School of Nursing.

NAVY NURSE CORPS

Transfers: To Academy Dispensary, Annapolis, Md., Galena W. Deignan, Chief Nurse; to Navy Yard Dispensary, Boston, Sara B. Myer, Chief Nurse; to Navy Supply Depot Dispensary, Brooklyn, N. Y., Della V. Knight, Chief Nurse; to New York, N. Y., Hannah M. Workman, Chief Nurse, and Ida E. Brooks; to Norfolk, Va., Mary E. Hand, Chief Nurse; to Pensacola, Fla., Mary J. McCloud, Chief Nurse; to Portsmouth, N. H., Minnie A. Campbell; to Puget Sound, Wash., Elisabeth Leonhardt, Chief Nurse; to St. Thomas, V. I., Alice M. Gillett, Chief Nurse, and Anna M. Gray; to U. S. S. Relief, Lucia D. Jordan, Chief Nurse, and Thomasina Libby; to Washington, D. C., Ida L. Hodge and Florence M. Vevia, Chief Nurse (temporary duty); to Naval Medical School, Washington, D. C., Course in Laboratory Technic, Florence M. Gibson, Kathleen O'Brien, Mary T. O'Connell; to Navy Yard Dispensary, Washington, D. C., Miriam F. Ballard, Chief Nurse, U. S. N.

Resignations: Florence H. Kerstetter, September 6, 1922, Inactive Status; Genevieve F. Mamel, September 2, 1922, League Island, Pa.; Dorothy W. Pierce, September 8, 1922, League Island, Pa.; Nena T. Self, September 18, 1922, San Diego, Calif.; Elsie H. Smith, September 20, 1922, Washington, D. C.; Bertie A. Weber, September 14, 1922, Washington, D. C.

LENAH S. HIGBEE,
Superintendent, Navy Nurse Corps.

U. S. PUBLIC HEALTH SERVICE NURSE CORPS

New Assignments: Elizabeth Tierney and Josephine Kohlhas to U. S. Marine Hospital No. 3, Buffalo, N. Y.; Nella Seay and Lyda Hyland to No. 6, Cleveland, Ohio; Ruby Hill to No. 7, Detroit, Mich.; Mattie Ingram to No. 14, New Orleans, La.; Anna Svenson to

No. 16, Portland, Me.; Bernice Chapman to No. 20, Savannah, Ga.; Rosa Regonini and Annie M. Gelino to No. 43, Ellis Island, N. Y.; Mary Kiernan to No. 82, Norfolk, Va.

Transfers: Anna McCann, U. S. Marine Hospital No. 7, Detroit, Mich., to No. 5, Chicago, Ill.; Anna Darlington, No. 11, Louisville, Ky., to No. 9, Fort Stanton, N. Mex.; Ida Holbrook, No. 14, New Orleans, La., to No. 12, Memphis, Tenn.; Ella Oliver, No. 82, Norfolk, Va., to No. 20, Savannah, Ga.

Reinstatements: Mabel K. Adams detailed to office of Superintendent of Nurses, Washington, D. C.; Ruth Scott to U. S. Marine Hospital No. 11, Louisville, Ky.; Alma Foerster to No. 13, Mobile, Ala.; June Exmeyer and Helen Hunt to No. 19, San Francisco, Calif.

LUCY MINNIGERODE,
Supt. of Nurses, U. S. P. H. S.

U. S. VETERANS' BUREAU NURSING SERVICE

The U. S. Veterans' Bureau School of Nursing at U. S. Veterans' Hospital No. 56, Fort McHenry, Md., was discontinued September 15, by order of the Director. Arrangements were made with the Surgeon General of the U. S. Army to admit the students into the Army School of Nursing, giving them full credit for the time spent in the U. S. Veterans' Bureau School. Accordingly, on September 15, seventeen students entered the Army School of Nursing at Walter Reed General Hospital, Takoma Park, Washington, D. C.

The following assignments, reinstatements and transfers were made during the month of September: Kathleen Dorsey, Chief Nurse, U. S. V. Hospital No. 36, Boston, Mass., to No. 88, Rutland, Mass., for the opening of that hospital at an early date; Virginia Oakley, Assistant Chief Nurse, No. 32, Washington, D. C., to the Central Office for temporary duty.

Reinstatements: Palo Alto, Calif.,No.24, Nellie M. Hamaker; No. 30, Annex, Chicago, Ill., Hildred Van Amberg; No. 36, Boston, Mass., Margaret M. Devany; No. 41, New Haven, Conn., Martha M. Frueh; No. 44, West Roxbury, Mass., Elizabeth E. Connors and Margaret L. Delmore; No. 48, Atlanta, Ga., Ada E. Bond; No. 50, Whipple Barracks, Ariz., Bernice Ames; No. 54, Arrowhead Springs, Calif., Gladys McBryan and Nina L. Culbertson; No. 55, Fort Bayard, N. M., Ida Netter and Mata Smith; No. 56, Fort McHenry, Md., Mollie F. Thompson and Blanche V. Durbin; No. 60, Oteen, N. C., Elizabeth Smith, Letha A. Hicks and Harriet Hunter; No. 63, Lake City, Fla., G. Elizabeth Jordan and Ruth T. Shaw; No. 64, Camp Kearney, Calif., Mabelle G. Randolph; No. 75, Colfax, Iowa, Margaret Nicolay; No. 76, Maywood, Ill., Edna M. Hottinger; No. 77, Portland, Ore., Freida E. Becker; No. 78, Logan H. Roots, Ark., Marie Laubach; No. 81, The Bronx, N. Y., Anna Marie Lawless, Margaret O'Hara and Lucy M. Scoggins.

Transfers: Patricia McGovern from U. S. V. H. No. 55, Ft. Bayard, N. M., to No. 24, Palo Alto, Calif.; Martha Knudson, No. 25, Houston, Tex., to No. 55, Ft. Bayard, N. M.; Alisa Wilson and Esther I. Schnur, No. 74, Gulfport, Miss., to No. 27, Alexandria, La.; Virginia E. Oakley, No. 32, Washington, D. C., to Central Office, Washington, D. C.; Marguerite R. Cody, No. 69, Newport, Ky., to No. 41, New Haven, Conn.; Marie L. Gumble, Mary Barnicle and Helen Cowley, No. 41, New Haven, Conn., to No. 64, Camp Kearney, Calif.; Agnes McGann and Mary L. Cave, No. 49, Philadelphia, Pa., to No. 42, Perryville, Md.; Belle McAtee, No. 75, Colfax, Iowa; Susan Mathewson, No. 83, Mobile, Ala.; Patricia Bracco, No. 56, Ft. McHenry, Md., to No. 48, Atlanta, Ga.; Janet Cochrane, No. 51, Tucson, Ariz., to No. 54, Arrowhead, Calif.; Loretta Gieseker, No. 52, Boise, Idaho, to No. 77, Portland, Ore.; Laura Hazelwood, Central Office, Washington, D. C., to No. 56, Ft. McHenry, Md.; Josephine Grima, No. 75, Colfax, Iowa, to No. 68, Minneapolis, Minn.; Katherine McKeone, No. 60, Oteen, N. C., to No. 76, Maywood, Ill.; Minnie A. McDonald to No. 81, The Bronx, N. Y.; Mary E. Rouse to No. 88, Memphis, Tenn.

Follow-Up Work—Appointments: District No. 1, Boston, Mass., Ruth G. Reilly, Margaret B. Bowen, Fannie Craig; Sub-Dist. Office, Manchester, N. H., Ruth Corey; District No. 2, New York City, Mildred A. Ryan; Subdist. Office, Camden, N. J., Elsie M. Safford;

Sub-Dist. Office, Hartford, Conn., Amy J. O'Donnell; Rochester, N. Y., Mary E. Culligan; District No. 4, Sub-Dist. Office, Bluefield, W. Va., Jean Midgley; District No. 5, Sub-Dist. Office, Knoxville, Tenn., Josephine Wright; District No. 7, Sub-Dist. Office, Dayton, Ohio, Otella Slorp; Louisville, Ky., Margaret Dugan; District No. 8, Chicago, Ill., Aurelia M. Gagnon; Sub-Dist. Office, Detroit, Mich., Bertha Woodburn; District No. 9, Sub-Dist. Office, Bellevue Nebraska, Mrs. Myrton M. Skelley; District No. 12, Sub-Dist. Office, Los Angeles, Calif., Mrs. Julia Henry; District No. 12, Rough & Ready Training Center, Stockton, Calif., Mildred J. Charles; Sub-Dist. Office, Tucson, Ariz., Hazel Bryan; District No. 13, Seattle, Wash., Tyra J. Cedergen; District No. 14, Dallas, Texas, Marguerite Berwick; Sub-Dist. Office, San Antonio, Texas, Edith Daniel.

Transfers: Nancy Odell Parke from U. S. V. Hospital No. 36, Boston, Mass., to District No. 1, Boston; Emma Evans from District No. 11, Logan, Utah, to District No. 9, Kansas City, Mo.

There are now 400 nurses assigned to duty in the offices of the District Managers and the Sub-District Managers in the 14 regional districts.

REPORT OF THE AMERICAN HOSPITAL ASSOCIATION

The American Hospital Association and its allied organizations, the American Occupational Therapy Association and American Association of Hospital Social Workers, met in Atlantic City September 25 to 29. Conditions of location and of weather were ideal for such a meeting. The exposition was so imposing, the array of hospital equipment arranged so attractively, much of it in actual operation, that it was difficult to keep the programmes in mind. These were based on the reports of various committees of the Association and of the Rockefeller reports on nursing education and the training of hospital executives. Bulletin 47 of the Association contains the report of the committee on floors, but the exhibit of the materials which are discussed in the report commanded the thoughtful attention of all observers. The questionnaire method, proving an unsatisfactory basis for work, the Committee submitted various types of flooring to actual laboratory tests with surprising results which are carefully tabulated. Other reports on various studies which have been under way, such as those on gauze conservation and laundry equipment, are soon to be available.

The less formal discussions brought out many practical problems, including that of the propriety of employing nurse anaesthetists and of fixing the responsibility for their work. This discussion was ably summed up by Dr. McEachern of Vancouver, who believes there should be a medical director of a department of anaesthesia in every hospital, this director to be responsible for results. In his judgment the advantages of nurse anaesthetists are various, including the lighter touch of a woman, greater patience, and her willingness to remain an anaesthetist for a considerable period of time. He feels that no person, however, should be permitted to administer an anaesthetic without special preparation.

Outstanding papers of the Convention were those read at the Section on Nursing by Amy M. Hilliard, S. Lillian Clayton, and Annie W. Goodrich. Another of note was Dr. F. H. Richardson's on the Dietary Problem in the Children's Department of Hospitals in which he dwelt at length on the importance of a better relation between the child and the hospital in order to avoid the tragedy of high mortality in such departments. Mary Tobin's thoughtful paper on Social Work with the Problem Child immediately raised the question of the growing importance of a better understanding of child psychology.

Exhibitors and those responsible for equipping hospitals should feel well satisfied with the convention. Apparently every variety and type of hospital equipment was on view. Professional exhibits, such as the remarkable compilation of floor plans of the Hospital Library and Service Bureau, the research department of Modern Hospital, the fascinating products of the Occupational Therapists, impressed observers with the magnitude and diversity of our growing resources. Those responsible for the larger problems of community health needs should derive profound satisfaction from the spirit of the discussion. The smaller hospitals doubtless feel a bit neglected, but

they are reminded that at West Baden their problems were given preference over all others. They will remember, too, that the growing number of geographical sections makes it possible to discuss details nearer home. The officers of the Association have reason to consider the Atlantic City Convention highly successful. Asa Bacon, Superintendent of the Presbyterian Hospital of Chicago, is President for the coming year, with Dr. Malcolm McEachern of Vancouver, President-elect.

American Association for the Advancement of Science: At a recent meeting of the Executive Committee of the Council of the American Association for the Advancement of Science, the Committee signified its approval of the general aims of the National League of Nursing Education and the members of the League were cordially invited to attend the meetings of the Association.

Canada: The Canadian Association of Nursing Education held a convention in Edmonton in June at which the key-note of the meetings seemed to be the advancement of nursing education, university courses, addition to the curriculum of courses in tuberculosis, contagious and infectious, mental and venereal diseases; universities to be requested to allow full credits for work already covered by student nurses, and included in the courses as given at the university. The standardizing of training school records, text and reference books, was also decided upon, and committees formed to carry on the work of Student Christian Movement in the training schools in coöperation with the Dominion Y. W. C. A. A committee was formed to make a survey of the practical work of student nurses in training schools, a committee on membership, a scholarship committee, and a joint committee on education,—future policy of the C. A. N. E. and its relation with the Canadian National Association of Trained Nurses. Officers and Councillors elected for 1922-1923 are: President, Mary A. Catton, Protestant General Hospital, Ottawa; vice-presidents, F. M. Shaw, McGill University, Montreal; Annie Kinder, Children's Hospital, Winnipeg; Eunice H. Dyke, Department of Health, Toronto; secretary, S. E. Young, General Hospital, Montreal; treasurer, Mary Shaw, Jeffrey Hales Hospital, Quebec City; councillors, G. M. Fairley, General Hospital, Hamilton; M. F. Hersey, Royal Victoria Hospital, Montreal; Jean Gunn, Toronto General Hospital, Toronto; E. Johns, General Hospital, Vancouver; Mary Martin, General Hospital, Winnipeg; Miss Eddy, General Hospital, Calgary; J. MacKenzie, Jubilee Hospital, Victoria; M. Branscombe, St. Stephens, N. B.; Sister Forfar, Calgary General Hospital, Calgary.

Colorado: Denver.—Lectures for the students of the Denver Schools of Nursing, given under the auspices of the Denver Schools of Nursing and the Denver League of Nursing Education, are to be held on Wednesday, Thursday and Friday afternoons of each week in the Metropolitan Building Assembly Room, September through June. Three series of lectures are given, one each for the Senior classes, the Junior classes and the Intermediate classes. The lecturers are physicians. The Senior Class of St. Joseph's Hospital has issued a beautiful year book, "The Purple and Gold," containing pictures and sketches of hospital and training school life, instructors, students, etc. Even the alumnae of the school are included. **Colorado Springs.**—A three months' course in Tuberculosis for Nurses is being offered under the auspices of the Glockner Sanatorium and Hospital and the Colorado School of Tuberculosis. The opening dates for these courses are: January 1, April 1, July 1, and October 1 of each year. Demonstrations are given at the Glockner Sanatorium and Hospital while the field work is under the Visiting Nurses' Association. The course is open to both graduate and undergraduate nurses.

Connecticut: The Connecticut League of Nursing Education held its September meeting in one of the dormitories of the Connecticut Training School at the New Haven Hospital on the 23d. A Round Table for Superintendents of Training Schools, with Robina Stewart as Chairman, and a Round Table for Instructors, with Miss McNeill as Chairman, occupied the morning. A buffet luncheon was served by the hostesses, Dorothy Tarbox and her staff of head nurses. The afternoon session consisted of a report of the proceedings

of the Seattle Convention, read by the League delegate, Sarah Hyde, followed by a discussion, led by Margaret Stack, of the report of the Rockefeller Commission on the training of student nurses. Committees were appointed to arrange for the purchase from Nursing Headquarters of History of Nursing slides for use in the teaching programme of Connecticut schools of nursing, and for coöperative action with the Connecticut Hospital Association for educational and publicity work throughout the state. The next meeting was arranged for November 25 at Greenwich. **Hartford.**—The graduating of the 45th class of the Hartford Hospital Training School for Nurses meant a busy two days for the thirty-one who comprised it. The class dinner with the traditional will and prophecy was held at the Hotel Bond on the evening, but one, preceding the exercises, which in turn took place in the near-by South Park Church on September 29. The long line of march,—the principal, her graduate staff, the graduating nurses, the new nurse of the year, and the graduates of other years, who had returned to their old school for the day, wended its way through the glorious autumn afternoon, under the tall elms down the quiet lane to the crowded church where Dr. Milton C. Winternitz of the Yale School of Medicine gave the address to the graduates, endorsing in it the findings of the Rockefeller Report on Nursing Education, and reiterating his faith in the educational future of the nurse. Announcement was made in her report by Miss Stewart, of the awarding to Laura Sumner Brownell, class of 1920, of the $1,200 scholarship for post-graduate social service work at Simmons College, lately donated by the Woman's Auxiliary of the Hospital. A reception in the residence followed the exercises, and after it the nurses, with an impressive little ceremony, planted their class tree and ivy root in the old garden, passing over their trowel and their responsibilities to the new seniors. In the evening the Alumnae Association welcomed its new members at a dinner in the residence dining room, at which the President, Mary Gerow Trites, presided, and Mary M. Roberts, joint editor of the *Journal,* was the premier guest of honor and the speaker of the evening. A gift of one hundred dollars in gold was made by the graduating class to the Alumnae, as its contribution to the Lauder Sutherland Memorial Loan Fund, which is being raised by the graduates of the school in the interest of nursing postgraduate study. The following evening a Cinderella dance for all the capped nurses of the school brought this happy time to a close. **New Haven.**—The regular monthly meetings of the Connecticut Training School Alumnae Association for September and October have been held at the usual time and place with an enthusiastic attendance, the President, Miss Gilbert, in the chair; routine business was attended to; Nurses' Relief Fund, cared for by special committee, discussed; important topics suggested by Seattle Convention; new members admitted, and a vote to complete local nurses' infirmary fund. An imporotant guest of honor was Dean Winternitz, of the Yale School of Medicine, who is most optimistic for the future of the New Haven Hospital and Connecticut Training School; with sufficient means now in view, both should be carried to a higher state of efficiency, so that in the not distant future a School of Nursing as part of Yale University will be the aim and result; an important feature being a new dormitory capable of housing two hundred nurses, and new buildings replacing all of the old hospital structures. He paid a glowing tribute to the ability of Dr. Rappleye of national reputation, recently elected superintendent of the hospital, and most enthusiastic for coöperation with the foregoing plans. The speaker stressed the point of the nurses giving their moral support to this forward movement with interest and enthusiasm.

District of Columbia: Anna A. Ewing has resigned her position as Assistant Director of Public Health Nursing of the American Red Cross, after five years of continuous Red Cross service, and will study at Teachers College.

Florida: The Florida State Nurses' Association will hold its annual meeting in Orlando November 20 and 21.

Illinois: The Board of Directors of the Chicago Tuberculosis Institute has appointed Mrs. Theodore B. Sachs (Louise Wilson, Michael Reese Hospital) as Superintend-

ent of the Institute. Mrs. Sachs has been prominent in the tuberculosis work of Chicago and Cook County for many years, both as a volunteer worker with her husband, the late Dr. Theodore B. Sachs (first Medical Director of the Edward Sanatorium at Naperville, and President of the Chicago Tuberculosis Institute), and during the past six years as Assistant Superintendent of the Institute. This is the first time that a woman has been appointed to this important post, but her friends and fellow workers know that Mrs. Sachs is quite equal to the many and varied responsibilities which the position brings. **Chicago.**—The Alumnae Association of the Illinois Training School met on September 5 at the Nurses' Home and heard reports of the convention in Seattle from Mathild Krueger Lamping, Mary C. Wheeler, and Louise Hostman. Graduates of the school are reported as follows: Grace I. Perrine, class 1917, has accepted a position at the John C. Proctor Hospital, Peoria. Lisle Freligh, class 1905, has resigned as night supervisor at the County Hospital and is sutdying at Teachers College. Miss Freligh was one of the early students at Teachers College. E. K. Smith, class 1898, is superintendent of the Riverside Hospital, Cleveland, O. Sallie C. Hawkins, class 1921, is at the Mary Johnston Hospital, Manila, P. I., and has opened a Public Health course which will be affiliated with the University. Anna J. Haswell is resident nurse at Downer College, Milwaukee. St. Anne's Hospital Alumnae Association is to hold a bazaar in November in which the members are taking great interest.

Indiana: The Indiana State Nurses' Association held its annual convention at the Lincoln Hotel, Indianapolis, October 2, 3, 4. It was followed by the third annual Conference of Public Health Nurses of the Division of Public Health Nursing under the Board of Health. The following officers were elected for the State Association: President, Ina Gaskill, Indiana State Board of Health; vice-presidents, Lizzie Goeppinger, Lulu V. Cline; secretary, Eugenia Kennedy, St. Vincent's Hospital, Indianapolis; treasurer, Mary M. Peterson. Mary M. Peterson, Robert W. Long Hospital, Indianapolis, was elected President of the Indiana State League of Education, Margaret R. Parker vice-president, and Lizzie L. Goeppinger secretary-treasurer. The meeting of the League of Nursing Education opened with an address of welcome by John B. Reynolds, General Secretary of the Indianapolis Chamber of Commerce followed by a response and address by the President, Mary M. Peterson. Interesting reports were given by the Indiana Board of Examination and Registration of Nurses and by the State Educational Director, Mary E. Gladwin. Visiting nurses were given an automobile ride over the city at 4:30 p. m. The opening session of the State Association was given over to business and reports from the standing committees. Josephine Mullville, Superintendent of the Indianapolis City Hospital, gave a very interesting paper on How We May Interest Younger Graduates in Official Organizations. The afternoon session was given over to Private Duty. Mary E. Gladwin, Educational Director of Indiana, in her address, Outside Interests for Private Duty Nurses, urged the private duty nurse to have a hobby. Interesting reports were made by the official nurses' directories of Indiana. Nina Burnside, private duty nurse of Elkhart, gave a very interesting paper on The Private Duty Nurse as an Educator. She pointed out the opportunities the private duty nurse has to teach prevention of illness and to interest young women in nursing as a profession. Ralph Johnson of the S. W. Strauss Company addressed the meeting on Thrift. In the evening a banquet was held at the Lincoln Hotel. William Hershell of the *Indianapolis News,* read several of his poems entitled Songs along the Way. He said that he had learned that R.N. after a nurse's name meant Right Now. Mrs. Demarcus Brown, who has just returned from a trip abroad, gave a very interesting account of her trip. The Public Health Section, with Edna Hamilton as Chairman, had a very interesting and instructive programme on Wednesday. Dr. J. N. Hurty, former Secretary of the Indiana State Board of Health for 28 years, received a great ovation from the nurses when he addressed them on The Public Health. Dr. Chas. P. Emerson, Dean of Indiana Medical College, in his address on Public Health Nursing said that the time was not far off when we would not have Private Duty

Nurses, all nursing would be done by the Public Health Nurse. In the discussion that followed, Edna L. Foley, Director, Chicago Visiting Nurse Association, addressed the meeting on Opportunities for Self-Education and said that she thought we would always have the Private Duty Nurse. A camp-fire party and dance was given in the evening at Ft. Benjamin Harrison for the Ex-Service Nures. The Public Health Conference, which was held following the State Meeting was well attended. Dr. William F. King, Secretary of the State Board of Health, who gave the opening address, said that Public Health Nursing is a public service despite the tendency both in medical and nursing professions to commercialize. Nurses from over the state enjoyed the excursion to the Divisions of the Indiana State Board of Health, State House, and all felt greatly benefited by the conference. **Richmond.**—Clara Brewster Pound, for eight years superintendent of Reid Memorial Hospital, has reigned her position, accepting the position of superintendent of the Home Hospital at Lafayette. It is with deep regret that her associates see her leave, but they sincerely appreciate the fact that Reid Memorial Hospital has had her uplifting and beneficent influence so long. Miss Pound was succeeded, September 16, by Elizabeth Springmyer, graduate of Christ Hospital, Cincinnati, Ohio, who has been surgical supervisor at Reid Memorial Hospital for several years. On September 9, the Nurses' Alumnae Association gave a banquet at the Polly Prim Tea Room in honor of Miss Pound and the 1922 graduating class. Commencement exercises were held for a class of five on the evening of Friday, September 15, at the Reid Memorial Church. The address of the evening was made by Mary E. Gladwin, Inspector of Training Schools in Indiana.

Iowa: Des Moines.—During the G. A. R. conclave, emergency hospitals were established at various points. They were manned by four shifts of nurses who donated their time. The Seventh District Association entertained the Civil War nurses who were in attendance at the conclave at a dinner. Many weird and terrible tales of war experiences were told. Only ten of the seventy nurses yet living were able to attend the meeting. Esther Jackson is superintendent of the Iowa Lutheran Hospital. Margaret Coull, a public health nurse, has accepted a position at Tulsa, Oklahoma. Elma Olsen, Lutheran Hospital, has joined the Des Moines Public Health nursing staff. **Council Bluffs.**—Five nurses of this city attended the convention of the American Legion in New Orleans.

Kansas: The Kansas State Board for Examination and Registration of Nurses will hold an examination for State Registration at the State House, Topeka, December 5 and 6, 1922. Applications for this examination should be in the hands of the Secretary not later than November 25. Sister Mary Helena, R.N., Secretary St. Luke's Hospital, El Dorado. **Topeka.**—Mary Robertson, class of 1918, Christ's Hospital, is taking a postgraduate course in surgical work at the County Hospital, Chicago.

Kentucky: The Kentucky State Board of Nurse Examiners will hold examination for state registration on Tuesday and Wednesday, November 21-22, 1922, at the J. N. Norton Memorial Infirmary, Louisville. For applications and information apply to Flora E. Keen, Secretary, 115 N. Main Street, Somerset, Kentucky.

Massachusetts: The Massachusetts State Nurses' Association held its autumn meeting in Gloucester, October 7, in the American Legion Hall. The meetings began with those of the League of Nursing Education, 9:45 to 11, at which business was transacted, and a report of the League meetings at Seattle was given by Mary L. Wakefield. From 11 to 12, the Private Duty Session held a meeting with a report of the Private Duty Section meetings at Seattle from Catherine E. Galvin. The Public Health Section also met from 11 to 12 and heard a report of the public Health meetings at Seattle from Mary A. Jones. At noon, all delegates were taken to points of interest in automobiles provided by the Chamber of Commerce. After luncheon, the State Association convened and was opened with prayer by John Clarence Lee, D.D., followed by community singing. An address was given by Congressman A. Piatt Andrew, dealing with nursing service during the war and with present national and international problems. Reports of the conven-

tion in Seattle were given by the president, Carrie M. Hall, and by Mary M. Wakefield, Mary A. Jones, Catherine E. Galvin, Sarah Beaty, Ellen C. Daly, Jane F. Riley. Greetings were sent to Linda Richards, who has recently celebrated the fiftieth anniversary of her graduation; to Mary E. P. Davis, corresponding secretary, who was prevented by illness from attending the meeting, and to Lucy L. Drown, now living in New Hampshire, but for long a member of the association. Following the meeting a tea was served by the ladies of the Independent Christian Church, and at 5:30 a concert was given on the Gloucester Carillon. **Boston.**—The Alumnae Association of the Massachusetts Homeopathic Hospital at its June meeting elected the following officers: President, Mrs. Thomas; vice-presidents, Mrs. Gibson, Pearl Freeman; recording secretary, Miss Cawthorn; corresponding secretary, Miss Ewing; treasurer, Mrs. Schirmer; auditor, Miss Carvell. Graduates of the school are reported as follows: Pearl Freeman and Ruth Heltar have taken positions in the Cortland Hospital, Cortland, N. Y. Mrs. Alice H. Flash has retired from nursing and gone to Los Angeles, California, to live. Beatrice L. Gifford, class of 1921, has accepted a position as Superintendent of Martha's Vineyard Hospital, Oak Bluffs, Nantucket. Miss Ruth S. Martinson, 1921, is night supervisor at the same hospital. Thelma I. Howe, class of 1922, is doing Community Public Health work in Sullivan, Maine. The Misses Florence and Helen Blanchard, class of 1921, are head nurses at the Keene Hospital, Keene, N. H. Ethel Perley, class of 1921, is doing Industrial Nursing at Port Chester, N. Y. Phoebe A. Harvey has gone to Minneapolis, Minn., to take charge of the Infants' Ward in the Marshall Stacy Hospital. Graduates of the Boston City Hospital are reported as follows: Mary M. Riddle has taken up her residence at 223 Newbury Street, Boston. Susanne F. Robbins, 1895, is in charge of the Community Centre for Public Health Work at Savannah, Ga. Margaret J. Fallon, 1911, has taken charge of the Long Island Hospital, Boston Harbor. Maud Estelle Duncklee, 1918, is on the laboratory staff of the Boston City Hospital. Margaret M. Hughes, 1909, is supervising nurse of the Welfare Bureau, Sioux City, Iowa. Harriet B. Delamere, 1910, is superintendent of nurses, Queens Hospital, Honolulu. Mrs. Effie M. Palmer Phinney, 1905, has resigned her position at the Malden Maternity Hospital and will do private nursing.

Michigan: Battle Creek.—The Nichols Memorial Hospital registry and alumnae members at their last meeting voted to use all funds over and above expenses for a sick fund for the benefit of members of Nichols Memorial Hospital Alumnae

Minnesota: The Executive Board of the Minnesota State Conference of the Catholic Hospital Association was entertained at dinner at St. Mary's Hospital, Minneapolis, on October 7 and later in the afternoon held a business meeting to plan for the annual State Conference, December 5 and 6, at Rochester, Minn. A most interesting programme is in preparation and will be ready for publication in a short time.

Missouri: The Missouri State Board of Nurse Examiners will hold an examination in Kansas City and St. Louis December 5 and 6. Applications may be obtained from Harriet L. P. Friend, Secretary and Educational Director, 620 Chemical Building, St. Louis, Missouri. **St. Joseph.**—District 1 has elected the following officers for the year 1922-23: President, Rose Hales; vice-presidents, E. O. Gibbons, Elizabeth Gray; secretary, F. Myriel Gates, Noyes Hospital; treasurer, Minnie Poland. The Noyes Hospital Alumnae Association at its annual meeting elected to office for the year 1922-23: President, F. Myriel Gates; vice-president, Rena McGauhey; secretary, Evangeline O. Gibbons; treasurer, Mrs. Nora K. Spencer. **Kirksville.**—The annual meeting of the American School of Osteopathy Nurses' Alumnae Association was held at the nurses' cottage Friday, September 30. The Senior and Junior student nurses of the A. S. O. Hospitals were invited to be present at the meeting. The following officers were elected: President, Cora E. Gottreau; vice-president, Edna Morris; secretary-treasurer, Jeannette P. Carley. Miss Gottreu was elected delegate to the state meeting at Columbia. The Alumnae Association gave $50 to buy books for the

Nurses' Library. After the business meeting, a social hour was spent in music and dancing. Refreshments were served by the Freshman class.

New Jersey: THE NEW JERSEY STATE NURSES' ASSOCIATION will hold a meeting at the Chalfonte Hotel, Atlantic City, on November 3 and 4. Headquarters will be the Chalfonte. Rates for hotels are: Chalfonte, $6.00 to $8.00 per day, American plan; Holmhurst, $5.00 to $7.00; Morton, $4.00 to $7.00; Stephenson, $4.00 to $6.00. An interesting programme is being prepared and all nurses are cordially invited. THE NEW JERSEY STATE ORGANIZATION FOR PUBLIC HEALTH NURSING will hold its regular fall meeting in the Hotel Chalfonte, Atlantic City, on Saturday, November 4. It will be an all-day session. There will be a speaker on Social Hygiene as Related to Juvenile Delinquincy. George Ischler will talk on the manufacture of anti-toxin and serums. There will be a get-together luncheon at noon with the State Nurses' Association. THE NEW JERSEY STATE LEAGUE FOR NURSING EDUCATION held a meeting at the Elizabeth General Hospital, Elizabeth, September 22. Mary J. Stone, official delegate from the State League to the National Convention, gave a most interesting report. Ida F. Austin gave an instructive lecture on the Early History of Nursing, illustrated by lantern slides. A social hour followed and refreshments were served by the faculty of the Elizabeth General Hospital.

New York: THE NEW YORK STATE NURSES' ASSOCIATION is holding its annual meeting at the time this *Journal* is in press. A report will appear in December. **Buffalo.**—DISTRICT No. 1 held a regular meeting at the Y. W. C. A. on September 27, Miss McDede presiding. Very interesting reports of the Seattle convention were read. It was decided to publish a paper called The Reflections of Western New York, which will contain editorials, business news, notices and alumnae news. Four delegates were elected to attend the state convention in New York City. One delegate was chosen from Niagara Falls. **Rochester.**—A celebration of the fiftieth anniversary of the State Charities Aid Association will be held on November 24 and 25. Important speakers on the topics of Child Welfare, Public Health and Mental Hygiene will be in the city, and the meetings will be open to the public. Headquarters will be at the Hotel Seneca. THE GENESEE VALLEY NURSES' ASSOCIATION held a meeting at the Club House on September 26, when Eunice A. Smith gave an interesting report of the convention in Seattle. The report of the Club House and Directory for 1921-22 shows that $1,000 has been placed at interest, all expenses paid, and a balance of $500 at the end of the year; 287 nurses were registered with the directory during the year. The Club House has accommodations for the registrar, a housekeeper, nine nurses, and for one guest. **Clifton Springs.**—The Geneva City Hospital, the Frederick Ferris Thompson Memorial Hospital, and the Clifton Springs Sanitarium are coöperating this fall in a group instruction plan whereby one instructor will teach in the three training schools the subjects: Anatomy and Physiology, Drugs and Solutions, Materia Medica, Bacteriology, and Psychology, each school having the instructor three half days each week. Gertrude Strong Bates, class of 1919, Clifton Springs Sanitarium, has accepted the position of Instructor. DISTRICT No. 4 held a regular meeting at Hospital of the Good Shepherd, Syracuse, on October 12 with 62 members present. Routine business was transacted. Report was given by Miss Sherwood on her trip to Seattle and the National Convention. Address by Miss Sibley on her trip to Newfoundland with Dr. Grenfell. Refreshments were served by the Alumnae Association of the Good Shepherd Hospital. **Auburn.**—THE AUBURN CITY HOSPITAL ALUMNAE met in the Nurses' Home September 29. Several new members were received and plans were made for a busy winter. **Saranac Lake.**—THE SARANAC LAKE GRADUATE NURSES' ASSOCIATION held a meeting at the home of Mrs. Denny on October 3 with twelve members present. A large amount of business was transacted. Arrangements were made for the annual Donation Day at the hospital, November 2. **Jamaica.**—THE MARY IMMACULATE HOSPITAL is proud to report, in connection with fire prevention week, that its building is of fireproof construction and that fire drills are conducted from

time to time and all attaches are instructed as to their duties in case of emergency.

North Dakota: The North Dakota State Board of Nurse Examiners will hold its next examination November 21 and 22 at Fargo. All applications must be in the hands of the Secretary at least twenty days prior to examinations, M. Clark, Secretary and Treasurer, General Hospital, Devils Lake, N. D. All nurses completing training by January 2, 1923, are eligible to take the examinations.

Ohio: The Nurses' Examining Committee of the Ohio State Medical Board will hold an examination for applicants for nurse registration on December 18, 19 and 20, at Memorial Hall, Columbus. Applications should be made well in advance, to Nurses' Examining Committee, Ohio Building, Fourth and Main Streets, Columbus. **Columbus.**—Public Health Nurses in the Southern District held the quarterly conference on September 8, at the Elks' Club, Margaret Dorsey presiding, with an attendance of eighty-seven. Gertrude Armstrong, State Department of Health, conducted the opening round table on Tuberculosis, followed by Hilda Hauss, State Department of Health, on Pre-natal Work. Miss Farmer, Chief, Bureau of Public Health Nursing, gave a talk on School Nursing with special emphasis on coöperation between nurses and teachers. Mrs. Norma Selbert, Ohio State University, gave a splendid talk on The Essential Points to Observe when Doing Public Health Nursing. Miss C. V. McKee, Chief Examiner, State Registration for Nurses, gave a five minute talk on Registration, showing the value of registration and urging nurses who are not registered in Ohio but are registered in other states to be registered in Ohio. At the afternoon session, Dr. Snively, Director, State Department of Health, gave an address of welcome. He was followed by Dr. F. G. Boudreau, Chief, Division of Communicable Diseases, who spoke on the development of public health nursing throughout the state and coöperation between public health nurses and physicians. Dr. R. G. Leland, Chief, Division of Hygiene, State Department of Health, gave a talk on Child Hygiene with special reference to future plans in division. Dr. H. J. Gerstenberger, Cleveland, gave a short talk on Feeding of Children. He was followed by Dr. Champion of Cleveland, who gave quite an exhaustive talk on Nutrition of Children and outlined the work as it is being done in Cleveland under his direction. Dr. H. G. Beatty, Columbus, spoke on cleft palate and defective speech and methods of correction. Mrs. Burt followed Dr. Beatty with a talk on Social Hygiene. The closing hour was devoted to open business on any subject by the nurses attending the conference. **Cleveland.**—The Alumnae of the School of Nursing of St. John's Hospital held their annual election October 3, with the following result: President, Glyde Hamel; vice-president, Helen Slamen; secretary, Bertha McKeen; treasurer, Gladys Vaughn.

Pennsylvania: Philadelphia. — The Alumnae Association of the Presbyterian Hospital in Philadelphia have in the past year raised $5,000 to complete a $20,000 endowment. This sum entitles the Association to the use of two private rooms in the hospital for its sick members. Any paid up member is eligible and may use the room upon application to the secretary. The sum was raised by entertainment and personal subscription, and much hard work on the part of all the members. The Alumnae Association of the Protestant Episcopal Hospital in Philadelphia held its first fall meeting on October 4 in the Nurses' Home, with 16 present. It was voted to send four paid delegates to the state convention in Wilkes Barre. A report came from the Red Cross of a disabled and needy graduate of an early class. Mrs. Adelaide Wright Pfromm gave an excellent report of the convention in Seattle. A hearty welcome was given Harriet M. Gillette, who was recently appointed Directress of Nurses. Edith L. Wood, class of 1910, is recuperating from typhus fever contracted while serving in Russia. Blanche Knox, class of 1901, who returned a year ago from Near-East duty is now instructor of nurses at the Germantown Hospital. The Alumnae Association of the Memorial Hospital, Roxborough, has pledged itself to meet the expenses of sending the pupil nurses to the Central School of Nursing in Philadelphia. It is hoped that other alumnae associations may be

interested and possibly inspired to follow its example, especially when the hospital proper is not financially in a position to offer its pupil nurses the advantages which the Central School affords. THE SAMARITAN HOSPITAL ALUMNAE ASSOCIATION held its annual meeting on September 25, in the Nurses' Home, with thirty-six present. Election of officers: President, Jean Magee; vice-president, Maud LeVan; secretary, Jessie M. Rowe; assistant secretary, Catherine Bothoff; treasurer, Martha Wannemacher. After the routine business, the meeting became a social affair, there being a number of non-resident members present who have been absent for a few years. A special meeting was called for October 10, at which time two delegates were elected to the State Convention at Wilkes Barre. A musical programme is being planned for the next meeting. The Endowment Fund is growing rapidly and will soon be ready to turn over to the hospital to be used in the building of the new hospital. **Braddock.**—Amy Linsenmayer has resigned as Assistant Directress of nurses at the Braddock General Hospital and has become Assistant Night Supervisor at the Western Pennsylvania Hospital, Pittsburgh. THE BRADDOCK GENERAL HOSPITAL ALUMNAE ASSOCIATION will hold a bazaar during the first week in December. Each graduate of the school is asked to send some contribution for the bazaar with wishes for its success. They should communicate with the chairman of the Social Committee, Roxanna Gray, 1415 Macon Street, Swissvale, Pa. **York.**—DISTRICT 4 held a meeting at the York Hospital on September 23 which was well attended. A report of the Seattle convention was given by the president, Netta Ford. Luncheon was served by the Board of Directors of the hospital after the meeting.

South Dakota: THE SOUTH DAKOTA STATE ASSOCIATION OF GRADUATE NURSES held its annual meeting on August 23, 24 and 25, at the Library Club Rooms, Rapid City, with the following programme: The address of welcome was given by Judge Walter Miser, response by Mrs. Myra Noyes. Reports of the Seattle Convention by Lillian Zimpher, Ellen McArdle, Mrs. Elizabeth Dryborough. *August 24, Morning,* Public Health Section. Address: Dr. Park B. Jenkins, State Department of Health. Address: Dr. Clara Hayes, State Department of Health, Purpose, Provision and Suggestive Means of Administration of the Sheppard Towner Bill. A County Programme, Katharine Rhodes. A Nutrition Programme, Mary Dolvey, Extension Department, State College, Brookings. Tuberculosis Clinics, Dr. Woodworth, State Tuberculosis Sanitarium. The Relation of Diet to Dentistry, by Dr. C. H. McDowell. PRIVATE DUTY SECTION: Are Private Duty Nurses Keeping up the Standards of Nursing? Margaret O'Connell. The Benefits of our Alumnae, Dora J. Hovick. *August 25, Morning,* Papers—Training School Management, Anna Haugan, Sioux Falls; Dr. Richard Olding Beard, His Relation to the Nursing Profession, Ethel Hughes; Diet in Health and Disease, Elizabeth Thom; A Social Service Secretary in a Rural Community, Mrs. Pheobe Schnellbach. The social features of the Convention were a reception and tea given by the Methodist Deaconess Hospital, a trout fry at tourist camp, an auto trip to one of the beauty spots in the Black Hills, with picnic supper. The officers elected are: President, Ellen McArdle; vice-presidents, Stella Ulsted, Elva L. Wade; recording secretary, Mable Woods; corresponding secretary, Carrie E. Clift; treasurer, Myles W. Hickok; auditor, Hazel Dolan.

Tennessee: THE TENNESSEE STATE NURSES' ASSOCIATION held its seventeenth annual meeting in Knoxville, October 9 and 10. The Invocation was given by Rev. F. F. Brown; address of welcome by the Honorable E. W. Neal, mayor of Knoxville; Miss Archie Hobson of Knoxville and Mrs. M. R. Brown of Chattanooga responded. Mrs. D. T. Gould, president of the Association, in her address urged that an intensive legislative educational campaign be carried on and that the efforts for the year be centered on building up our alumnae and districts in preparation for a new bill and that we do not force a legal issue until we are better prepared. The reports of the committees were splendid, the National Relief Fund Committee, especially, had a report the nurses were all proud of. In the Publicity report, nurses were urged especially to make use of the committee in sending in interesting reports and each dis-

trict was urged to put forth more effort in securing *Journal* subscriptions. In the Sectional Report, Public Health seemed to be the strongest. At noon of the first day the members were entertained with a delightful luncheon given at the Y. W. C. A. On the afternoon programme Dr. E. C. Ford read an interesting paper on Medical Inspection of Schools and Mrs. K. Andrews of Chattanooga read one on The Industrial Nurse in the South. Evelyn Chase of the State V. D. Department gave an excellent talk on V. D. work and its needs, especially along educational lines. On Monday evening, the members were delightfully entertained by Carl R. Roberts, who gave a dinner and theater party. The dinner was given at the Whittle Springs Hotel a lovely place about three miles north of Knoxville. During the dinner a most entertaining programme was rendered, after which cars carried them back to Knoxville to the Theater. Tuesday morning Dr. L. D. Hill of Knoxville very ably discussed Breast Feeding of Children. Dr. Harrison discussed Goitre and treatment. Dr. S. H. Hodge gave a very interesting and instructive talk on the Use of Radium in Cancer. Leah Fletcher, a business woman and president of the State Association of Business and Professional Women gave a very instructive talk that would be beneficial to every nurse. Miss Divine gave an interesting talk on the nurse in follow up work of the disabled veteran, Miss Divine being Director of that work for the Southern Division. Dixie Sample of Memphis very ably opened discussion on State Legislation in the Nuring Profession, which brought out many instructive and helpful suggestions. At noon the Knoxville Nurses' Association gave a sectional luncheon at the Farragut Hotel. Sunday preceding the meetings, hospitality was offered by the Fort Sanders Hospital, where the Board of Directors' meeting was held. After the meeting there was a lovely dinner, favors being small dolls dressed in nurses' uniforms. Following the election of officers on Tuesday afternoon a meeting of the new Board of Directors was held, at which time the regular state committees were appointed. The next meeting is to be held in Chattanooga. At the close of the meetings delegates were given a delightful automobile ride around the city, stopping at Kuhlman's Drug Store where refreshments were served. The following officers were elected to serve 1922-23: President, Mrs. Dorsey T. Gould, Nashville; vice-presidents, Mrs. G. A. Blair, Knoxville, and K. Andrews, Chattanooga; secretary, Annie Feltus, 869 Madison Avenue, Memphis; treasurer, Mary Hathcock, Fort Sanders Hospital, Knoxville. Chairmen of committees are: Ways and Means, Evelyn Chase, Nashville; Publicity, Mrs. E. Bowyer, Nashville; Relief Fund, N. Plewes, Chattanooga; Revision, J. Wright, Knoxville; Nominating, Edith McIntosh, Memphis; Arrangements and Programme, Mrs. C. E. Ferree, Chattanooga. District presidents are: No. 1, Mrs. T. J. Hunn, Memphis; No. 2, Ella McArtor, Knoxville; No. 3, Mary Sproul, Nashville; No. 4, Mary Hennessee, Chattanooga.

Utah: Salt Lake City.—The club of "outside nurses" which has been in existence for two years, meets on the last Saturday afternoon of each month with a programme consisting of business, a lecture, and refreshments. Some very fine lectures have been given. Occasionally music replaces the lecture.

West Virginia: The West Virginia State Nurses' Association held its annual meeting on August 31 and September 1. It was decided to discontinue the district form of membership and have membership by alumnae associations and individuals. Mrs. Cook was reëlected president; and Mrs. Bullard, secretary.

Wisconsin: The Wisconsin State Nurses' Association held its thirteenth annual meeting in Oshkosh, October 4, 5, and 6, jointly with the Wisconsin League of Nursing Education. One hundred and eighty were registered. The members had with them Mary C. Wheeler of Chicago, Helen Scott Hay, recently Director of the Red Cross Nursing Service in Europe, and Adda Eldredge, Director of Nursing Education in Wisconsin. All brought pleasure and inspiration. Stella Mathews, recently returned from Poland, gave a most interesting paper on Public Health Nursing in Poland. Many interesting reports from delegates to the convention at Seattle were

given. Much work was done in revising the constitution and by-laws of the Association. Pledges were made to the various funds. The nurses of District No. 6 were prepared for both business and pleasure. The time spent at Oshkosh will be a pleasant memory. Many thanks are due Miss Reid, the president, who had the business for each day so efficiently planned. Officers elected are: President, Agnes Reid, Bradley Memorial Hospital, Madison; vice-presidents, Mrs. E. F. Nelson, Oshkosh; Mary Reynolds, Carleton Hotel, Milwaukee; secretary, Erna Kowalke, 85 Oneida Street, Milwaukee; treasurer, Margaret Pakenham, 355 Farwell Avenue, Milwaukee. The 1923 Convention will be held at LaCrosse, Wis. **Milwaukee.**—At the Mississippi Valley Conference a debate was held by Public Health Nurses at a round table on the subject: Resolved that Tuberculosis Nursing is More Effective when Specialized than when Included in a General Programme. The Fourth and Fifth Districts held their monthly meeting at the Milwaukee Nurses' Club on September 27. Owing to the resignation of the President, First Vice-president, Second Vice-President and Secretary, the following officers were elected: President, Delphine Hines; vice-presidents, Mildred Fehlhauer, Helen Wipperman; secretary, Nelly Van Kooy; treasurer, Lillian Lubben. The delegates to the annual meeting were appointed. On September 15 twenty-six Base 22 nurses gave a surprise dinner in honor of Stella Mathews, who has recently returned from Poland, where she served for the last two and a half years in the capacity of organizing the nursing work there. St. Joseph's Nurses' Alumnae met at St. Joseph's Hospital September 26. Two delegates were appointed to represent the Alumnae at the state meeting in Oshkosh. **Marshfield.**—The Eighth District Association held its regular meeting August 22 at St. Joseph's Hospital. Delegates were appointed for the annual meeting. Previous to the meeting the members were entertained at a luncheon by the Sisters of St. Joseph's Hospital—the pupil nurses serving. Sister M. Bartholmea read a paper on Training School Problems which she had written to read before the Catholic Hospital Convention. Catherine Cannivet, graduate of St. Joseph's Hospital, has accepted a position as anaesthetist, and Priscilla Alden as obstetrical nurse, with the Marshfield Clinic. **Madison.**—The State Board of Health has appointed the following: Mary Dunwiddie, graduate of the Presbyterian Hospital, Chicago, for advisory work in the southern half of the state, Emily I. Elliott, graduate of the Massachusetts General; and Anna H. McCarthy, graduate Westboro State Hospital, Westboro, Mass., for Maternity and Infant Health Center work.

BIRTHS

To Mrs. Harry Hollowell **(Lydia Florence Allison,** class 1915, Protestant Episcopal Hospital in Philadelphia), a daughter, Betty Allison, September 9.

To Mrs. A. L. Colglazier **(Florine Boyl,** class of 1919, Robert W. Long Hospital, Indianapolis), a daughter, Lillian Katherine, September 6.

To Mrs. H. G. Mauk **(Quinnella Croft,** class 1911, Montefiore Hospital, Pittsburgh, Pa.), a daughter, Shirley Anne, August 29.

To Mrs. Washington Merscher **(Theda S. Dengler,** class 1912, Germantown Hospital, Philadelphia), a son, William Robert, July 15.

To Mrs. A. D. Thorne **(Mayme Ellington,** class 1912, Christ's Hospital, Topeka, Kas.), a son, Charles Percy, August 8.

To Mrs. Harry Megargle **(Mary Forsythe,** class 1918, Protestant Episcopal Hospital in Philadelphia), a son, August, 1922.

To Mrs. Harry M. Corbett **(Marie Freeland,** class of 1915, Lankenau Hospital, Philadelphia), a daughter, Harriet Freeland, September 2.

To Mrs. Howard Relation **(Selina Fromer,** class 1911, Lenox Hill Hospital, New York), a son, Howard, Jr., September 1.

To Mrs. N. Lowell **(Leah Horn,** class of 1907, Lenox Hill Hospital, New York), a son, DeWitt James, July 11.

To Mrs. Harvey Spahn **(Etta W. Howell,** class of 1914, Braddock General Hospital, Braddock, Pa.), a daughter, Sara Annetta, August 15.

To Mrs. Charles Wright **(Mary Kanode,** class 1917, Christ's Hospital, Topeka, Kas.), a daughter, Mary Ella Louise, September 10.

To **Mrs. Alice Bearse Lover** (Massachu-

setts Homeopathic Hospital, Boston), a daughter, July 3.

To Mrs. Carl Burns **(Marie Lukeard,** class of 1920, Mercy Hospital, Council Bluffs, Iowa), a daughter, September 10.

To Mrs. William J. O'Donnell **(Catharine McCarthy,** class 1919, St. Joseph's Hospital, Reading, Pa.), a son, August 29.

To Mrs. Harry S. Bull **(Mary E. McGrath,** class of 1913, Auburn City Hospital, Auburn, N. Y.), a daughter, September 26.

To Mrs. D. Banks Moist **(Naomi McKinney,** class 1915, Lewiston Hospital, Lewiston, Pa.), a daughter, Eva Ruth, August 17.

To **Mrs. Flora Coleman Mocas** (Massachusetts Homeopathic Hospital, Boston), a son, July 9.

To Mrs. Peter Samuelson **(Henrietta Morrison,** class of 1920, St. Anne's Hospital, Chicago), a son, July 7.

To Mrs. John R. Fries **(Ethel Myer,** class 1916, Methodist Episcopal Hospital, Philadelphia), a son, John Robert, August 28.

To Mrs. Stanley C. Walker **(Edna C. Rachek,** class of 1914, House of the Good Samaritan, Watertown, N. Y.), a daughter.

To Mrs. George Hunt **(Kathryn Rinehart,** class of 1911, Samaritan Hospital, Philadelphia), a daughter, September 23.

To Mrs. Otis Young (**Frances Scott,** class of 1920, Christ's Hospital, Topeka, Kas.), a daughter, Frances Louise, August 9.

To Mrs. Kenneth White (**May Sloothower,** class of 1920, Methodist Episcopal Hospital, Philadelphia), a daughter, Evelyn Louise, September 18.

To Mrs. Spencer D. Whiting, (**Carolyne Stupka,** class of 1917, Illinois Training School, Chicago), a son, Edwin Bradford, July 4.

To Mrs. William Sunday (**Minnie Walker,** class of 1915, Altoona Hospital, Altoona, Pa.), a son, September 29.

To Mrs. Arthur Rowe (**Margaret Wilson,** Protestant Episcopal Hospital, Philadelphia), a daughter, Betty Jean, in September.

To Mrs. John Vadder (**Helen Zorn,** class of 1918, St. Anne's Hospital, Chicago), a daughter, Gertrude, in July.

A Correction.—In the August *Journal,* the notice of a birth of a daughter to Mrs. B. Mack should have read graduate of St. Anne's Hospital, instead of Presbyterian Hospital. The item was sent incorrectly by the Chicago correspondent. All who send items are urged to be extremely careful as to their accuracy and to print proper names, unless a typewriter is used.—Ed.

MARRIAGES

Marion Anderson (class of 1921, Indianapolis City Hospital), to Frank P. Hankins, August 18.

Anne P. Battles (class of 1920, Hackensack Hospital, Hackensack, N. J.), to Carl J. Glettenberg, August 26. Both are studying at the Moody Bible Institute, Chicago, in preparation for mission work.

Mrs. Margaret Bonaffon (University of Pennsylvania Hospital, Philadelphia), to Mr. Pines, July 4.

Wahneta Bonine (class of 1921, Christ's Hospital, Topeka, Kas.), to Martin Titus, August 6.

Hilda Bonsfield (class of 1921, Hackensack Hospital, Hackensack, N. J.), to Ralph Donning, M.D., September 16. At home, Hackensack.

Jean S. Comba (class of 1918, American Stomach Hospital, Philadelphia), to David B. Rankin, August 4. At home, Ottawa, Canada.

Mary Daisy Cox (graduate of the Mountainside Hospital, Montclair, N. J.), to Theodore Reimers, September 14. At home, New York City.

Helen L. Creed (class of 1920, Presbyterian Hospital, Chicago), to Homer Reed Hatchett, September 25.

Ruth M. Davis (class of 1919, Massachusetts State Infirmary, Tewksbury), to Russell Swan, September 26.

Pauline W. Doe (class of 1912, Augusta, Maine, State Hospital, and Bellevue and Allied Hospitals, New York), to Melvin E. Hutchinson, August 15. At home, Winthrop, Maine.

Edna E. Ferguson (Methodist Episcopal Hospital, Indianapolis, Indiana), to Hollis P. Hondacher, October 6.

Marjorie Prue Fogh (class of 1916, American Stomach Hospital, Philadelphia), to Alfred Stromerson, August 4. At home, Los Angeles, Cal.

Amy Gunn (class of 1922, Clifton Springs Sanitarium, Clifton Springs, N. Y.), to Edward Wright, in July.

Madge Gunter (class of 1920, Christ's Hospital, Topeka, Kas.), to Lester Titus, August 19.

Annie E. Hammers (class of 1919, York Hospital, York, Pa.), to Julian Reed, July 6. At home, Williamsburg, Ky.

Frances Mabel Harris (class of 1921, Highland Hospital, Asheville, N. C.), to Arthur Jackson, September 12. At home, Shiloh, Fla.

Lucretia Haywood (class of 1921, Lutheran Hospital, Moline, Ill.), to Walter T. York, July 15. At home, Moline.

Olga E. Holler (Protestant Episcopal Hospital, Philadelphia), to Maurice Bond, M.D., September 4.

Doris Houghton (class of 1921, Massachusetts Homeopathic Hospital, Boston), to Donald Phelps, September 7.

Barbara Keizer (class of 1920, Hackley Hospital, Muskegon, Mich.), to Leow Huston Wallace, September 4. At home, Chicago.

Katherine Kniep (class of 1902, Kings County Hospital, Brooklyn, N. Y.), to Adam C. Custer, September 16. At home, Windsor, California.

Emily Kron (Methodist Episcopal Hospital, Des Moines, Iowa), to Robert Nettleton, July 12.

Tryne Maria Lainio (class of 1920, Norwegian Lutheran Deaconess Hospital, Brooklyn, N. Y.), to Willard Smith, July, 1922.

Charlotte E. McBride (class of 1921, Indianapolis City Hospital), to Clarence E. Greiner, October 10.

Emma F. Meachern (class of 1912, Ellis Hospital, Schenectady, N. Y.), to C. A. Simons, Jr., September 8. At home, Troy, N. Y.

Georgia Messner (class of 1919, Illinois Training School, Chicago), to Virgil Wescott, M.D., July 3. At home, Chicago.

Gertrude Miller (class of 1920, Boston City Hospital, Boston, Mass.), to Carl E. Barstow, M.D., September 3.

Emma B. Nelson (class of 1922, Norwegian Lutheran Deaconess Hospital, Brooklyn, N. Y.), to Gustav Bjornsen, September 2.

Julia Strong Phillips (class of 1915, Metropolitan Hospital School of Nursing, Welfare Island, New York City), to J. Burton Roberts, M.D., September 30. At home, Philadelphia.

Helen Ina Pierce (class of 1920, A. Barton Hepburn Hospital, Ogdensburg, N. Y.), to Loyd D. Davis, October 1. At home, Winthrop, N. Y.

Mary Elizabeth Rice (class of 1910, St. John's Hospital, Yonkers, N. Y.), to Erwin A. Suehs, September 9. At home, Astoria, Long Island.

Clara Beaumont Roberts (class of 1921, Arnot-Ogden Hospital, Elmira, N. Y.), to Richard Evans Myer, July 24. At home, Elmira.

Marilla Robinson (class of 1921, Auburn City Hospital, Auburn, N. Y.), to Robert Gregory, September 2.

Gertrude Rush (class of 1919, Clifton Springs Sanitarium, Clifton Springs, N. Y.), to Vincent Brown Coffin, September 16.

Mildred Shallenbergen (class of 1914, Braddock General Hospital, Braddock, Pa.), to Mr. Moyer, August 12.

Eulalie Singer (class of 1910, Lankenau Hospital, Philadelphia), to Michael A. Rosler, September 28. At home, Wesleyville, Pa.

Lena F. Warrington (Mercy Hospital, Des Moines, Iowa), to Ross Lee, September 15.

Frances Whynott (class of 1916, Massachusetts Homeopathic Hospital, Boston), to John Leyden, July 18. At home, Hill, N. H.

DEATHS

Mrs. Raymond L. Bush, on May 26, at Johannesburg, South Africa. A son was born to Mrs. Bush on May 10, and she was recovering her strength when she suffered an attack of influenza, which quickly caused death. The baby lived. Mrs. Bush is buried near other missionaries who have passed on while in service.

Mrs. Nellie Mallory Bussell (class of 1897, Illinois Training School, Chicago), September 19. Mrs. Bussell did a great deal of work during the war in connection with The American Red Cross. She was a woman highly esteemed by her associates and her loss will be an irreparable one.

Sister Emma Detmer (graduate of the Deaconess Hospital School of Nursing, Cin-

cinnati, Ohio), September 4. She was the principal of the same school for a number of years and was engaged in hospital service for nearly twenty years. She was ill for many months, though with patience and cheerfulness she endured her trials to the last. She was efficient and enthusiastic in the work and is greatly missed by all her co-workers and friends.

Barbara E. Goodine (class of 1906, Metropolitan Hospital School of Nursing, Welfare Island, New York City), on August 23, at St. Joseph's Hospital, Baltimore, Md. The news of Miss Goodine's death came as a great shock and caused deep sorrow to her many friends. Prior to her departure from the Metropolitan in 1919, Miss Goodine had, for a number of years, been one of the Assistant Superintendents, also Instructor, in the School of Nursing. Never, surely, could there have been a more devoted, more efficient, or more successful teacher—of her pupils, many indeed "shall rise up and call her blessed"—and her memory will long be cherished among her fellow-workers.

Lucille Hardie (class of 1920, Physicians and Surgeons Hospital, Muskogee, Oklahoma), of tuberculosis, July 1. Miss Hardie had done private duty nursing since her graduation. Her cheerful and pleasing disposition endeared her to all. Her service to her patients was marked by that quality of thoroughness which makes for perfection. She will be greatly missed by all who knew her. She leaves a host of friends and relatives. Burial was at her old home, Hartman, Arkansas.

Wilhelmina Heller (class of 1891, Clarkson Memorial Hospital, Omaha), on October 7, at St. Anthony's Hospital, Denver, Colo. Burial was at Albany, N. Y.

Beatrice LeSueur (class of 1907, St. John's Hospital, Yonkers, N. Y.), at her home in Ottawa, Canada, after a lingering illness.

Kathleen A. McMahon (class of 1913, Metropolitan Hospital School of Nursing, Welfare Island, New York City), in August, 1922. Miss McMahon was visiting her former home in Ireland when she met with the accident which caused her untimely death. Her many friends and classmates were deeply grieved when the sad news reached them.

Emma Marker (class of 1918, Mercer Sanatorium, Mercer, Pa.), in the Franklin County Tuberculosis Sanitarium, Columbus, Ohio.

Kathryn Rayner (Medico-Chirurgical Hospital, Philadelphia), on September 21.

TOO LATE FOR CLASSIFICATION

Grace M. Connell of Malden, Mass. (class of 1912, Trull Hospital, Biddeford, Maine), on August 2, at Melrose Hospital, Melrose, Mass., following an operation for intestinal ulcer. Miss Connell had been engaged in private nursing since graduation. She possessed rare tact and filled her niche in life with devoted love and service to all her patients. Relatives and friends mourn her loss.

Mrs. Charles J. Frain (**Myrtle Iola Saunders,** class of 1916, Mission Hospital, Asheville, N. C.), on October 15, at The Pines, in Asheville. Mrs. Frain died of tuberculosis; she was ill only three weeks. Until her marriage, less than two years ago, she had done private duty nursing in Asheville, with the exception of the time she spent in Government service during the World War. She was an active alumnae member, and her associates feel deeply their loss. Burial was at her old home, Marion, N. C.

BOOK REVIEWS

FOODS OF THE FOREIGN-BORN IN RELATION TO HEALTH. Bertha M. Wood. Whitcomb and Barrows. Boston. Price $1.25.

Every public health nurse, physician, and social worker, who deals with newcomers from Europe, must meet at every turn, problems of diet. Sometimes the problem is an economic one, when the income of the family is inadequate; sometimes the problem is social, involving on the part of the newcomers an inability to find in American markets their accustomed foodstuffs; sometimes the problem is a medical one, involving the treatment of diseased conditions, such as tuberculosis, malnutrition, constipation, etc. In every case the adviser of the foreign-born must understand the patient's food habits, tastes and prejudices. Only with such an understanding can the nurse or social worker interpret the accustomed foreign dietaries in terms of foods which can be secured in American markets.

The amount of practical information which Miss Wood has managed to compress into this slender volume of one hundred pages is amazing and is made possible only by her compact style and her economy of words. This quality alone will endear the book to the busy professional workers. Each of its brief chapters gives an account of the dietary background of an important racial group in this country, explaining the conditions and dietary habits of the people in their native land and indicating their food problems here, with special reference to health. Diseases in which diet is a factor are referred to, and diets and recipes for these diseases are given for each nationality. In suggesting adaptations of the foreign diets to American conditions, Miss Wood's point of view is refreshingly human and understanding. We have here no mere test-tube dietitian. The author of this booklet has studied people as well as foods. She realizes that the new immigrants are "just folks" exactly as the earlier immigrants were "just folks," and with a broad understanding of people and prejudices she meets her problem. "In our hospitals and dispensaries we usually find only American foods prescribed for diets." We often hear it said that foreigners should learn to eat American foods, since they are to live in this country. Miss Wood, the author of this booklet, says, however, "Our milk soups are nutritious, but so are theirs; why not learn what they are and prescribe them? The same is true of other foods. If we study their customs and acquaint ourselves more and more with their foods, we shall not only broaden our own diet by the introduction of new and interesting dishes, but we shall be better able to help these foreign-born to adjust themselves to their new conditions."

Not only the professional, medical and social worker, but the housewife who is interested in cookery as a fine art, will wish to possess a copy of this book. The reviewer personally was delighted to find, for instance, that "Zabaione," that most delectable of the Italian a la carte, is as simple to make as it is delicious and nutritious.

SALLY LUCAS JEAN
Director Child Health Organization of America.

INDIVIDUAL GYMNASTICS. A Handbook of Remedial and Corrective Gymnastics. Lillian Curtis Drew. Lea and Febiger. New York. Price, $2.00

Miss Drew, who is Director of the Department of Corrective Gymnastics, Central Branch, Y. W. C. A., New York City, has succeeded in presenting in this little book a readable, simple, and graphic description of corrective exercises for individuals suffering from various types of remedial deformities.

The chapters on posture are unusually suggestive, both with regard to the meaning and importance of good posture as a business asset, and the methods used to stimulate interest in correcting a faulty posture.

At this time when so many people are accepting the doctrine of the "Daily Dozen," it is a satisfaction to find a book which presents in easy terms the facts of body structure, muscle coördination, and the causes of variation from the normal. Why certain exercises are advisable, how to overcome common complaints such as flat foot and constipation, how to inspire the individual to persevere in these exercises, and the latest methods of recording progress,—all the material in this book is valuable to the layman as well as to the teacher.

Excellent drawings illustrate each procedure, and short chapters at the end of the book deal briefly but helpfully with the subject of Infantile Paralysis, Shoes, Underweight and Overweight. It should be an indispensable text book for instructors in physical education, and very useful for nurses desiring to recommend preventive exercises for minor defects.

DOROTHY DEMING
Henry Street Settlement, New York

HYGIENE AND SANITATION. A Text Book for Nurses. By George M. Price, M. D. Fourth Edition. Lea and Febiger, Philadelphia and New York. Price, $2.25.

In this revised edition, Dr. Price presents in a very clear manner the broad facts of the various branches of hygiene. The role of the nurse in prophylaxis which Dr. Price says is so far reaching, can be immeasurably strengthened by the knowledge which can be gained from this text book.

Throughout the entire book the promotion of health and the prevention of disease are the dominant notes. To make this effective this text book should be used in schools, read by parents, business and professional men and women.

At the present time when nutrition is playing such a large part in health work, that portion of the book dealing with foods summarizes a great deal of valuable information.

It is significant that pre-natal and post-natal hygiene has been added to the chapter on Childhood. "The pre-school period" which is the "foundation for good and ill health" is told in an interesting and instructive manner.

No change has been made in the instructions to nurses in the care of contagious diseases. A foot-note states that these are being used by the Visiting Nurse Service of the Henry Street Settlement. These instructions have been entirely revised by that organization.

NAOMI DEUTSCH
Henry Street Settlement, New York.

CLINICAL LABORATORY TECHNIC FOR NURSES. By Anna D. Gibson, R.N., Revised Edition. Whitcomb and Barrows. Boston. 214 pages. Price, $2.00.

The preface states the purpose of the volume to be "a simple, comprehensive text-book" for graduate nurses, to be used in courses in laboratory technic, and further states that "by these methods information may be obtained without unnecessary detail," and as such fulfills its aim. The volume should be very useful to the individual nurse as she does clinical work in the laboratory because of the detailed directions. However, it is not the kind of a text-book for class room instruction, for it gives too little of the reason for reactions. For the book to be used as the only text in a course in laboratory technic, it would require that the instructor supply a good deal of explanation. It will make an excellent reference book for the student nurse all through her courses in urinanalysis, bacteriology, and clinical physiology. She will find the book most valuable if she becomes a hospital or clinic laboratory technician and needs a handy laboratory guide in preparing a report of laboratory findings on a case.

As to the make-up and arrangement of material, one finds it unusually free from typographical errors, but one wishes the author had used italics in describing the appearance of the positive reaction. Grouping reagents and their amounts in list form, rather than in paragraphs, might facilitate the performance of the tests.

The material contained includes all the common, routine tests and many of the rarer ones, the directions for which are often so hard to find. The book has eliminated the need of the technician hunting laboriously through treatises on each of the subjects, and gives, instead, a compact volume containing directions for the analysis of urine, feces, gastric contents, sputum, blood and body fluids; for the preparation of bacterial media, stains, staining, and culturing; for the preparation of tissues for microscopic examination, and an introductory chapter concerning the laboratory and the microscope.

BESS EVERETT, R. N.
DeKalb, Illinois.

SCORE CARD FOR PARENTS TO SHOW THE CONDITION OF CHILDREN OF DIFFERENT AGES. ELIZABETH MCCORMICK MEMORIAL FUND, CHICAGO. Price, 25 cents.

This score card, prepared by Dr. Caroline Hedger, may profitably be placed in the hands of all parents who are sincerely and intelligently interested in the health of their children, as it will do much to help them face facts squarely and constructively.

THE AMERICAN POCKET MEDICAL DICTIONARY, Twelfth Edition, revised. Edited by W. A. Norman Dorland, M.D. 739 pages. W. B. Saunders Company, Philadelphia. Flexible leather, plain, $2.00 net; thumb index, $2.50 net.

This faithful friend has been revised in every part. Additions have been most numerous in biology, chemistry, endocrinology, neurology and immunology. Dental science has also received special attention.

OFFICIAL DIRECTORY

Headquarters American Nurses' Association.—370 Seventh Avenue, New York City. Office Director, R. Inde Albaugh.

The American Journal of Nursing Company.—President, S. Lillian Clayton, Philadelphia General Hospital, Philadelphia, Pa. Secretary, Elsie M. Lawler, Johns Hopkins Hospital, Baltimore, Md. Main Office, 19 West Main Street, Rochester, N. Y. New York Office, 370 Seventh Avenue.

The American Nurses' Association.—President, Adda Eldredge, Bureau of Nursing Education, Board of Health, Madison, Wis. Secretary, Agnes G. Deans, 4924 Buckingham Court, St. Louis, Mo. Treasurer, V. Lota Lorimer, 1238 West Lake Avenue, Lakewood, Ohio. Sections: **Private Duty,** Chairman, Frances M. Ott, Morocco, Ind. **Mental Hygiene,** Chairman, May Kennedy, Dunning, Ill. **Legislation,** Chairman, Roberta M. West, Room 150, S. 17th Street, Philadelphia, Pa. **Committee on Revision,** Chairman, Sarah E. Sly, Birmingham, Mich. **Relief Fund Committee,** Chairman, Elizabeth E. Golding, 317 West 45th Street, New York, N. Y. Treasurer, V. Lota Lorimer, 1238 West Lake Avenue, Lakewood, O.

The National League of Nursing Education.—President, Laura R. Logan, General Hospital, Cincinnati, O. Secretary, Martha M. Rusell, 317 West 45 Street, New York. Treasurer, Bena M. Henderson, Children's Memorial Hospital, Chicago, Ill.

The National Organization for Public Health Nursing.—President, Elizabeth G. Fox, 3800 14th Street, N. W., Washington, D. C. Director, Anne Stevens, 370 Seventh Avenue, New York.

Isabel Hampton Robb Memorial Fund Committee.—Chairman, Elsie M. Lawler, Johns Hopkins Hospital, Baltimore, Md. Treasurer, Mary M. Riddle, Newton Hospital, Newton Lower Falls, Mass.

Director, Department of Nursing, American Red Cross.—Clara D. Noyes, Care American Red Cross, Washington, D. C.

Army Nurse Corps, U. S. A.—Superintendent, Major Julia C. Stimson, Office of the Surgeon General, Army Corps Division, War Department, 19th and B Streets, Washington, D. C.

Navy Nurse Corps, U. S. N.—Superintendent, Lenah S. Higbee, Bureau of Medicine and Surgery, Department of the Navy, Washington, D. C.

U. S. Public Health Service Nurse Corps.—Superintendent, Lucy Minnegerode, Office of the Surgeon General, U. S. Public Health Service, Washington, D. C.

Nursing Service, U. S. Veterans' Bureau.—Superintendent, Mrs. Mary A. Hickey, Hospital Section, U. S. Veterans' Bureau, Washington, D. C.

Department of Nursing and Health, Teachers College, New York.—Director, M. Adelaide Nutting, Teachers College, Columbia University.

STATE ORGANIZATIONS OF NURSES

Alabama.—President, Elizabeth LaForge, 207 City Hall, Birmingham. Secretary, Catherine A. Moultis, 1032 Elm Street, Birmingham. President examining board, Helen MacLean, 2430 North 11th Ave., Birmingham. Secretary, Linna H. Denny, 137 N. 60th St., Birmingham.

Arizona.—President, H. Grace Franklin, Globe. Secretary, Gertrude F. Russell, State House, Phoenix. President examining board, Edith P. Snowden, Phoenix. Secretary, Gertrude F. Russell, State House, Phoenix.

Arkansas. — President, Mrs. Virginia Misenhimer, Citizens' Bank Building, Pine Bluff . Secretary, Blanche Tomaszewska, 815 Laurel Street, Pine Bluff. President examining board, M. D. Ogden, M.D., Little Rock. Secretary-treasurer, Frankie Hutchinson, 310 West 12th Street, Little Rock.

California.—President, Mrs. E. B. Conzelmann, State Hospital, Stockton. Secretary, Mrs. J. H. Taylor, Route A, Galt. Director, Bureau of Registration of Nurses, Anna C. Jamme, 724 Wells Fargo Building, San Francisco.

Colorado.—President, Mrs. Eda M. Pine, 301 West Ormon Avenue, Pueblo. Secretary, Jessie D. Stewart, 220 E. Yampa Street, Colorado Springs. President examining board, Blanche I. Lewis, 1116 East Boulder Street, Colorado Springs. Secretary, Louise Perrin, State House, Denver.

Connecticut. — President, A. Elizabeth Bigelow, 69 East Main Street, Meriden. Secretary, Elizabeth C. Blenkhorn, Hartford Hospital, Hartford. President examining board, Martha P. Wilkinson, 34 Charter Oak Avenue, Hartford. Secretary, Mrs. Winifred A. Hart, 109 Rocton Avenue, Bridgeport.

Delaware.—President, Mary A. Moran, 1313 Clayton Street, Wilmington. Secretary, Anna W. Jones, 911 Delaware Avenue, Wilmington. President examining board, Frank E. Pierson, M.D., 1007 Jefferson Street, Wilmington. Secretary, Mary A. Moran, 1313 Clayton Street, Wilmington.

District of Columbia.—President, Ida F. Butler, American Red Cross, Washington. Secretary, Katherine Holmes, American Red Cross, Washington. President examining board, Margaret Hutchinson, 1337 K. Street, N. W., Washington. Secretary-treasurer, Mary E. Graham, 1337 K Street, N. W., Washington.

Florida. — President, Lillian Hollohan Morton F. Plant Hospital, Clearwater. Secretary, Elizabeth Steil, Riverside Hospital, Jacksonville. President examining board, Anna L. Felting, Box 196, Miami. Secretary-treasurer, Mrs. Louisa B. Benham, Hawthorne.

Georgia.—President, Jane Van De Vrede, 464 North Boulevard, Atlanta. Secretary, Chloe Jackson, 602 Chamber of Commerce, Atlanta. President examining board, Jane Van De Vrede, 464 North Boulevard, Atlanta. Secretary and treasurer, Jean Harrell, 110 Luckie Street, Atlanta.

Idaho.—President, Mary Brown Lewers, City National Bank Building, Boise. Secretary, Cora W. Palmer, St. Luke's Hospital, Boise. Department of Law Enforcement, Bureau of Licenses, Examiner, Napina Hanley, State Capitol, Boise.

Illinois.—President, Ada Belle McCleary, Evanston Hospital, Evanston. Secretary, Nellie M. Crissy, Hahnemann Hospital, Chicago. Superintendent of Registration, W. W. Miller, State Capitol, Springfield.

Indiana. — President, Ina Gaskill, State Board of Health, Indianapolis. Secretary, Eugenia Kennedy, St. Vincent's Hospital, Indianapolis. President examining board, Elizabeth E. Springer, Huntington County Hospital, Indianapolis. Secretary, Ida J. McCaslin, 501 East Noble Street, Lebanon.

Iowa.—President, Amy Beers, Jefferson County Hospital, Fairfield. Secretary, Nelle Morris, The Summit, D-1, Iowa City. President examining board, C. F. Launder, M.D., Garwin. Secretary, Rodney P. Fagan, M.D., Des Moines.

Kansas.—President, Ethel L. Hastings, Bethany Hospital, Kansas City. Secretary, Caroline E. Barkemeyer, Halstead. President examining board, Sister Catherine Voth, Newton. Secretary-treasurer, Sister Mary Helena, St. Luke's Hospital, El Dorado.

Kentucky.—President, Josephine Meyers, Newport. Corresponding Secretary, Gertrude Bethel, 700 Francis Building, Louisville. President examining board, Sophia F. Steinhauer, Speers Memorial Hospital, Dayton. Secretary, Flora E. Keen, Somerset.

Louisiana.—President, Sara Babb, Charity Hospital, New Orleans. Secretary, Celeste Janvier, 4528 Prytania St., New Orleans. President examining board, J. T. Crebbin, M.D,. 1207 Maison Blanche Building, New Orleans. Secretary, J. S. Hebert, M.D., 1121 Maison Blanche Building, New Orleans.

Maine. — President, Margaret Dearness, Maine General Hospital, Portland. Secretary, Louise Hopkins, 246 Essex Street, Bangor. President examining board, Margaret M. Dearness, Maine General Hospital, Portland. Secretary-treasurer, Rachel A. Metcalfe, Central Maine General Hospital, Lewiston.

Maryland.—President, Elsie M. Lawler, Johns Hopkins Hospital, Baltimore. Secretary, Sarah F. Martin, 1211 Cathedral Street, Baltimore. President examining board, Helen C. Bartlett, 604 Reservoir Street, Baltimore. Secretary and treasurer, Mary Cary Packard, 1211 Cathedral Street, Baltimore.

Massachusetts. — President, Carrie M. Hall, Peter Bent Brigham Hospital, Boston. Corresponding secretary, Mary E. P. Davis, 19 Hoyle Street, Norwood. President examining board, Mary M. Riddle, Newton Hospital, Newton Lower Falls. Secretary, Samuel H. Caulderwood, M.D., State House, Boston.

Michigan.—President, Mrs. Barbara H. Bartlett, 329 Science Bldg., Ann Arbor. Corresponding Secretary, Alice Hall, Lansing Board of Health, Lansing. President examining board, Richard M. Olin, M.D., Lansing. Secretary, Mrs. Helen de Spelder Moore, 206 State Office Building, Lansing.

Minnesota. — President, Irene English, Northern Pacific Hospital, St. Paul. Secretary, Dora Cornelisen, Old State Capitol, St. Paul. President examining board, Jennette M. McLaren, M.D., 803 Lowry Building, St. Paul. Secretary, Dora Cornelisen, Old State Capitol, St. Paul.

Mississippi.—President, Bessie O. Brougher, R 2, Box 13 B, Jackson. Secretary, Mrs. James A. Cameron, 511 Bay Street, Hattiesburg. President examining board, Dr. J. H. Fox, Jackson. Secretary-treasurer, Ernestine Bryson, Houston.

Missouri.—President, Mance Taylor, Parker Memorial Hospital, Columbia. Secretary, Bertha Love, Parker Memorial Hospital, Columbia. President examining board, M. Anna Gillils, City Hospital, St. Louis. Educational Director-secretary, Harriet L. P. Friend, 620 Chemical Building, St. Louis.

Montana.—President, Margaret Irish, 618 North 23rd Street, Billings. Secretary, Mary Margaret Muckley, Helena. President examining board, E. Augusta Ariss, Deaconess Hospital, Great Falls. Secretary-treasurer, Frances Friederichs, Box 928, Helena.

Nebraska.—President, Lulu Abbot, 847 North 26th Street, Lincoln. Secretary, Cora E. Higgins, 2100 South St., Lincoln, Bureau of Examining Board, secretary, H. H. Antles,

Department of Public Welfare, State House, Lincoln.

Nevada.—President, Mrs. Pearl Prescott, 652 Forest Street, Reno. Secretary, Mrs. Honore M. Donnelley, Box 504, Reno.

New Hampshire.—President, Anna C. Lockerby, Laconia Hospital, Laconia. Secretary, Mrs. Florence M. Knowles, Portsmouth. President examining board, Mae Morrison, Whitefield. Secretary, Ednah Cameron, 8 North State Street, Concord.

New Jersey.—President, Elizabeth J. Higbid, 449 VanHouten Street, Paterson. Secretary, Marie Louis, Muhlenberg Hospital, Plainfield. President examining board, Mary J. Stone, Room 302, McFadden Building, Hackensack. Secretary-treasurer, Elizabeth J. Higbid, Room 302, McFadden Building, Hackensack.

New Mexico.—President, Theresa McMenomin, 417 S. Arno Street, Albuquerque. Secretary, Bertha C. Rowe, 417 S. Arno Street, Albuquerque.

New York.—President, Alice Shepard Gilman, Samaritan Hospital, Troy. Secretary, Mrs. Julia W. Kline, 546 Rugby Road, Brooklyn. President examining board, Lydia E. Anderson, 461 Washington Avenue, Brooklyn Secretary, * * * State Education Building, Albany.

North Carolina.—President, Pearle Weaver, Hendersonville. Secretary, Harriet M. Liskowski, Mary Elizabeth Hospital, Raleigh. President examining board, Edith A. Kelly, Fayetteville. Secretary-treasurer, Dorothy Hayden, Greensboro.

North Dakota.—President, Sarah Sand, Osgood Flats, Fargo. Corresponding secretary, Esther Teichmann, 720 South 5th Street, Fargo. President examining board, Ethel Stanford, State Sanatorium, Dunseith. Secretary, Mildred Clark, General Hospital, Devils Lake.

Ohio.—President, Grace E. Allison, Lakeside Hospital, Cleveland. Secretary, Grace Bentley, 1299 Ethel Avenue, Lakewood, Chief examiner, Caroline V. McKee, Hartman Hotel Building, Columbus. Secretary, Dr. H. M. Platter, Hartman Hotel Building, Columbus.

Oklahoma.—President, Olive Salmon, 315 Oklahoma Bldg., Oklahoma City. Secretary, Sister Mary Lucia, St. Anthony's Hospital, Oklahoma City. President examining board, Mrs. Idora Rose Scroggs, 324 West Grey Street, Norman. Secretary-treasurer, Lela Carr, 915 West 23d Street, Oklahoma City.

Oregon.—President, Grace Phelps, 616 Lovejoy Street, Portland. Secretary, Margaret A. Tynan, St. Vincent's Hospital, Portland. President examining board, Jane V. Doyle, 301 Platt Building, Portland. Secretary-treasurer, Mrs. O. E. Osborne, 512 Oakdale Avenue, Medford.

Pennsylvania.—President, Margaret A. Dunlop, Pennsylvania Hospital, Philadelphia. Secretary-treasurer, Williamina Duncan, 3440 Bates Street, Pittsburgh. President examining board, Albert M. Blackburn, M.D., 34 South 17th Street, Philadelphia. Secretary-treasurer, Roberta M. West, 34 S. 17 Street, Philadelphia.

Rhode Island.—President, Amy Allison, Rhode Island Hospital, Providence. Corresponding secretary, Edith Barnard, 425 Broadway, Providence. President examining board, Henry C. Hall, M.D., Butler Hospital, Providence. Secretary-treasurer, Lucy C. Ayres, Woonsocket Hospital, Woonsocket.

South Carolina.—President, Frances Bulow, 40 Coming Street, Charleston. Secretary, Annie Meyers, Mercy Hospital, Charleston. Secreeary, board of nurse examiners, A. Earl Boozer, M.D., Columbia.

South Dakota.—President, Ellen McArdle, Aberdeen. Corresponding secretary, Carrie E. Clift, Rapid City. President examining board, Clara S. Ingvalson, Flandreau. Secretary-treasurer, Mrs. Elizabeth Dryborough, Rapid City.

Tennessee.—President, Mrs. Dorsey T. Gould, 1305 Edgewood Place, Nashville. Secretary, Annie Feltus, 869 Madison Avenue, Memphis. President examining board, Willie M. McInnis, University of Tennessee, Memphis. Secretary-treasurer, Dr. Reese Patterson, Knoxville.

Texas.—President, Helen Holliday, Baylor Hospital, Dallas. Secretary, A. Louise Dietrich, 1001 E. Nevada Street, El Paso. President examining board, Helen T. Holliday, Baylor Hospital, Dallas. Secretary, Eula Whitehouse, Route 4, Cleburne.

Utah.—President, Daphne Dalton, County Hospital, Salt Lake City. Secretary, Alice Hubbard, Salt Lake County Hospital, Salt Lake City.

Vermont.—President, Elizabeth Van Patten, 433 S. Union Street, Burlington. Secretary, Mrs. Rose A. Lawler, Springfield. President examining board, Donley C. Hawley, M.D., Burlington. Secretary, Mary G. Kane. Montpelier.

Virginia.—President, L. L. Odom, Sarah Leigh Hospital, Norfolk. Secretary, Emily Heard, State Board of Health, Richmond. President examining board, Virginia Thacker, Lewis-Gale Hospital, Roanoke. Secretary-treasurer, Ethel Smith, Craigsville.

Washington.—President, Mrs. W. M. McKinney, 5502 14th Street, N. E. Seattle.

Secretary, Katherine Major, King County Hospital, Seattle. Director of Licenses, Fred J. Dibble, Olympia.

West Virginia.—President, Mrs. Susan Cook, Lock Box 457, Wheeling; home address, Bridgeport, Ohio. Secretary-treasurer, Mrs. R. J. Bullard, Lock Box 457, Wheeling; home address, 510 Catawba Street, Martin's Ferry, Ohio. President examining board, Frank LeMoyne Hupp, M.D., Wheeling. Secretary, Jessie A. Clarke, Ohio Valley General Hospital, Wheeling.

Wisconsin.—President, Agnes W. Reid, Bradley Memorial Hospital, Madison. Secretary, Erna Kowalke, 85 Oneida St., Milwaukee. Director, Bureau of Nursing Education, Adda Eldredge, State Board of Health, Madison.

Wyoming.—President, Ida Mae Stanley, Rock Springs. Secretary, Mrs. Clyde W. Peterson, 2004 Maxwell Street, Cheyenne. President examining board, S. J. McKenzie, St. John's Hospital, Cheyenne. Secretary, Mrs. H. C. Olson, 605 East 21st Street Cheyenne.

TERRITORIAL ASSOCIATION

Hawaii.—President, Alice M. Yates, 1250 Manumea Avenue, Honolulu. Secretary, Harriet B. Delamere, Queen's Hospital, Honolulu.

IMPORTANT NOTICE

Complaints have been coming into the JOURNAL Office from nurses, in Illinois, Iowa, Indiana, Michigan, Minnesota, Missouri, New York and New Jersey, who have given their subscription orders, with remittance, to men who claim they are agents for various periodical service companies. These men tell the nurses they are medical students, working for a scholarship, and they present a two-payment card. The nurse is asked to pay the "student" a certain amount and remit the balance to the periodical company. Some of the nurses have given the entire amount to the agent. Waiting a reasonable length of time and receiving no JOURNAL, the nurse writes to the office. By that time the "student" has departed to new fields.

These men are not our agents—they are frauds.

We do not offer our JOURNAL in combination with any "popular" magazine.

We do not have a two-payment system.

To District, State and Alumnae Associations we are making a special three months offer. You will find it on page 39 of the advertising section in this number of the JOURNAL. Ten associations have taken advantage of this offer. To the representative appointed from each association we have sent a letter of authorization, written on the JOURNAL's green letter-head and signed by Katharine DeWitt, Business Manager.

We earnestly request the cooperation of every hospital superintendent and every nurse in this country to the extent of warning her nurses against, and refusing to give new or renewal subscriptions to, these so-called "university students," or any other person who can not show a letter of authorization from the JOURNAL office.



A New England Madonna

Published by courtesy of The Child Health Organization of America

THE AMERICAN
JOURNAL OF NURSING

VOL. XXIII DECEMBER, 1922 NO. 3

CHRISTMAS IN OTHER LANDS

AMERICAN nurses serving in other lands endeavor to carry with them the best our schools have to offer of ideals of service, of technic, and of teaching methods. The readiness of their students to adopt our interpretation of the command to "Do unto Others" reaches its highest form of expression with them, as with us, at Christmas tide. We have here gathered for our readers some of the stories of the last Christmas celebration as told the *Journal* by high-hearted nurses who are serving in Africa, India, Korea, Persia, and China.

IT was the happiest day of the year when each one tried to show to others what the Christ Child meant on earth.

I.

"We had to build up the huts to live in," wrote Mrs. R. L. Bush,[1] from Portugese East Africa, "and by Christmas we were fairly well settled. Christmas day being Sunday, we had our celebration on Saturday and about 1000 natives gathered with us. Although we have but little shade and the sun was blistering to their feet and trying to stand under, they were very patient while we held service for them. Later we gave them a feast of corn mush, but instead of the usual peanut gravy we gave them meat gravy, and how they did enjoy that feast! Then they all came together again in what shade we could find and we took our gramaphone out. What a puzzle it was to them! Sometimes they were roaring so we could hardly hear the machine, and next they were trying their best to see the man in the box who was always laughing, talking, or singing. Many times we tried to get away, for we were very weary, only to have them call 'kambe, kambe,' more, more!

"Then came the tree,—oh, not a pretty evergreen such as we love so much in the homeland, with packages done up beautifully in white, with red and green ribbons! A growing thorn tree served our purpose, and newspapers and magazines tied with bark rope formed the wrapping for the parcels. I

[1] As noted in the November *Journal*, Mrs. Bush died at Johannesburg, South Africa, on May 26.

know you wonder what the contents were. Those from the natives to us, were most interesting! One was a baked sweet potato still hot, several contained small native bananas, one a few little red peppers, and many of them a dozen or two of native nuts, one a tiny piece of slate about one inch square (some one's treasure), and there were even several native chickens tied to the tree. Our gifts to them were garments made from calico for the girls, and loin cloths of calico for the boys, with white gauze vests. They were more than pleased with their gifts, and while many of them had up to that time been clothed in a pleasant smile and a gee string around their waists, they now were able to look quite respectable, and were very thankful.

"After the tree, we sent them away to play, and we expected to rest, but that was not to be my lot, for I was called to an obstetrical case and after rather hard work, the woman was delivered of a fine boy, a splendid Christmas gift!

"Thus ended our Christmas Day, and although we were the only white folk anywhere for miles around, we had found no time to be lonely."

II.

Barbara E. DeRenner wrote from Guntur, South India:

"Our hospital is one of the largest in South India, and Christmas is a time of real celebration. On Saturday there was an entertainment in the compound at which there were hundreds of people present. They came in gala dress, bringing with them gifts of fruits, sweets and money. The picture was a true Oriental one, for there were so many colors mixed together in the crowd. There were many very wealthy friends, former patients, who never forget to return with their gifts. The programme was rendered in both English and the vernacular by nurses, hospital children and former patients.

"Christmas service was held in the hospital Chapel that same day. This was very impressive, for many patients were present. After the services, gifts were given to everybody from the pump men to the physician in charge. No one was forgotten and all were happy. One feature of the programme was the presentation of Christmas greetings to the missionaries by a high caste man who is a Hindu. Despite this fact, he had a Christian Christmas greeting printed on the inside. Many of the older missionaries feel that there are many, many secret believers in our faith."

III.

At Severance Hospital, in Seoul, Korea, the celebration described by Edna Laurence was very like those in the home schools, for she wrote:

"Preparations began early. The pupil and graduate nurses met once or twice a week to make rag dolls, and bright red bags for candy, etc. They had such fun and it was a good lesson for them in giving, as well as receiving, at the Christmas season. We took our Korean matron into our confidence and she helped us make stockings in Korean shape for the nurses' goodies, as the bags were for the patients. We bought Korean candy with caraway seeds sprinkled on top for the patients.

"The tree was obtained by chopping down a cypress in our yard that had become unsightly and the extra boughs,

entwined with beautiful sprays of red berries, formed our decorations.

"The Japanese stores furnished almost every kind of tree decoration, from tinsel to artificial snow. As preparations went gayly on, the necessary air of mystery developed, so everyone was in the proper attitude of mind when the time came. We hadn't as much for the girls as we would have liked, but each received a can of powder, a work basket, the Florence Nightingale pledge, the nurse's prayer in Korean and English, a nice mounted picture, and the stocking of candy and nuts. The celebration for the nurses was held Christmas Eve at eight o'clock, when the foreign nurses opened the doors. Such squeals of delight from the native nurses when they saw the beautiful tree and its load!

"I was awakened at five a. m. and couldn't think for a minute where I was, for just outside of my door sweet young voices were singing 'Joy to the World.' When I got fully awake I realized it was Christmas morning in Korea. The nurses after finishing their song, sang at the hospital and other homes in the compound. Other singers came from the College and sang very effectively, in English and Korean.

"At nine o'clock, presents were distributed to the patients,—candy and nuts, a white handkerchief, and one of the gospels. Everyone was very happy and enjoyed it all very much. We are now planning for a better celebration this year. If possible, the Korean nurses will give a tableau."

IV.

The American Hospital, Tabriz, Persia, which conducts a training school, also succeeded in combining Oriental and Occidental customs very happily. Miss E. Juan Wells described their celebration as follows:

"The Christian peoples here (Armenians and Assyrians) use the Russian calendar and so do not celebrate Christmas on the same date we do, and our American colony thus is enabled to have a quiet celebration of the twenty-fifth of December in our own way. This we do with a church service in our own beloved tongue, dinner and supper all together, as one big family, extra things in the way of Christmas trees where there are children, and the ordinary exchange of gifts.

"For the Russian Christmas, this year, my house-mate and I decided to have a Christmas tree for the wives and children of all the Moslem servants in our compound, including those in the Hospital and three missionary families. Real evergreen trees may be obtained from the mountains some distance away, so we had one set up in the corner of our parlor, and very much enjoyed trimming it. It was really quite a creditable looking tree when we had finished. We had a bright colored bag of nuts and pop-corn for each child, and some gift of clothing besides, and at the last gave them whatever was eatable from the tree to carry home.

"None of them, of course, had ever seen such a sight nor knew the significance of it, and they were much pleased and excited over it. We had some twenty-five guests and they sat around the room on the floor, native fashion. We served many cups of tea, as is done by everybody from the highest to the lowest in Persia, and all the different kinds of small cakes and candies we could gather together, until they could

eat no more and all the children's handkerchiefs were tied up full to carry home. Then we asked one of our converts from Islam to tell the story of Christ's birth and what it means to the world today.

"While the women and children were thus being entertained, our men servants were hosts to the other servants in the kitchen, serving them tea and sweets. This is because Moslem men and women cannot be entertained together, lest the men see each others' wives or daughters."

V.

From Nina D. Gage, to whom we are indebted for many accounts of the constantly growing work in China, comes the story of Christmas in Changsha:

"In the Hunan-Yale Hospital, we try to make each one feel his responsibility for making Christmas bright and happy,—telling and showing its meaning to those patients and coolies who have never seen a real Christmas before. That we only partially succeed may be seen from this letter from the men nurses, who wanted to help entertain the patients:

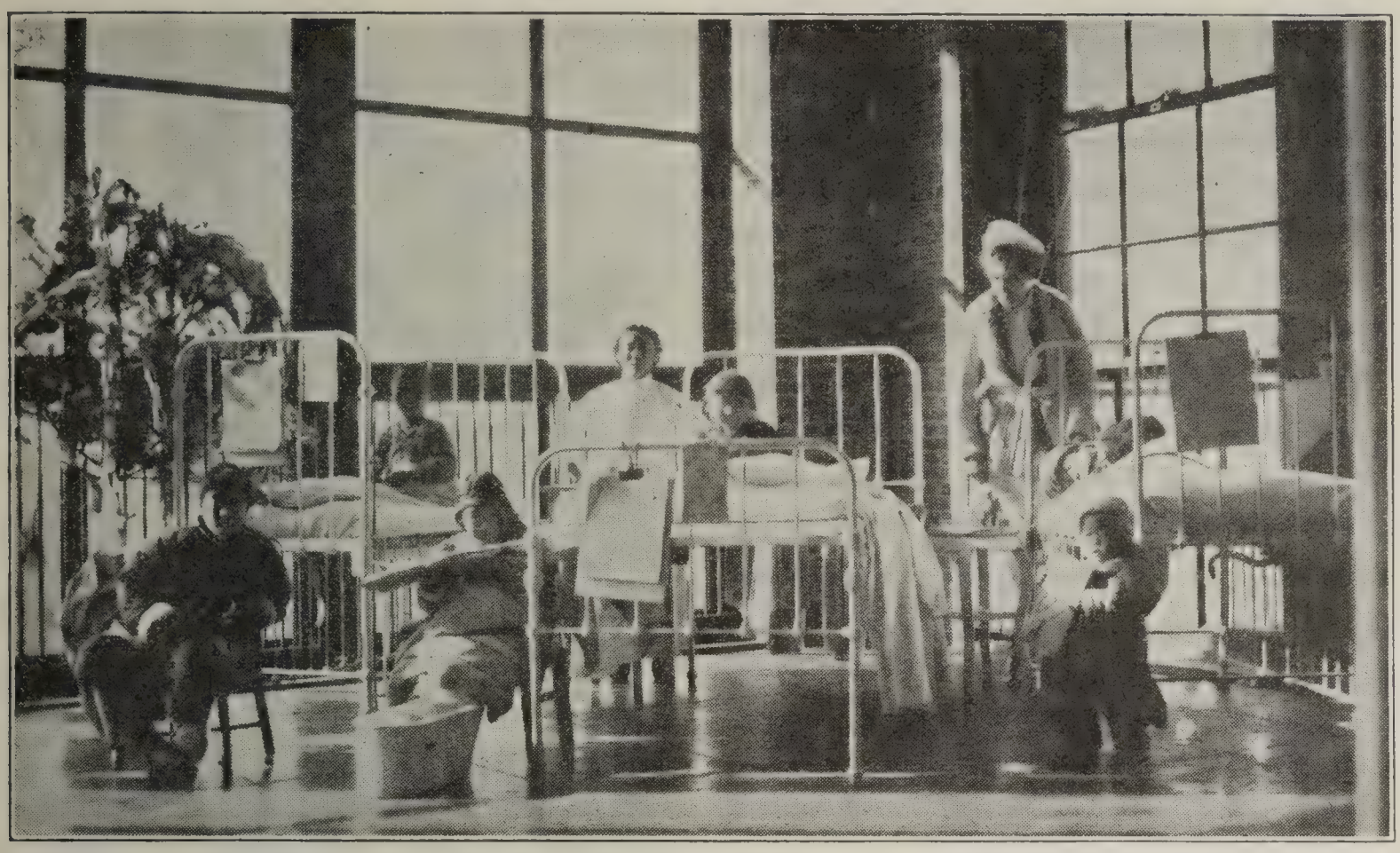
Y. M. C. A., H. Y. S. N.

Dear Miss Gage:—The brightest Christmas come how do we amuse ourself? We think to play the drama is the best way to amuse ourself. So that we determined to play the drama, not only play the drama but also sale money. In this we have two chief reasons which we wish to tell you in the below: One, we want make our school Y. M. C. A. prosperity. The other, we want to do some charity in the hospital, use the money which we sale the tickets at our play, divide two halves. One half for our Y. M. C. A. the other for our hospital. Now we write you as permission. Because we are your students. We know the students' duty are obey and question. If you wish or not us to do so, please tell us soonly for we can prepare it.

Yours faithfully, Y. M. C. A., H. Y. S. N.

"The play, a Chinese story, was given on the hospital roof on a beautiful moonlight Christmas night, and netted a small sum which went toward helping some of the poor patients who are always at our doors. It might have brought in more money except that the political situation at the time was very disturbed. The Governor decided to get control of the situation on Christmas Day, and by way of doing so, cut off twenty-two heads. To prevent trouble from the friends of the executed, he closed all the city gates, so no one could get in or out of the city, to come to our play, and receipts fell accordingly.

"The real Christmas began about ten days before, when decorations for the wards started. Each head nurse was responsible for the decorations of his or her own ward. A Christmas tree, greens, and paper were provided by friends of the hospital, as the business community among the foreign firms always donates enough money to enable us to give Christmas to our patients. The nurses plan the decorations, and the convalescent patients and off-duty nurses are busy all day, and even at night, until sent to bed by the night supervisor, making paper chains, flowers, baskets, in a bewildering profusion of colors,—red, green, yellow, blue, white,—the gayer the better. A favorite decoration is a greeting, in huge characters, made of cotton, pasted on the wall,—'Merry Christmas to Everyone.' The most marvellous of these were cut from paper, giving three sets of characters, or views, according to the angle from which one viewed this *chef d' oevvre*.



THE CHILDREN'S WARD AT CHRISTMAS

"On Christmas morning, the nurses rose before daylight and went from ward to ward, waking the patients with carols. The tunes are the same as our home ones, though the words would not sound familiar to American ears.

"After breakfast one of the doctors impersonated Santa Claus, and a great procession wound through the hospital. The chaplain went first, telling the Christmas story, so new to many of his hearers. Then he announced the coming of Santa, with gifts for all, to illustrate the Christmas spirit which should be in every one's heart. Santa in the approved costume, with a pack on his back, came rushing into the ward, with bells jingling, and distributed presents with appropriate remarks. Just as he finished in the children's ward, a whole Sunday School appeared, with many gifts. Each child gave something to some sick child, with oranges for every one. Scrap books on cloth, and picture postcards pasted together so that only the pictures show, are a never-failing source of delight to the poor people who have so little brightness in their lives.

"The Sunday School and Santa leaving at the same time, Christmas dinner was served—not turkey and cranberry sauce, but what those people would like much better—bird's nest soup, buried eggs, and 'eight precious rice,' a pudding of glutinous rice and preserved fruits, and sugar,—altogether eight ingredients.

"In the afternoon a Christmas was provided for the poor children in the neighborhood. Tickets had been given out previously, and to insure each child's getting but one ticket, and none being stolen, the head coolie in charge of the distribution made each child give thumb prints in red ink on stub and ticket. These were compared, and only those whose thumb prints tallied, were admitted. A service in the college chapel, across the road from the hospital, assembled the children, and gave them the opportunity to hear the

Christmas story. The college Glee Club sang Christmas carols. Then all the children were formed in procession, kept in order by marshals of college students and nurses, and marched across the campus to the hospital. There they were admitted one by one, each child receiving from Santa Claus a package containing a toy, another containing a cake of soap and face cloth (a most highly prized gift, as soap is rare and expensive), and some candy. They went out another way, so that no child could get two presents. About a thousand children thus learned something of Christmas.

"In the evening the nurses had a jollification for themselves as a special treat—games, sweets, and tea. They were all so happy, especially the probationers having their first Christmas in the hospital. Every one agreed that, busy as it was, it was the happiest day of the year, when every one tried to show to others what the Christ Child meant on earth."



CHRISTMAS DECORATIONS, MALE MEDICAL WARD

THE NARCOTIC MENACE

BY WILLIAM K. MCKIBBEN

Organizing Executive, White Cross, Seattle, Washington

THE White Cross programme against the abuse of narcotics fronts on four lines: 1. Legislative. Continuation of the Jones-Miller Bill by an international Conference to secure coöperation among all nations. 2. Adequate care and treatment of addicts by joint action of Federal and State Government. 3. Assist the authorities in securing conviction for the infamous crimes of smuggling and vending. 4. Education. This transcends all the rest in importance and to this I would devote this brief space. All information shows that the majority of addicts begin in childhood or youth. In New York City out of 8,000 cases, 70 per cent were but thirty years old or younger and had been using the drug generally five or ten or more years. Nearly all

said they had been enticed in childhood or in youth.

"Snow parties" in our high schools have now become so common that they are subjects of ordinary conversation scarcely disguised. On a moderate computation we have a million addicts. Thousands of recruits are added every year to these ranks of doom, mostly from the youth of the land, among them our brightest and best from homes thought sheltered and safe. If ever this tide of addiction is dried up it must be by preëmpting these youth before they encounter those infamous foes of humankind, the everywhere present peddler of dope, and others waiting on one pretext or another to entice them. Hitherto few have known the danger. The young people have been unwarned and unguarded, as open to the onset as an army without masks in the presence of gas waves. Why should they not "try" the innocent pinch of powder? Why should they not enjoy "just for once" the soothing seductive influence of the needle? Why in the hilarity of a joy ride or a happy evening should they refuse fun that is to all seeming, harmless and innocent? We can see the deadly peril; they cannot see it. To save them they must be told what it all means. They must know the hell that yawns for those who innocently try the first sniff of cocaine or the first jab of the needle. We of this generation have been saved from alcohol by the lurid but faithful preaching of apostles of temperance who told us again and yet again of the dangers that lurk in the cup. And behold, a deadlier menace faces the young generation today, a menace whose deadly horrors are only now beginning to be known by the public, but the face of which you nurses of America have looked upon so often that you know its terrors as others do not.

You, the nurses of America, a hundred thousand strong, have it in your power to put on guard as no others can, these youth who would otherwise be innocent and open to attack. You have entrance to every family in the land. You are the welcome and trusted advisors in all the mysteries of health and life and death, mysteries veiled and strange to them, but upon which you look with open eyes. If you nurses will make it a major part of your mission to inform and to warn, every year that passes will see the salvation of thousands from these pitfalls and, ere many years have passed, the deadly plague will be stayed from among us.

The White Cross, being convinced that in education and education alone lies our deliverance, is calling on all who have access to the young to lift the voice of warning. The educators, the Parent-Teachers Associations, the civic organizations, such as the Elks, who make themselves the big brothers of all American boys, the Boy and Girl Scouts, the Camp Fire Girls, the Sunday School people, and all who love the youth of America, are joining in this great movement of education. Working in the foremost ranks we call upon the nurses of America to take their place and to lead the rest. We are confident they will not fail in this great crisis.

AN APPEAL FOR NURSES IN TUBERCULOSIS SANATORIA

By Harriet R. Groff, R.N.
Howell, Michigan

And a vision appeared to Paul in the night. There stood a man of Macedonia, and prayed him, saying, Come over into Macedonia and help us.

Just as the people made their appeal for progress to the already successful apostles, so I make an appeal to the nurses,—come over to the sanatoria for tuberculosis and help us. The existing conditions of nursing in the majority of these institutions are deplorable. The prevailing fear of infection by contact is proof that little is taught concerning this disease in general training schools. It does seem ridiculous that so little attention has been paid to a subject so greatly recognized by various organizations for public health. There is no department of public health nursing that does not come in contact with the problem of combating this disease, yet nurses are still graduated from training schools with scant knowledge of tuberculosis. Many nurses I have met who were doing public health nursing have remarked that if only they had had some experience in nursing tuberculous patients during their training, it would have made their public health duties much easier.

Since schools for nurses have been introduced into the hospitals for the insane we find the subject of mental nursing added to the curricula of many general training schools because the great need for such education has been demonstrated. Tuberculosis nursing should also be added to the curriculum as a special subject and as Miss Powell of Minnesota has stated,[1] affiliation with sanatoria for tuberculosis should be made.

To demonstrate the need of my appeal, I insert an extract from an article written by Dr. George Thomas Palmer and Dr. Henry W. Hoagland:[2]

> One of the most serious obstacles in the operation of government sanatoriums is the scarcity of physicians and nurses specially trained in tuberculosis. It is asserted by the American Sanatorium Association that the medical and nursing service is three times as important as climate, site, buildings and equipment. The United States Public Health Service has doubtless had occasion to verify the truth of this assertion. In times past the medical colleges have stubbornly neglected the diagnosis and treatment of tuberculosis in their curricula, and the vast majority of nurses have been graduated fom their training schools without having the slightest instruction relative to this disease, with the result that there has not been a sufficient specially trained medical and nursing personnel to meet the normal needs of our civil population.
>
> A satisfactory medical and nursing service *will have to be* developed by the government through the education and instruction of such physicians and nurses as are available, this being done in most of the institutions through classes of instruction which are usually being intelligently conducted.
>
> The nursing service will have to be improved by a little closer coöperation between medical and nursing staffs and by the provision of better living conditions, more

---

[1] *American Journal of Nursing,* November, 1921.

[2] *American Journal of Medicine,* August 13, 1921.

amusements and diversions, especially in the more isolated posts whereby there may be overcome the pernicious social relationship between patients and nurses which was found to be a demoralizing factor in most of the institutions inspected. If the present shortage of graduate nurses of *the better class* cannot be overcome, it will be necessary for the government to train female attendants as is done in most of the private sanatoriums.

If one should inspect the list of nurses on the staffs of many sanatoria, the following types would be found: registered nurses, good, bad and indifferent, mostly indifferent; undergraduates; correspondence-school nurses; practical nurses; and the woman serving so that she may remain in the institution to be near some patient who is a relative. If special duties were appointed to the various types corresponding to their ability it would not be so detrimental to the patients' welfare, but these women are often left to do all tasks in general. The question of the supply of nurses for these institutions is so difficult that a woman with a pair of hands, who is willing to serve, is welcomed.

Now I do not entirely blame nurses for their refusal to nurse tuberculosis, but I do blame our profession for having been so negligent about a subject that is so vital to our population and one that has been so much before the public. The nursing profession is having many difficult problems to solve, there seems to be a tremendous task before it, but with all the present difficulties it must take up more generally this question of training students for tuberculosis nursing.

A great majority of nurses have this picture imprinted in mind when considering a case of tuberculosis: keep the patient clean, feed him, stuff him with raw eggs and milk, keep the windows open and him in bed until his temperature registers 99° F. per rectum. This picture has been greatly revised in the last ten years.

In 1904, the great phthisiologists of our country, Dr. Lawrence F. Flick, Dr. Charles J. Hatfield and Dr. H. R. M. Landis realized the necessity of specially trained nurses for tuberculosis nursing and organized the first school of its kind in the world. This school was connected with the Henry Phipps Institute for the Study, Prevention and Care of Tuberculosis, in Philadelphia. Since then eight other schools have been organized: The White Haven Sanatorium School, Pennsylvania; The School of the Protestant Episcopal Home for Consumptives, Chestnut Hill, Pa.; The J. Ogden Mills School, Trudeau, N. Y.; The Eudowood Sanatorium School, Towson, Md.; The Waverly Hill Sanatorium School, Louisville, Ky.; The Michigan State Sanatorium School, Howell, Mich.; The Jewish Sanatorium School, Denver, Colo.; and the Nopeming Sanatorium School, Nopeming, Mich.

The majority of these schools have affiliation with general hospital schools and the others must do the same, because schools for trained attendants are entirely inadequate.

These special schools must be sustained and given coöperation, for it will be years before all general hospitals can add a department for the care of the tuberculous, a proposition that is being much agitated at the present time by the National Tuberculosis Association, and there must be some agency through which to give the training alluded to in Dr. Palmer's statement. The one great

obstacle in affiliating with these schools seems to be the question of compelling student nurses to serve in sanatoria. This is due to ignorance of the disease. Student nurses care for many tuberculous patients in the surgical departments of general hospitals and are in greater danger of infection by contact than they would be in sanatoria because the nurses in general hospitals are seldom told that such patients are tuberculous and if the patients are ignorant of their condition they fail to be careful with their cough and expectoration. Aside from the fact that nurses are taught bacteriology and contagious disease nursing, which should be a means of protection from infection, the danger of infection by contact in sanatoria is very slight; for proof I refer to Dr. J. W. Toan's paper,[3] "A Study of Employees of the Michigan State Sanatorium for a Period of Twelve Years."

The fear of tuberculosis shows no sign of abatement among the majority of people. It is often expressed to those of us engaged in sanatorium work by our employees. We frequently engage employees by letter or telephone and when the appointed day comes they do not appear. When we hunt for the reason, we usually find that they have been persuaded by their own feelings or by others to give up the position because of the supposed danger lurking in an institution for the treatment of tuberculosis. Also we notice, occasionally, people who are driving through the grounds holding a handkerchief to their nose indicating a fear of contracting the disease through such close contact. In such times as these it should not be difficult for our institution to procure an abundance of willing workers. There are many capable young men and women in a small city, three miles from the sanatorium, who will work in restaurants with longer hours and harder work and slightly more than half the pay offered at the institution. This fear is not confined to the laity alone but is painfully frequent in the medical and nursing professions.

To get some definite facts based on local conditions in order to clear up the atmosphere of such vague notions was the object of special study. The pay rolls of the institution for a period of twelve years were gone over and tabulated. During this time the capacity of the institution had increased from 40 to 192 patients and the capacity for employees from 26 to 80. Nearly all our employees live on the grounds, either in the quarters provided for in the administration and other buildings, or in private cottages. Those who have families send their children to the Sanatorium school. We all are closely associated with the institution and its life, in our work and in our play. Employees come in contact with patients when working in the dining room, in the infirmaries, and also in the auditorium when meeting for entertainment or religious services. We are three miles from the nearest large town and there is no means of communication except by auto, therefore we are a community by itself with a well defined social and religious life. Our buildings are located on a tract of five acres. I speak of this in order to show how close our relations are. We are one large family and not a conglomeration of families.

---

[3] Read at a meeting of the Mississippi Valley Sanatorium Association, Columbus, O., September 12, 1921.

During the twelve years ending July, 1921, 1072 employees have been entered on our pay rolls. Of these, 202 remained for an average of three months; 136 for six months; 127 for one year; 44 for two years; while 66 remained from two to twelve years. Two hundred and three of the total number were definitely tuberculous. Nearly all of these had entered the employ of the sanatorium directly after discharge from the patients' department. Of the 869 employees who were not former patients, 12 were suspected or known to have had tuberculosis when employed. Therefore a total of 857 were in the institution for periods varying from three months to twelve years. Of this total number of supposed non-tuberculous employees, 4 developed tuberculosis.

Case One: Appeared well when employed. Examination showed no definite lesion. Three brothers and a sister came to the institution for treatment during her stay and they died of the disease. An attack of influenza incapacitated her to such an extent that she never recovered and finally died of tuberculosis. The father, having died at home, evidently had infected the children, eleven in number, of whom five have died and one is now ill with the disease.

Case Two: A woman with no history of tuberculosis slipped and wrenched her knee, this injured knee later proved to be tuberculous; the last report was that she was in good health.

Case Three: A frail girl never weighing more than 90 to 100 pounds who had never been very well, but with no history of tuberculosis, had an operation for appendicitis, also for the removal of tonsils and later developed tuberculosis. She was cared for in the patients' department, discharged, then was married and now has two robust children. She has been apparently well, doing the work of a farmer's wife for a number of years. At the present writing she has had a temporary return of symptoms.

Case Four: A woman, whose father had been a patient at the institution thirteen years ago, appeared in good health while working here, left the institution, and after two years developed tuberculosis. She was then entered as a patient and remained about one year. The treatment of lung compression was given her the later half of the year. This compression was continued for a period of four years; *during this time* she married, she has two healthy children, and is apparently well.

Anyone who understands tuberculosis would know that without exception these four individuals did not contract the disease at the institution. If we based our claim on the usual incidence of tuberculosis in the general population we would be entitled to 10 cases of active tuberculosis among the 857 employees and at the best we can report only three. This would seem to indicate that the sanatorium is not a particularly dangerous place to live in.

Summary: This study brought out the following points: First, Former patients make an excellent type of employee, they adapt themselves most readily to the routine, bring an optimism and a sympathy which can be derived from no other source and they remain longer than any other class of

employee. Of the employees who remained over two years, thirty-seven of the sixty-six were tuberculous.

Second: The stay of two years and over on the part of 29 apparently well employees has not produced a single authentic case of active tuberculosis.

If after reading these arguments for an increased interest among nurses for serving in sanatoria, you are still stricken with phthisiophobia, will you not consider the call from a missionary standpoint? Remember that our soldiers gave their lives, either by injury or disease,—are there so few nurses to return the service?

FOLLOWING THE STAR TO HENRY STREET

By Jean Fraser McMurchy, R.N.
North Bay, Ontario, Canada

THE Christmas spirit will invade most of us, most Yuletide seasons. Sometimes it shows up rather early, during the discomforts of a shopping siege, and we endure this strain as gracefully as our various natures permit. Others wait until a day or so of the Day, and then show the reaction of their inoculation in a feverish scattering of coin on useless gifts, or in a greater scattering of useless coin in more useless ways. Scrooge and I were in a class by ourselves this year, and I nearly waited as long as he did before the Good Cheer to Everyone percolated through my system. I am glad I waited not too long, else I should have missed the Star that led to Henry Street.

Have you ever grown stale in your work, feeling the daily tasks too heavy, too dull, and too thankless? Have you ever felt that your efforts were mostly energy misplaced, and that if blame fell, it fell on you? If you have, try picking out a Star, and let it lead you—somewhere, but anywhere away from the routine grind for a while.

From the dullness of an early Christmas morning I journeyed forth in my pursuit. The Christmas Spirit had just begun to percolate, but it was of a very weak and anaemic quality this particular morn. Many miles from home in that Lonesome Land (New York City) at this season could never tend to great Good Cheer. A long ride in an empty, noisy subway train (for when but on Christmas would a subway train be empty?) brought me up with a bump, and a jerk, in Chambers Street. A loose-jointed bus, already rather crowded, made room, rather grudgingly, for one more, and off we bumped and jogged along to the great East Side of Little Old New York, to Henry Street.

From the Settlement I started forth on nursing calls. My little black bag bumped and poked me as if to say: "You silly thing, why are you doing this and what brought you here anyway?" It was cold, and grey, and early. The little lad with the morning papers blew on his rough, red hands, and shuffled his feet. "Merry Christmas, Missis," he called to me, and bag and I were called to a halt, until a dime was discovered. Somehow his remarks, and his generally cheerful aspect blew

on smouldering embers of Good Cheer, somewhere within me, which before the day was out, became a veritable blaze.

Glancing at my card of directions I found the mystic letters "4B.L." written under my patient's name and address. These letters will mean many things to me henceforth, and I have since found various satisfactory ways of translating them, other than the original. Four flights up, to my left, and at the back of the darkest, dirtiest hall imaginable—"4 B. L."—I found my Christmas, my courage, and my Star. Why try to describe the surroundings? They matter little. The babe cared not if smells and dirt were all about her. She was beautiful, and pink, and sweet, and only twelve hours old. To bathe her was the loveliest thing I have ever done, and it took much longer than my Sloane training would approve. A process long enough, in fact, to restore within me a Better Spirit, and another meaning of "4 B. L." came suddenly to me, "For Blessings Lavished," and hitherto unappreciated. And through that grey, smoke-grimed ceiling, methinks if I could see, a Star hung there, in Henry Street.

Have you ever read of the Babe that morn, and dreamed that you saw Him too, lying there in His bed of straw? He was little, and cunning too, and could laugh and dimple, as He looked around, and His eyes were azure blue.

Then when evening came to Henry Street, my Star led me home. Happy? Yes, tired with the climbing of many stairs, but bearing in my hand that little card, and in my heart the message, "4 B. L."—For blessings lavished on thee, be thou indeed grateful this Christmas tide. Go follow on.

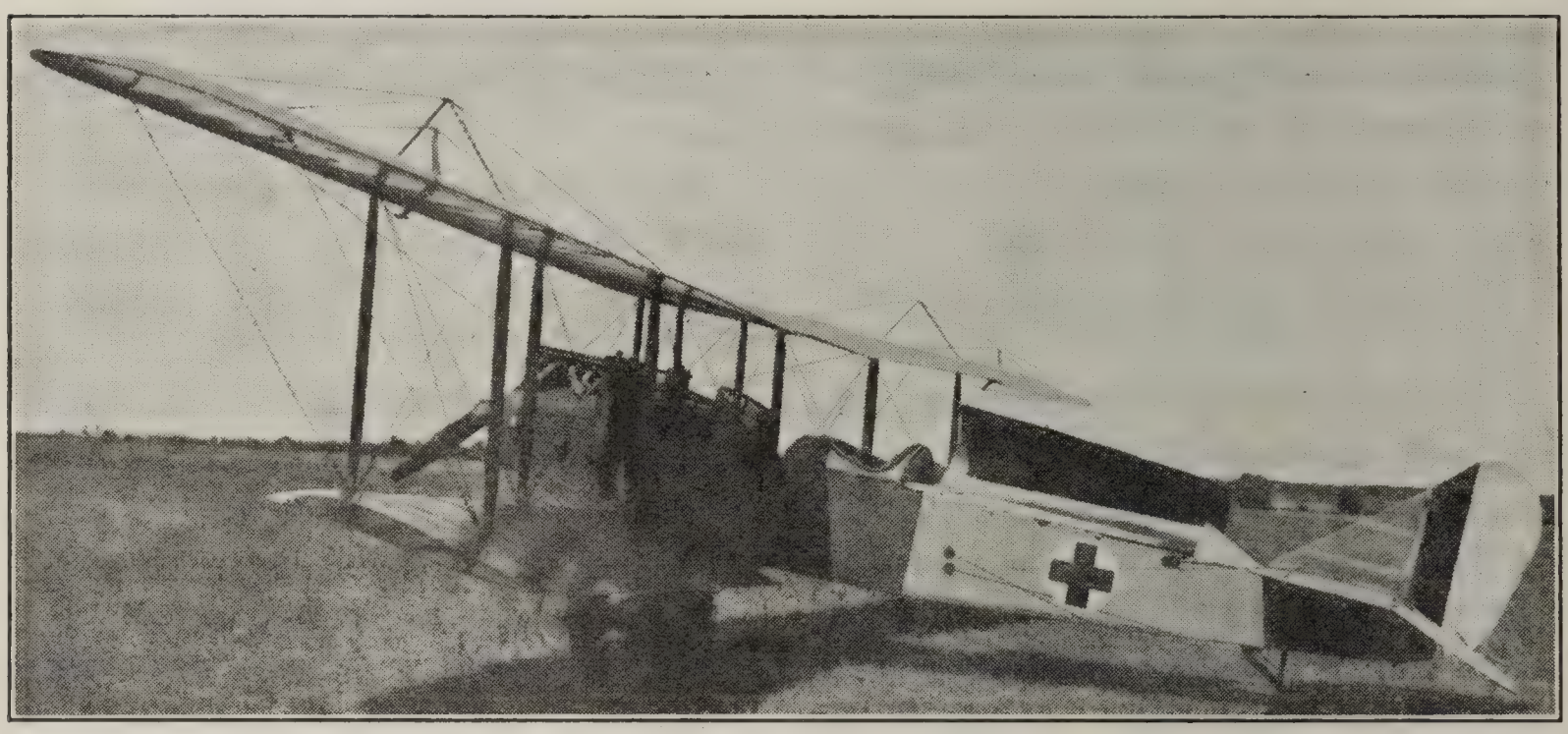
THE TRAINED NURSE

By Jack Ryan
California

THE doctor introduces her. A clean cap and spotless uniform, a clean face and clean eye, whisper the word purity, and doubly so because it radiates from her very heart. The doctor leaves, and she speaks a few cheery words and proceeds to tidy the room. As she touches something here and changes something there, you see she knows her business, and that thought brings assurance. New sides of her nature and training appear to you as the days pass. Friends come and go, and you realize she is the most tactful diplomat you have ever seen, never rude, but always having her own way. Then she is the very breath of the morning to cheer you up, a tonic to brace you up, an inspiration to make you forget yourself, and above all, a mind reader, else how could she know just what you want before you could make up your mind whether or not you really wanted it? And as you convalesce you almost believe her an angel, for what other being could possess so many virtues at once? She is continually fighting a battle with death and her humanity has been touched with sorrows of others; to her has come the vision of service,—the secret of a successful trained nurse.

THE ARDMORE AMBULANCE PLANE

By Mrs. Walter Hardy
Ardmore, Olkahoma



The Ardmore Ambulance Plane

SITUATED in the southwest of Oklahoma, somewhat isolated from the other cities, with the oil fields within a radius of thirty miles of us, the dire need of some form of service to relieve the ambulance on wheels became evident. Already, as the war's aftermath, an air service had been established in Ardmore by two young ex-service men. These estimable fellows, attuned to the proposition, negotiated for us the purchase of an ambulance airplane which had been used by the Government during the war. These young wizards in their line remodeled the fusilage and replaced the old motor by a powerful Liberty Six.

The illustration shows the bed for the patient built in the fusilage. To this the patient is strapped and an arch-like cover is fastened over him. The doctor, nurse or whoever accompanies the patient, rides in the cockpit. Being left alone may not be very appealing, but in an emergency one usually acquiesces, and truly it is an ideal method of transportation from every point of view.

Our ambulance plane with its 200 horse power, traveling at the rate of eighty miles per hour, is a familiar sight as it skims the horizon, dipping here and there to pick up its human freight of suffering. To the young interne or the surgeon at his desk, the ambulance is a thing of paramount importance. To receive the injured patients in such short time gives surgery a great advantage and its effectiveness in meeting emergencies, such as gas poisoning or drowning, is of great value. The ambulance is fitted with an emergency kit and a pulmotor.

The more routine uses are the service it has given to expectant mothers who, in time past, had been forced to leave

their homes and families to come to town near the hospital to await a tardy event. Now they remain contentedly at home until a gentle warning stirs them, when answering their call, a great white bird looms in sight and it is not long ere the patient has experienced her first air journey and the culmination of her expectations.

Even here we must revert to thrills again. A young expectant mother, thirty miles distant and in her eighth month of pregnancy, became eclamptic and was rushed to the hospital. At the end of an hour there had been accomplished an air flight, a spinal anaesthesia, a Caesarian section,—and a young Oklahoman was given an incubator in which to finish the remainder of his nine months' incarceration.

SIMPLIFIED METHOD FOR THE PREPARATION OF PROTEIN MILK

By Bessie Cutler, R.N., and Chester A. Stewart, M.D., Ph.D.
Minneapolis, Minnesota

PROTEIN milk (known as Albumin milk, Eweiss milk, Casein milk, and Finkelstein's milk) has long been considered a valuable food for infants who are suffering from fermentative types of diarrhoea and from various forms of malnutrition. There has always been considerable difficulty in preparing protein milk, since it requires a certain amount of skill and at best is a long, tedious process. Therefore, its use has been confined almost entirely to the institution where there are nurses specially trained to make infant feedings. Even those skilled in the preparation of protein milk experience occasional failures. Dr. C. A. Stewart, Assistant Professor of Pediatrics at the University of Minnesota, Minneapolis, has recently devised a simplified method and during the last eighteen months it has proven practical and effective. It is so simple that untrained workers and mothers have successfully followed directions. Following is a comparison of the original method (Method I) for making protein milk with the simplified method (Method II):

METHOD I

Heat 1000 cc. of whole raw milk to 100° F. and stir in 10 cc. to 15 cc. of essence of pepsin or liquid rennet. Let it stand at 100° F. until it coagulates (about one-half hour) and forms a firm curd. Cut in squares with a knife and let it stand until the whey separates (about one-half hour). Hang the curd in a bag made of three or four thicknesses of gauze or of one thickness of cotton cloth and let it drain, from thirty minutes to one hour, or until all the whey is drained off. Usually 700 cc. of whey is thus obtained. Do not stir the curd or squeeze it while it is draining. Scrape the curd from the gauze into the strainer and with the aid of a wooden spoon, push it through a strainer from two to six times; 500 cc. of water and 500 cc. of buttermilk or skimmed lactic

acid milk [1] are added during the process. Beat with a dover egg beater. To sterilize protein milk, add one level tablespoon of wheat flour and make a smooth paste by first adding it to a few tablespoons of the protein milk, then the entire amount is added slowly. Boil in a saucepan over a low flame two minutes or more, as ordered. Cut back and forth constantly with a large wooden spoon while it is boiling. If any has boiled away, make the amount up to a quart by adding sterile water. The composition of this food is:

(Finkelstein and Meyer)

Fat	2.5%
Sugar	1.5%
Protein	3.0%
Salts	0.5%

One quart contains about 405 calories.

Sugar in the form of dextri maltose is usually ordered in protein milk as soon as the baby's condition will allow it. The desired amount of sugar is added to a pint of sterile water and is dissolved in it by heating. Cool before mixing with the curd.

METHOD II

Boil 1000 cc. or 1 quart of whole milk for two minutes, stirring constantly. Cool it to below 100° F. or about room temperature, and add 5-10 cc., or 1 teaspoon, of chemically pure lactic acid which precipitates the curd at once. Pour it into a fine wire strainer (or a bag made of several thicknesses of gauze) to drain off the whey which is thrown away. At least 700 cc. or one and one-half pints of whey should be obtained. This takes only a minute. Add 500 cc., or a pint, of sterile water and 500 cc., or a pint, of buttermilk or skimmed lactic acid milk [1] to the curd. Beat with a dover egg beater for one minute. This method is advantageous because it is simpler than Method I, the curd is softer and does not have to go through the strainer; it saves several hours of time, and the final product is sterile if specially prepared skimmed lactic acid milk is added in place of commercial buttermilk. The composition is the same as that of the protein milk which is prepared by Method I. Sugar may be added as directed in Method I. A precaution which must be emphasized is the fact that unless the boiled milk is cooled to below 100° F. (about room temperature) before the lactic acid is added, the resultant curd is very tough.

PRECIPITATED CASEIN—COTTAGE CHEESE

Precipitated casein is frequently ordered in the treatment of diarrhoea in infants and children. It may be fed the infant mixed with breast milk (which the mother has expressed) or with ordinary cow's milk mixtures. This casein may be precipitated in several ways. Following is a comparison of the lactic acid method with other methods.

1. Cottage cheese can be made by allowing either skimmed or whole milk to become sour. Heat slowly to 100° F. or until the whey begins to separate from the curd. Pour it into a fine strainer or a gauze bag (3 or 4 thicknesses of gauze) to drain off the whey. Add salt, to taste, to the curd.

2. Casein may be precipitated by the use of liquid rennet or essence of pepsin as in making protein milk by

[1] "Artificial Feeding of Athreptic Infants," —Wm. McKim Marriot, M.D., *Journal American Medical Association*, October 18, 1919.

Method I. Use either raw skimmed or whole milk. Heat to 100° F. and add 10 to 15 cc. essence of pepsin or liquid rennet and let it stand at 100° F. until it coagulates (about one-half hour). Pour into gauze bag (three or four thicknesses of gauze) to drain off the whey. Add salt, to taste, to the curd. (Liquid rennet or essence of pepsin will act only on raw milk; that is, milk which has been neither pasteurized nor boiled.)

3. Casein may be precipitated by the use of chemically pure lactic acid as in making protein milk by Method II. Use either skimmed or whole milk. Boil it two minutes, stirring constantly; cool to below 100° F. and add 5-10 cc. or about one teaspoon of lactic acid to a quart of milk. The curd is precipitated at once. Pour it into a fine wire strainer to drain off the whey. Add salt, to taste, to the curd. This method is advantageous because the curd is sterile, since it is made of boiled milk.

THE PATIENT'S COMFORT[1]

By Afina S. DeGraaf, R.N.
New York

COMFORT is needed to bring the so much desired rest for a patient. It might be well to call the nurse's attention again to the so all important part rest plays in the recovery of the sick. Much tact, much understanding, is needed to bring comfort to the different patients we meet, with their so different needs. I will not stop to explain the necessity of a well-made bed and cheerful room, but talk about the patient and his different needs.

Freedom of pain is first of all to be considered. With the aid of the attending physician much can be done by us to bring relief; our assurance that before very long pain will cease, our sympathy, characterized by firmness, will undoubtedly bring the desired result. Relief comes—the exhausted body needs rest. Now we cut off the stream of external sensations by darkening the room and ensuring quiet, leave our patient, who very soon finds rest in several hours of peaceful sleeping.

Next to freedom of pain, ease is requested. Many a patient has been extremely uneasy for fear to disturb the nurses. It is up to us to express our desire to help, wishing sincerely to do so, creating in this manner a helpful atmosphere and inspire confidence. Unconsciously we carry with us the cheerfulness so sorely needed where the gloom of sickness comes. We nurses must also be firm believers in our patient's recovery, so that we inspire and invigorate hope and faith. We meet among our patients the cheerful ones, who give us courage—and how grateful we are for their existence—but most of our sick have times that they feel forlorn, desolate, and wretched, and we must act as stimulant and sometimes as sedative to bring comfort.

---

[1]The writer of this paper was trained in Holland, which accounts for the quaint phraseology, the more forceful because unfamiliar.—Ed.

Mental distress very often keeps rest afar. Consoling is then our silent, sympathetic attitude. Out on a private case not so very long ago, I was kept awake by my patient's restless tossing back and forth. Twice I had asked what I could do, and was both times assured that there was nothing I could do, and an apology was added. So early morning came. I placed myself near my patient's bed. Slowly the darkness made room for the light of the day, a single bird brought us his morning greetings, a rest past understanding came over me, and looking at the before so restless sick, now restfully looking up at me, an understanding as a message of rest passed between us, and a peaceful slumber came, so necessary for regaining health.

Often the question has been asked: "Must we awaken a patient when time arrives for medicine to be taken or temperature to be known?" It is safe to say, in case of doubt consult the physician who is attending, but in most cases rest will be considered of greater importance.

Much has been said in favor of the well-trained nurse equipped with a technical knowledge. Let us not forget that of equal importance is the endowment of a sympathetic firmness, a broad understanding and an unselfish heart. Another quality which will help us greatly in our work is a sense of humor. That faculty enables us to bring color in the colorless, laughter for tears, and keeps us in balance.

How to make a patient comfortable? We must know where the discomfort starts and be capable of adjusting the same, leaving comfort in its place. Successful in this, we cannot be failures.

POSTGRADUATE COURSE IN THE NURSING OF TUBERCULOSIS

By Christine Schaefer, R.N.
Superintendent of Nurses, Sea View Hospital, Staten Island, New York

THE great demand for graduate nurses trained in work with the tuberculous is too well known among nurses to need further emphasis. The demand is world-wide and the women who are prepared adequately to cope with it are comparatively few in number. One large factor in this dearth of graduates with knowledge of tuberculosis is the fact that the average general hospital is not equipped to give its student nurses this training, and we are, therefore, confronted with the problem of how to teach the graduate to take part intelligently in the campaign for the eradication of this disease. New York State is equipped to undertake this branch of instruction and, after a most careful consideration of the situation, the Department of Public Welfare of the City of New York has decided to establish a course that will be open to any graduate nurse in good standing, at Sea View Hospital, Staten Island.

Since the nurse who has completed her course in a general hospital will quickly learn the technic of caring for advanced cases of tuberculosis, the

greater part of the course will be devoted to the management of incipient cases, familiarity with which is so important a factor in the early recognition of the disease and its ultimate conquest. The object of the course is, in general, to prepare women to become teachers or leaders in the campaign against tuberculosis. To fit the graduate nurse for this important work, it is essential that she have the opportunity to become familiar with the disease in its various aspects, and Sea View Hospital is a most ideal place in which she may obtain this experience. The hospital has a capacity of practically 1000 beds, and is devoted entirely to the treatment of tuberculosis in all its forms and stages, so there will be no lack of opportunity for instruction in practical work. The theoretical work is also broad in its scope, and will be handled by men and women who are specialists in the different branches.

The course requires four months of work, upon completion of which a certificate will be awarded. An allowance of sixty dollars per month will be allotted to each student, and maintenance will be provided during this time. Classes will form February 1 and October 1. Only graduates from nursing schools of recognized standing will be admitted. In states where there is registration, the applicant must be registered in her state. Through the establishment of this course in the nursing of tuberculosis, the Department of Public Welfare hopes to supply, to a degree at least, the great need for graduate nurses in this field of work and to prepare these women to be superintendents and supervisors in institutions for the tuberculous; to be teachers of student nurses and attendants in these institutions and, as public health nurses, to become teachers and workers in the community; finally, to do actual nursing and teaching of personal hygiene in the homes of sufferers from tuberculosis.

THE ALUMNAE ASSOCIATION AND ITS DUTY TO THE HOSPITAL [1]

By Clara Stahley, R.N.

President, Nurses' Alumnae Association, Samaritan Hospital, Troy, N. Y.

THE task of writing on this subject seemed well nigh impossible because the opinion of the average administration seems to be that an alumnae association is bound to be a destructive body; that if it criticises at all, it must needs offer destructive criticism; that as a body of intelligent, professional women it is more powerful, and dangerous than a Bolshevik agitator, and that the best way to deal with them is to conquer them first and then talk business. This is a fine method if the conquest be of the heart and not the head. As the general cry against the alumnae associations of today is that they do not, and will not, coöperate with the administration, I assume that their duty is, to coöperate, and that

[1] Paper read at the twenty-first annual meeting, New York State Nurses' Association, New York City, October 26, 1922.

the question of greatest importance is why they do not.

I think it was Emerson who said, "If you go to Europe and bring back much with you, it is because you took much with you," and today, I would like to paraphrase this remark by saying that, if the young woman graduate brings back from her training school much of value, it is because she took much with her when she entered training, aside from the practical requirements; and the *much* referred to is high ideals, sometimes only formed, but always high, and the greater gift of the spirit of service, which is the true spirit of nursing.

These attributes are not demanded of her, because as a woman they should be as much a part of her as the beating of her heart. They are her God-given heritage, that with them she may mother the race, and from the overflow of her soul, minister to the sick and dying.

So it is my belief that what the young graduate has of value is that which she took with her when she entered training,—disciplined, trained, and it may be tried as by fire, and transmuted into purest gold or common ore, according to the spirit she bore, and as no fine gold is ever lost in the process of refining, so no fine spirit is ever lost in our training schools of today or yesterday, all those articles in the *New York Times* to the contrary.

When the young graduate leaves the protection of her training school, it is this refined gold, or common ore, that she brings to her alumnae association. This and the signature of her training school principal on her application indicate coöperation with and a pledge of honor to the alumnae association that this nurse is worthy of membership.

With her application form she also receives a copy of the constitution and by-laws of her association; if she is ready to accept them and abide by them, and there are no Nays among the Yeas in her favor, she is accepted, and takes up the duties that devolve upon her as a member of good standing. In doing so, she agrees to work for the improvement of her profession, to promote good fellowship among the graduates of her school, to advance the interests of her hospital training school, and to coöperate with her District, State and National Associations in the educational advancement of her profession.

She finds that she is a member of an Association of older sister nurses, who by years of experience are prepared to counsel and direct her. They have a system of self-government, they have adopted a full uniform, and wear it too; they have a Grievance Committee of six representative members, three elected by vote, a chairman and two members appointed by the president. (By representative members, I mean nurses trained in the old days, who have not stood still where they were in the old days, and younger nurses having had the advantages of our present day training, but not too young to be practical.) It has its Relief Committee of six members whose duty it is to look after the sick members needing a financial lift over some hard bit of road,—this aid furnished by voluntary contributions, often overlapping the demand. It has an Entertainment Committee of ten members, not because of its greater importance, but because of the vast amount of work involved in its plans and preparations for an annual banquet, for four social meetings alternating with

the regular business meetings (at which, if necessary, important business may be taken up and disposed of, obviating the call for special meetings, and leaving ample time for social intercourse, and entertainment), and the sales, dances, etc., given to replenish the treasury, and last, but not least, Alumnae Day doings —at which time there is a ceremonious flag placing (by the president of the graduating class) where the next class tree is to be set when the nurseryman finds the moon in the right quarter and the stars propitious. This is followed perhaps by an afternoon in the woods, with a Wiener roast, field sports, and other attractions. For if all work and no play makes Jack a dull boy,—it makes Jill a very stupid girl. Upon this Committee depends much of the personal interest and financial success of the association.

This is but an outline of an alumnae association at work and at play and there are a hundred-and-one other features of interest.

When an Alumnae member accepts a call as a private nurse in her community, she goes as the representative of her hospital, her training school, and her profession, and it is her duty to uphold their reputation. If she fails to do so and criticises destructively, she as their representative does them a double injury, and deals herself a still greater blow.

It is well for her to bear in mind that there are a great many very nice people in the world who have an idle curiosity, and that there are a great many more whose curiosity is never idle. When the questioner, of idle curiosity, has heard answered all her idle questions, though she may be harmless in herself, she imparts her information to others and the result may be as a torch applied to fagots, that may burn out quickly, or it may kindle such a flame as will destroy much of value, and be rekindled by just a little fanning. In guarding against this disloyalty and in upholding the ethics of her profession, a nurse discharges the duty she owes her hospital in the community.

When the alumnae member goes back to her hospital as a special nurse, she does not go to a place where she will be neglected or uncomfortable, for while working for the best interests of the hospital and community, her alma mater has not been unmindful of her. It has provided her with good food, properly prepared and served. It has shortened the long wearying twenty-four hour duty to twelve, or eighteen. It has provided a rest room, a clothes room and a bath room for her use and comfort.

Clean linen is furnished for her cot in the rest room, if she lives too far away to go and come conveniently. It keeps her in touch with the new methods of the day, and shares with her all the honor and advancement it may have won. It provides a place for her alumnae meetings, business and social; the lecture room is hers for the asking, to be used for sales, dances, entertainments, or lectures, with the services of a porter or maid if needed, and always with the coöperation and interest of the administration. What does it ask in return? Only loyalty and coöperation. And nowhere is this needed more than in the hospital itself, where there is a standard to uphold, and discipline to be maintained.

The room the nurse and her patient

occupy is part of the standard to be maintained. With all its necessary dishes and utensils plainly marked with the room number, and in their own places, (for each one has its own place) she is able to do better work, with less effort and confusion, which represents a standard of efficiency in herself, and in her hospital. If she is careless about her room, leaves her dishes about the pantry, or soiled linen, dressings, or utensils about the utility rooms, and fails to do her part in keeping up the discipline of the school, she is not coöperating, and fails in her one and only duty to the student nurse, *that of a good example*—and leaves upon the minds of her co-workers that which may remain as a blot on her record, never quite effaced during her years of service.

If her offense is a grave one, it brings her before her Grievance Committee. As her association has a system of self-government, the administration presents its grievance, or dissatisfaction to the President or to the Grievance Committee chairman, whose duty it is to call a meeting of her Committee and the alleged offender, place the grievance or dissatisfaction before them as given by the Administration, hear both sides of the story, and after dismissing the alleged offender, act upon the facts obtained, and present their decision at the next meeting of the Association or, if the charge is grave, at a special meeting called for the purpose. It is then settled by a two-thirds majority vote, thus making the decision doubly sure, and as far as may be, perfectly just, else it might grow to be a thing intolerable. When the nurse presents a grievance, she does so before the full committee, a hearing is granted by the Administration, and the subject is gone over carefully, with the above procedure following.

This is but a sketch of the duties of the Grievance Committee, but it will give an idea of its great importance as a coöperative measure between the Administration and the Alumnae Association. It gives both sides a hearing, and obviates the necessity of a reprimand before doctors, patients, and student nurses. It brings the desired result in a dignified manner, and teaches the nurse that coöperation means working together. And from time to time it teaches an administration that coöperation does not necessarily mean blind obedience.

Years ago, a child was taught to speak when it was spoken to, and to obey when it was spoken to also, simply because it had been commanded to do thus or so, but today a child is given a reason why it should obey, and nine times out of ten, obeys more truly than a child who obeyed blindly, or through fear. All alumnae associations are composed of women of intelligence and high ideals, for our profession, more than any profession in the world, is based upon ideals of the highest type. They come to their alumnae associations as the finished and approved product of their training school, bringing with them its signature of approval. This being true, why are they failing their administrations?

Having heard read that which a majority of our alumnae associations *believe* is their duty to their hospital, surely the administrations must look to themselves for some of the fault, and having found it, they have within their

grasp a key to the solution of the problem. Many times they have adopted and applied new methods in their training schools, but have failed to let their alumnae association grow up, expecting them to work by the methods of twenty years ago, and if you do not think that twenty-year-old methods are obsolete, just talk with one of your own children, or one of your flapper nieces, and you will quickly come to the realization, and that so very quickly that you will be conscious of quite a "jolt."

Again, in taking up the duties of a new administration, they are so very keen for the best interests of the hospital and training school that they do not ask the alumnae association to coöperate with them; all they ask is obedience. They fail to remember that their interest can not be half as great as the interest of the school's own graduates. To them she is more than a hospital, she is their Alma Mater, to whom they have gone with their youth, their ideals and their years of service. And in so far as she has been true to them, just so far have they come to loving and respecting her purposes. There is mutual need between them, and who is to say which need is greater?

One great cause or lack of coöperation is frequent change in administration, each new administration developing its own theories, standards, and discipline, discarding the work of those gone before, and each sure that his or her method is better than any other. So there follows a radical change affecting the whole hospital at one time, from the Chief of Staff right on down to the porters, creating a condition of chaos from which they hope in time to construct "the ideal method," and this is done by starving, trying out, accepting, and discarding, until such an ideal is obtained. Hard, hard, upon the administrations; but what of those who work out and perfect the theories and methods?

This of course they owe their hospital and is a price they pay willingly as their part in the progress of their hospital and profession, when lo! a new administration,—old things are put aside, new standards and methods started, tried out, accepted, discarded, until another ideal system is developed, only to be followed by still another, until those who carry out and perfect the new theories, year after year, are tried beyond endurance and rebel or, finding that they have paid too great a price for the advancement attained, fall into a mental attitude of indifference which all too often develops into lack of coöperation. No one feels those changes more than does the graduate nurse in the hospital who, looking back across the years, sees real progress along educational lines, but only occasionally does she see better nursing or a finer spirit of nursing as a result, and so, goes about her own business, or shows her rebellion by criticising, and that not always constructively. Instead of getting together and working for the best interests of the hospital and training school, the alumnae members proceed to fall asleep or sink into a state of coma. If an administration succeeds in conquering such an association by force, they have only a dead body as a result, whereas real victory lies in bringing back a living body. Shame upon your alumnae associations that they lose sight of the "Lady of the Lamp," and lie down to sleep in an age like this.

Then there is always the opposition of a few members who know their power and use it for their own satisfaction and the confusion of others, but they are far less harmful than they look, for many times among this number are found those whose intentions are good, and whose interest is keen, but who lack the greater vision, and this we know is not given to all alike. The reclamation of such members is rapid in a well organized association; and by a system of self government, the harmful members are made to feel that they are unpopular, and this by the attitude of their sister nurses. Losing their coveted satisfaction, they soon subside.

If the alumnae association outlined in this paper seems not the average association, but rather an ideal, so too is that of the administration rather an ideal. But why should it be rather an ideal? The type of young women demanded by our training schools come in contact with the most serious side of life, and under the instruction of good women and men who love their work, pass on to the world through their pupils, the influence of their own lives,—the great spirit of service. Our profession is full of women big enough to make this ideal a good working possibility, as some administrations and alumnae associations have proven, and in doing this they have found that "Tis a nobler conquest, truly said, to win the heart than overthrow the head."

CLEVELAND HOSPITAL AND HEALTH SURVEY. TWO YEARS AFTER. CLEVELAND HOSPITAL COUNCIL

This is an exceedingly interesting and valuable study of the results obtained in Cleveland as a result of the Survey or "diagnosis" made two years ago. Says the report, "Notable improvements were made in a number of the hospital training schools while the Survey was in progress and many of the following steps have been taken in direct response to the Survey." The steps mentioned include the appointment of new directors for some of the schools, of instructors and supervisors in others, of affiliations for special services, of the addition, in one school, of training in dispensary and social service departments, of the installation of a chemical laboratory and of a central diet kitchen in which thorough scientific training is given by the dietitian.

The suggestion that a complete high school education be made the minimum requirement for admission to schools for nurses has not been subscribed to by all hospitals but, to quote the report, "one result of the gradual raising of the minimum preliminary education requirement for admission to training schools up to full high school education or its equivalent, has been an increasing number of applicants for admission to the schools of several of the larger Cleveland hospitals."

The outstanding result of the Survey was the establishment in 1921 of the Department of Nursing Education in the College for Women of Western Reserve University. This Department is attempting to work out plans for three groups of students as follows:

(1) A five-year course in the University and coöperating hospitals leading to a diploma in nursing from the hospital and the Bachelor of Science degree from the University.

(2) A three-year course for central school students who will probably enter the hospitals direct and receive their science and some other class work in a central place under the supervision of the University.

(3) Courses for graduate nurses which will enable them to advance in their own special fields.

The Department of Nursing Education represents the beginning of what it is hoped will develop into a university school of nursing.

EDITORIAL COMMENT

The Christmas Season

AGAIN the season is with us when we repeat the song the angels sang of Peace on Earth, Good Will toward Men. But even as we plan for the celebration of the great anniversary, newspapers, magazines, pulpit and platform are telling us there is no peace on earth, and that the peace for which thousands of young lives were given is no peace and that our very civilization is tottering. It becomes increasingly clear that if we would have peace we must first have good will,—an understanding of other men and other minds that will do away with personal and national suspicions and racial hates. As we read the insistent headlines we say to ourselves,—How terrible! But it is all so far away, I can no nothing about these matters of statesmanship and diplomacy.

How little we realize our own potentialities. Educated for a service that knows no race, nor creed, nor color, our opportunities for fellowship, and fellowship is but good will made dynamic, are boundless. The stories we have collected for this issue are an index of the contribution nurses are making throughout the world to an international good will.

Ours is a young profession. Year by year an increasing number of nurses is attracted to the foreign fields with their poignant needs. Year by year we broaden our service to and our understanding of the many races fusing in the melting pot at home. By holding fast to our ideals we can make a mighty contribution to a true peace on earth. This cannot be a merry Christmas to those who are acutely aware of the miseries of others, even though they be comfortable themselves, but it is a season when, as nurses and as citizens of the world, we may say as did Tiny Tim —"God bless us every one."

On Class Room Walls

IT is a good custom, that of placing portraits of those who have gained distinction in some branch of the world's work on class room walls. Who is there who does not recall some face that fairly shone out from high school or college walls but, now that we have become nurses, we realize that our profession was not so represented. Young people of today sometimes see pictures of Miss Nightingale for hers is an historical figure that grows more majestic with the passage of the years and martyred Edith Cavell is not wholly unknown.

The Missouri State Nurses' Association has recently taken advantage of an opportunity to epitomize contemporary nursing by means of a portrait. The University of Missouri has inaugurated State Vocational Home Economics Contests—the purpose being "to stimulate interest in Home Economics education, to raise the standard of dress among girls of high school age, to encourage the study of food values and care of the sick in the home, and to dignify the profession of home-making." This year the contest in Home Nursing has been introduced for the first time and the State Nurses' Association, at the suggestion of the Department of

Education, provided a prize to be given to the winning school. It seems eminently fitting that this gift should be a framed picture of Miss Nutting—the woman and nurse who so completely typifies our conception of education expressed in terms of service.

Meeting of the National Child Hygiene Association

"IT is the purpose of the Association to supplant ten policemen with a single community nurse"—so said Herbert Hoover, the great conservator of child health, in his presidential address at the opening meeting of the annual convention of the National Child Hygiene Association. Mr. Hoover's announcement of the consolidation of the Association with the Child Health Organization of America was highly significant of the growing tendency to make health programmes coöperative. His striking figure of speech was a graphic way of stating that social health may be expected to follow improvement in the physical and mental health of the individuals who make up any given unit of society.

The place of the nurse in any health programme is now not only assured, but is of ever increasing importance. A frank acknowledgment of the unscientific preparation of many nurses for their responsibilities in connection with so far-reaching and fundamental a health programme as that Mr. Hoover had in mind, was well voiced by Elizabeth Fox in her appeal to pediatricians to give instruction in our schools for nurses that will set up the normal as a standard, in place of the older limited objectives of remedial medicine. Such teaching would be revolutionary in those schools where courses are based on the immediate needs of the hospital for bedside nursing, rather than on a broad conception of hospital function and of the demands to be made upon the nurse after her graduation.

Fortunately, we now have the Rockefeller Report on the Training of Hospital Executives pointing the way to a better understanding of the important place the hospital occupies in its community and enumerating its varied and increasing responsibilities. We have the Report of the Committee on Nursing Education with its clear cut analysis of conditions and suggested remedies. We find an increasing number of prospective students thinking of nursing in terms of service rather than merely in terms of potential income. In other words, we find all those groups developing a true sense of social obligation.

Health is becoming a matter of good business. A representative of the United States Chamber of Commerce stated that cities having a low death rate and that offer real advantages for children find it sound policy to advertise these things. Families planning a change of residence want to know whether a place is easy to live in or easy to die in; they do not willingly choose those with a high death rate.

When communities have come to realize that this type of good business is dependent upon adequate support of educational programmes such as that of the consolidated associations we shall more nearly approximate the ideals of positive health; and funds now expended on blue coated guardians of the public weal may be put to more constructive use.

The Psychology of Bulletin Boards

JUST as straws may show which way the wind blows, so may bulletin boards indicate the trend of thought in a school. We have seen bulletin boards in inconvenient, ill lighted places. We have found them filled with overlapping, out-of-date notices or unattractive notices of what should be attractive events. Quite tragically we have sometimes found them so filled with *Don'ts* that there was no room for anything else and so we have adopted a descriptive classification of bulletin boards. We call them positive and negative. The ones enumerated, it will readily be understood, belong in the negative class and we wonder if the *don'ts* have the same effect as the admonition of the mother whose parting message, in leaving her small daughter for a few hours, was, "Don't touch mother's pretty lily while she is gone." Was the child greatly to blame because the lily stem was broken before the mother was far on her way?

Fortunately, there are a greater number of positive than negative bulletin boards, well lighted, well placed, (we have even noted bath room doors so used) and carrying no message that had outlasted its usefulness. The contents of such boards are genuinely interesting. They carry not only business-like announcements of change of programme or adjustments of daily life, but constructive suggestions for the wise use of leisure—such as a commendation of books or magazine articles that make a special appeal or seem to have unusual value in their application to the personal or professional life of nurses. Here will be found announcements of special "treats," intellectual or social, that have been planned for various groups. Such boards occasionally carry posters so intriguing that one wonders if any student or faculty member can possibly escape their lure. Positive bulletin boards are, to us, indicative of healthy schools and we know by their increasing number that our schools are growing better.

Nursing Technic

"SHE is a nice woman and she may be a good nurse, but"—How many times have you heard that opening phrase and have writhed in spirit because you knew that something unpleasant was about to be revealed? Sometimes the topic has been dress, again it has been manner, and still another time, unwise recreation. When it has prefaced a discussion of nursing technic you are fortunate if you have never wished for something, anything, in the way of distraction, in order that you need not reply.

How can one defend the nurse who manages so poorly that her patient's first nourishment of the day is administered at eleven o'clock? How defend the nurse who, having remembered to protect the handsome bedside table, feels that her duty in that respect is done and never gives it another thought, even when the protective covering has become unsightly with stain or soil? There is no defense for the nurse who is not ingenious enough to secure a paper bag or make a newspaper cornucopia for the soiled sputum cloths of a pneumonia patient instead of letting them accumulate in an unsightly and unsanitary heap on an open paper on the floor. Certainly there is absolutely no defense for the nurse who fails to respect her patient's innate desire for

privacy when intimate personal service is to be rendered. Surely we agree that the rule "Do unto others" should apply here, no matter how slender the training.

What of the schools that send out nurses of whom these and other bitter things are said? Just as "consciousness of kind" leads us to seek arguments for the defense of the individual nurse, so would we desire to defend the schools. But what of the schools? The recent humiliation of a friend who is a ward patient in one of our well known hospitals—and this is an instance that could be multiplied many times—because a nurse failed to make proper use of screens, gives food for thought. These things could not happen if students were taught the spirit as well as the technic of nursing. To the negligent student, the screen was but a superfluous piece of apparatus, easily ignored. To the thoughtful nurse, a screen is not only a piece of useful apparatus—it is also a symbol of the right of every human being to a reasonable and decent privacy at required times. Could the students in a school overlook the use of screens if they were taught the *spirit of nursing* along with its technic? We have all lived through the pressure of the day's work on busy wards. We have much sympathy with the harassed administrator. Every graduate nurse can recall days when no amount of planning made it possible to compass everything. She is a fortunate nurse who, at such times, had the guidance of a clear visioned supervisor with an instinct for essentials. There is no finer attribute of good nursing than the power to discriminate between that which is essential and that which lends refinement but can be eliminated in time of stress. Nurses, whether student or graduate, who are careless about screening patients are not only violating the feelings of those who are at their mercy,—they are also blunting their own sensibilities. We are well aware that many a reader will say—this discrimination is nothing but the application of a little common sense, and we would answer that the school that helps its students to develop the faculty of discrimination or that most uncommon quality which is called common sense, will have much satisfaction in its results. The general application of common sense and a more general practice of our profession as we desire it when we ourselves require nursing, would go far toward eliminating conversations beginning, "She *may* be a good nurse, but—"

The Health Builder, Doubleday, Page and Company, is the latest health magazine to make its bow to the public. The first number is both attractive and interesting and filled with the Spirit of Health and Happiness. Miss Clara D. Noyes has contributed a thoroughly practical article on "The Family Medicine Chest."

DEPARTMENT OF NURSING EDUCATION

LAURA R. LOGAN, R.N., DEPARTMENT EDITOR

DISCUSSION OF THE REPORT OF THE COMMITTEE ON NURSING EDUCATION[1]

BY AMY M. HILLIARD, R.N.
Troy, N. Y.

IT is a great pleasure to have the opportunity to discuss the report which has been so ably presented by Miss Goldmark.

We are grateful indeed for the investigation made by the Committee and have looked forward eagerly to its presentation and its conclusions.

Many of are very much heartened to be assured that we have not been on the wrong track these last ten years and that the conclusions reached by this impartial high tribunal are the same as those reached by the most far-seeing of our own profession of nursing. The report will give much encouragement, and strong backing to the efforts of the nursing profession, coming as it does from a wholly unprejudiced source like the Rockefeller Foundation which has won so enviable a reputation for reaching sound conclusions.

In presenting the object of the investigation it is most interesting to note that the committee found very early the need of considering the whole problem of nurse education before it could reach any conclusions concerning the "proper training of the Public Health Nurse." This is far from coinciding with the opinion of some of our Chicago friends who have acted on the premise that if nurses were scarce, we should create large numbers of them through the simple expedient of the short course, the shorter the better. Where are all the hundreds and thousands of these so-called "public health nurses," the product of w i d e l y advertised short courses? The communities do not seem to be clamoring for them when seeking public health nursing service. Is it not amazing that a Public Health Officer should proclaim from the housetops a scheme that was bound to have a damaging effect on the hospitals of his community?

Many who have followed the various panaceas for the inadequate registration of students to meet the demands of the rapidly increasing number of hospitals and hospital beds have failed to recognize the damaging effect of much of this newspaper publicity on the minds of the prospective students themselves. I quite agree with Miss Ruth Morgan, who stressed this point when presenting the obstacles to recruiting students for schools of nursing before the Eastern Council of Nursing Education. It passes understanding that any member of a hospital board, administrative or medical, should support a scheme which through its very publicity would deflect students from their schools of nursing. Is it not rather remarkable that so many of our young women see through such sham courses and, even though many of them are far from independent

[1] Read at the Nursing Section of the American Hospital Association meetings at Atlantic City, September 27, 1922.

financially, are willing to spend from two to three years in a school of nursing when the headlines of the daily press of their city proclaim the assurance of the Public Health Officer that they may become public health nurses in from five to six weeks?

The American Hospital Association can render very great service to the hospitals of this country if it will make concerted effort through all its sections to prevent as far as possible, publicity, damaging and prejudicial to nursing, in the minds of the young women of the country.

The hospital administrator and more particularly the principal of the school of nursing in the past may not have given the thought to the special problems which confront nurses in public health work outside the hospital, and in consequence the nurse as a student may not have received adequate preparation to meet such problems. Nevertheless, with all the supposed inadequacies of training she has met these problems so successfully that she is the official public health worker in practically every community of our country. The communities that have no public health nurse want her and are demanding her services.

A considerable number of schools of nursing are giving students during training, a preparatory course in public health nursing. Such courses are in no way supposed to do more than outline the many activities which have to do with community health, and point the way to further preparation for public service. We agree with the principal of one of our best known schools of nursing who, when we were being taken to task for our shortcomings in failing to prepare nurses for public health work, said, "Public health nurses, such as they are, are as we, in schools of nursing, have made them, and when we look about and see the product of our efforts we are not wholly discouraged with our work." Do we not then all subscribe to the first conclusion of the committee "that all agencies should require as a pre-requisite for employment of the public health nurse, the basic hospital training followed by a postgraduate course, including both class and field work in public health nursing?"

All statistics show that enormously increasing numbers of young women are entering colleges and other schools with special courses preparatory for the activities of educated women. Why should we, as hospital administrators, allow all of these young women to prepare for teachers, secretaries, dietitians, nutritional workers, occupational therapists, etc.? Should we sit quietly by and accept the fact that they are not in large numbers preparing for nursing or shall we not make an effort to convert the trustees of colleges in our vicinities to the advantage of including nursing in the college curriculum?

It is entirely for boards of trustees to determine whether they desire to attract to their schools of nursing the educated and cultivated young women who are entering other professional schools and colleges or if they are to be satisfied with the immature grammar school girl. It is a significant fact that the schools of nursing which demand the highest educational qualifications, which pay no allowance, and which give students a well rounded course of instruction are the schools that not only have full classes, but have waiting lists. Why not

take this cue and follow it to its logical conclusion? I maintain that this is a question for boards of trustees to determine and upon their decision will depend the kind of nursing service that will be given patients in their hospitals and the usefulness the graduates of their schools will have in the communities they serve.

Is there any reason why a dietitian or occupational worker should be required to have as a pre-requisite a full high school course and content ourselves with one year of high school or less as an adequate preparation for the matriculate of a school of nursing? Is it not good publicity for our schools of nursing to have the hospitals used as laboratories for the colleges in the same sense that the college laboratories are used for other courses? No hospital administrator seriously prefers to see schools of nursing made up of immature and uneducated young women. Is it not then quite time that we consider the student nurse preëminently as a student preparing for an exacting professional career? Should we not press home to our boards of trustees the fact that these students should have the educational background and be given opportunities at least equal to those in colleges, none of which are preparing students for more exacting careers?

Very often the personnel of the hospital board is almost identical with that of the college board in the same community and the matter ought to be readily understood and affiliation easily made. Have we not made sufficient progress to disabuse our minds of the old consideration of the student nurse as a financial asset necessary to the hospital in order to minimize its deficit? Student nurses have paid off more hospital deficits than all the boards of trustees in the country and without student nurses it would be quite impossible for hospitals to run without very material increase in charges or corresponding increase in deficits. I ask you in all honesty, Is this quite fair? As an administrator of a small hospital, where most things progressive in nurse education, and for that matter in hospital administration, are supposed to be impossible, I beg to assure you that the obstacles disappear when one sees the light and applies a little common sense to the problem.

Tens of thousands of young women are seeking college education. These are the women we need in the field of public health, in the teaching and administrative departments of our schools of nursing, and we must have them if we are to keep the hospitals on the same high level of popularity with the public as they at present enjoy.

It is vitally important that schools of nursing shall be administered by graduate nurses who have had preparation and experience "beyond the basic nursing course." This point is so obvious that it would seem unnecessary to stress it if it were not tragically true that in the majority of cases so little consideration is given to it. How often we see the consequences of appointing an inexperienced, unprepared nurse as principal or school administrator. It is heartbreaking to see the havoc that results and the injustice done to students, to patients, to the community, and also to the nurse herself who fails. No school can be better than its head. Why not then give the same reasonable consideration to the s e l e c t i o n and

appointment of the principal of a school of nursing as would be given to the selection of the principal of any other professional school?

If "nursing is one of the most attractive fields now open to women of high capacity," let us see to it that in our schools of nursing we make effective appeal to such women and to this end that we urge our hospital boards of trustees to present to the public the financial needs of schools of nursing and, as in the case of all other professional schools, ask the public for funds or endowments sufficient to meet these needs. If the public health nurse is worthy of the responsibility placed upon her, and is to carry on the health conservation programme the communities expect of her, should not the communities make available the funds for her education? Is it fair to place this burden entirely upon the shoulders of the hospital superintendent, in addition to his or her manifold duties?

Conclusion V of the committee's report carries a heavy indictment for the average hospital school of nursing, but we must admit its truth. The public is so accustomed to the consideration of the student nurse as an obedient servant who quietly accepts every inconvenience or injustice without audible protest, that it will not be easy for them to see her in the light of a financial and educational responsibility. Given a principal who has the preparation, experience, and personality for leadership, many shortcomings in our schools will disappear, but she cannot make bricks without straw. She must have direct representatives on the board of trustees and their active interest and backing. She must be viewed in the light of an educator rather than entirely as a hospital supervisor.

The preparation of various groups of sick-room workers other than the registered nurse calls for licensure of all persons who care for the sick. This gives recognition to the various types of ability and adequacy of preparation for the work to be undertaken and also protection to the schools of nursing. More effective community control of the highly commercial so-called registries for nurses would lessen the merciless exploitation of the public, the graduate nurse, and the attendant. If the purely commercial and unethical members of a group get together and organize a registry, the temptation is for them to send out untrained women as graduate or trained nurses in order that the percentage of money accruing to the registry will be greater. The women find it hard to resist the temptation to accept wages they are really not prepared to earn, particularly when this is coupled with the fact that the registries will call those more willing to go if one refuses to be accessory to the fraud. I believe that much of the criticism for high nursing charges has come from this method of exploitation of the public.

Each state should have a statute providing licensure for all persons caring for the sick for compensation. This would classify nursing services, prevent fraud, and give some encouragement to the maintenance of schools of nursing.

In several states a subsidiary group has been provided by law for the care of the sick and when such provision has been made we strongly endorse the utilization of such service for incipient, chronic or convalescent patients. It is rather interesting to note, however, that

the very persons who most loudly proclaim the value of the so-called practical nurse or attendant as a substitute for the graduate nurse are usually unwilling to accept her services for themselves or their families. Any registrar will tell you that when a physician calls for a nurse for himself or his family he asks not only for a registered nurse, but for the best and most experienced one he can get. He surely should be unwilling to recommend less intelligent service for acutely ill patients.

One of the most progressive movements for the advancement of nurse education has been the inclusion of schools of nursing as departments in universities. The public has always been accustomed to the endowment of universities and colleges, and this ought to pave the way for the endowment of schools of nursing. Financial independence of schools of nursing is imperative if these schools are to achieve their fullest development.

In summing up the conclusions of the committee we find:

As a preparation for public health work, "no other education is of such basic importance as nurse training";

For all fields of community health work from teaching positive health to disease prevention and control, "women of high capacity are indicated";

The present standard must not only be maintained, but the scope of our schools must be broadened so that their educational opportunities are at least on a par with those of other schools for higher education;

We should bend our energies to obtain reasonable endowments for schools of nursing not only to increase their educational advantages, but to relieve the hospitals of the burden of their support;

As no school can be better than its director, and we must look more and more to university schools of nursing for the preparation of administration, in schools of nursing and in the public health fields, we must give encouragement to their development, particularly as the public is accustomed to the endowment of university education and will more readily give endowment to all schools of nursing in consequence;

In order to classify nursing service, prevent fraud and exploitation, we should work toward the establishment of a national standard for the licensure of all persons caring for the sick for compensation.

COST OF NURSING SCHOOLS [1]

By Ada Belle McCleery, R.N.

Evanston, Illinois

IN presenting the report of your sub-committee, the chairman wishes to explain that this sub-committee was appointed by the Committee on Education to study the question of State or Municipal aid for schools of nursing. This sub-committee made no appreciable contribution to this question and was more or less inactive until the suggestion was made by the Committee on Education that, first of all, this sub-committee should make an effort to discover the cost of nurses' schools under the present plan in order to have some definite basis for requests for

[1] This report of the sub-committee of the Education Committee of the National League of Nursing Education was given at Seattle, June, 1922.

appropriations from state or city and from endowments.

It is unnecessary to explain to this group the difficulty your committee has had in reaching any accurate conclusions, as in nearly all institutions the expenses of the hospital and of the school are so entwined that it is impossible to separate them. We can only present for your consideration our findings as briefly as possible.

We have used for a basis of this report the answers to a questionaire which we sent, early in May, to 100 schools for nurses and to twelve schools for girls of the junior college grade. We selected these junior colleges because they maintained dormitories. The nurses' schools were selected from a list of accredited schools and, with four exceptions, the questionaire was sent only to those schools which state that they require a high school diploma for entrance. The schools were selected from every state in the Union, as this is a national problem and not a local one. From the twelve schools for girls, we received three replies, but no information. One frankly stated that it was not at liberty to give any information; another questioned the value of any information which it might be able to supply; and the third wrote that it could not give such details as were requested if its life depended upon it. It is quite evident that some other method must be used to secure information from that source.

Of the questionaires sent to 100 nursing schools, 43 replies were received from 21 states as follows: Washington, 2; California, 4; New York, 3; Massachusetts, 3; Michigan, 2; Wisconsin, 1; New Jersey, 1; Illinois, 5; Oregon, 2; Connecticut, 2; Pennsylvania, 2; Missouri, 2; Wyoming, 1; Indiana, 3; Nebraska, 2; Iowa, 1; Maryland, 2; Mississippi, 2; Arkansas, 1; Vermont, 1; New Hampshire, 1.

Of the 43, seven answered by letter stating that it was impossible to give any information, usually because no separate account was kept of school expenses, or they did not have the time to give the question. The seven were from the following states: Wisconsin, 1; Michigan, 1; Massachusetts, 1; New York, 1; Washington, 1; Minnesota, 1; Maryland, 1. This reduced our replies upon which this report is based to 36, representing 19 states.

The questionaire was sub-divided into four parts: enrollment, income, expenses, and estimated value of student to the hospital. All estimates have been made on a yearly basis. In this report no account is made of the fact that appropriations are made either by the city or county, unless a specific amount is paid for the purpose of the school.

Enrollment: Only 8 of the 43 gave the number enrolled in their school. Therefore, it has been difficult to decide upon any per capita basis, although your committee has attempted to do this wherever possible.

Income: Twenty-two of the schools depend upon the hospitals entirely for support, having no other source of income, although one explains that money earned by the student nurses on special duty is used in the school. Two schools report a University School for Nursing in connection with the State University, but the appropriation is through the hospital and no specific amount stated for use in the school; one, an appropriation of $20,000 for the school of nursing by the state; and one, that the University and Hospital divide the expense of the school. Three schools report donations in addition to income from the hospital; two report registration fees or tuition; one, income from donation,

endowment, and registration. One school receives appropriation from the County for nursing service and has, in addition, registration and class fees.

Expenses: Advertising to secure students varies from $50 to $1700. Seven schools report having membership at $500 in one of the several councils to advance nursing education; others advertise in newspapers, nursing journals, church, and high school publications; others send return postcards, announcement cards, and personal letters to physicians, ministers and members of the alumnae. Still others send out special pamphlets, but few of these are able to give accurate statements concerning the cost. The expense of the school prospectus varies almost as much, from $40 to $600. Other printing which would include all record forms, all applications, physician, dentist, and school credentials, as well as school stationery, is variously estimated from $10 to $900. The fact that the largest estimate is from a school which keeps its accounting entirely separate from the hospital makes one question the accuracy of smaller estimates. Postage and clerical workers might be dismissed in the same manner, as it seems to be the exception in the average school, (based on these 36 replies) for a separate account to be kept for postage, or for the office of the nursing school to have clerical assistants belonging to it. In the larger schools, (over 100 students), this provision is made at an expense from $75 to $125 monthly. No estimate is placed upon the cost of personal interviews of prospective students, as this is usually done by the Superintendent of Nurses and as her day is never limited to a definite number of hours, it seems a simple matter to disregard the expense of this item.

Recreation: One school reports a basket ball court, one a swimming pool and three a gymnasium, at a cost of upkeep of about $50 per year; another reports a social director at a salary of $1200 per year. Others report a dancing class at $50; nineteen tennis courts with a first cost varying from $300 to $1000 and yearly upkeep from $50 to $100. All 36 have pianos varying in number from one to three, costing from $500 to $1000, with a yearly upkeep from $10 to $60 for repairs and tuning. Twenty-four have one, four have two, and two have three, victrolas. Twenty-one pay the cost of all parties varying from $5 to $50 for each party. Two more pay for the refreshments but do not pay for special music. Two pay for a general party only. As several stated the cost of party exclusive of refreshments, it is impossible to make any per capita estimate.

Maintenance: The living quarters, as reported, are very attractive, having modern halls and dormitories with all facilities for comfortable living. Two report cafeteria service in the dining room; a few stress the fact that waiters are employed for the dining room service, but the others are silent on the subject. The cost of maintenance exclusive of heat, light, and water, but including board, room and laundry, is estimated as follows: $30, $35, $37, $45 and $48 per month; one, at $1.50 per day.

Uniforms: Of the thirty-six schools, 14 do not furnish uniforms; 13 answer in the affirmative, but do not give any idea of the cost per student, or the cost to the school. The average cost per student, per year, is $40. This estimate was made by figuring the cost of material and wages paid seamstresses with the number of articles made each day,—of course, taking enrollment into consideration.

Illness: All schools provide care during illness for students. Four report infirmaries especially provided for this purpose with a graduate nurse in charge and one with a salaried physician, at $180 per month. The other thirty give care in the hospital at an expense varying from $2.15 to $6 per day. One school reports an expense of $1500 for 45 students, $33.33 per student, another $1000 for 42 students, $23.80 per student.

Allowance: No school pays for extra work done by the student. Thirteen give no allowance; three give an allowance, but do not state the amount; and one pays $3944.61 in allowance but fails to give the enrollment. $5 per month is reported by two; two pay $8; two pay $10; one pays $15; one $18; and one $30. Two pay $6, $8, and $10; one, $8, $10, $12; one $7, $10; one $8, $10, $12; one, $10, $12, $15; one, $5, $7, $8; one, $250 for three years.

Education: Tuition to Affiliated Schools.—Two report the paying of tuition to the University with which the school is affiliated, one the paying of tuition for a public health course at Teachers College and Henry Street Settlement, and one for a public health course at Simmons College. The other thirty pay no tuition to affiliated schools.

Cost of Instruction: Twenty-one leave the question unanswered; or are unable to make the estimate because this answers the one of supervision also; four report a cost of $1200; three between $1200 and $2200; five between $2200 and $5000; and three over $5000.

Cost of Supervision: Twenty-four fail to answer the question at all. Two come under $2500; one at $3600; five between $6000 and $12,000; two at $18,000, and two at $30,000.

Text Books: Twenty-one of the schools do not furnish text books; eleven do, but give no estimate of the cost. One estimates cost at $125; one at $350; and one at $675; one at $900. Only one of these gives the enrollment, which makes an average of $9 per year, per student.

General Library: Eight do not maintain a general library. Twenty-two answer yes, but give no estimate of cost of upkeep; the others range from $25 to $125 annually.

Reference Library: Only five do not maintain a reference library. Twenty-six make no estimate of cost; the others vary from $35 to $156.

All have made provision for class rooms and laboratories, although in many instances the general hospital laboratory is used for class purposes. No accurate estimate can be given for cost of either.

Breakage: Five charge cost of breakage; four do not answer the question; one asks a $5 deposit; five, a $10 deposit; and the others make no charge.

Graduation: Only fifteen make any estimate of expense of graduation. These range from $20 to $1600. One places the expense at $10 per capita. The others either fail to answer the question, or answer by "hospital pays cost." One charges for diploma $2; the others give the diploma without charge, but only one states the cost which is $1. All but three present the school pin without charge. Only two state the cost of the pin, which is $5 and $7 respectively.

In response to the question, "What percentage of salaries do you consider belongs to the hospital and what percentage belongs to the schools?" 23 made no reply. Three think 50 per cent belongs to each, one 60 per cent school and 40 per cent hospital; one 75 per cent school and 25 per cent hospital; and one 80 per cent school and 20 per cent hospital. On the other hand, one thinks 10 per cent belongs to the school and 90 per cent to the hospital; two, 25 per cent to the school and 75 per cent to the hospital; one 33.3 per cent to the school and 66.6 per cent to the hospital; one 40 per cent school and 60 per cent hospital.

Value of Work of Student: In response to the last question, "What estimate do you place upon the value of the work of the student to the hospital?" 21 do not answer the question, but of those who do answer, all but three express the belief that she is a liability through her probation. Two place her value at 25 per cent of that of the graduate nurse,—one at $28 per month and one at $3 per week, based on the minimum wage scale of the state. During the first year her value increases from 33.3 per cent to 50 per cent; second year from 50 per cent to 75 per cent; and during the third year from 75 per cent to 100 per cent. Two express the opinion that no hospital can exist without a school; one that the student nurses give value received, and no more, throughout the course; another, that during the second year she equals a graduate in value and in the third year is better than a graduate.

The Committee is indebted to our President, Miss Jamme for the following study which she made by taking the figures of the students' maintenance for the University of California and the figures of the Industrial Welfare Commission as to the value of service. She has used for her basis a school of fifty students and a hospital of one hundred beds.

FIGURES SHOWING COST OF MAINTENANCE AND INSTRUCTION FOR STUDENT NURSES, BASED ON A SCHOOL OF FIFTY NURSES OR STUDENTS

These are based on cost of room and board for college girl under average conditions; for laundry, when students may have facilities to do some articles and send out large pieces, such as nightgowns, uniforms and aprons; uniforms and upkeep of uniforms based on figures from hospital supplying uniforms; breakage and drugs are arbitrary figures, allowance is the average. Figures on instruction are based on the salaries of faculty, allowing a proportion of one-half for superintendent, for administration of school and one-third for other officers. Full salary and maintenance of instructor is apportioned to school.

Maintenance:	Per Month
Board	$30.00
Room	10.00
Laundry	8.00
Uniforms—Upkeep	4.00
Breakage—Drugs	3.00
Allowance	10.00
	$65.00

Instruction:	Per Mo.	Pro Rata for School
Salaries of Faculty		
Superintendent of Nurses	$200.00	100.00
Asst. Superintendent of Nurses	150.00	75.00
Night Superintendent of Nurses	125.00	50.00
Operating Room Supervisor	150.00	60.00
Head Nurses (2)	200.00	50.00
		335.00
Proportion for each student		$ 6.70
Instructor's Salary	$150.00	
Instructor's Maintenance	50.00	
	$200.00	
Proportion for each student		4.00
Use of library and equipment, including depreciation		1.00
		$11.70

Students' Services in Hospital:

Based on four hours a day of practice work in hospital during preparatory period; eight hours a day during first and second year. Based on figures of State Industrial Welfare Commission for apprentices at 25 cents per hour, semi-skilled workers at 35 cents per hour, more skilled workers at 40 cents per hour.

Preparatory Period:

Four months—4 hours daily
25 cents per hour, per month, $48.00

First Year:

12 months—8 hours daily
35 cents per hour, per month, $67.20

Second Year:

12 months—8 hours daily
40 cents per hour, per month, $76.80

Total Cost during Preparatory Period	$306.80
Services valued at	193.00
	$114.80
Total Cost during First Year	$920.40
Services valued at	804.00
	$116.40
Total Cost during Second Year	$920.40
Services valued at	921.60
Difference in favor of student	$ 1.20

The Committee presents this report with but one conclusion, and that is the necessity of a better accounting system for our schools of nursing. Several have made the statement that an attempt was being made to separate the accounts. We sincerely hope that this questionaire will stimulate others to do likewise.

Effie J. Taylor,
Ada Belle McCleery, *Chairman,*
Sub-Committee on Cost of Nursing Schools.

DEPARTMENT OF RED CROSS NURSING

CLARA D. NOYES, R.N., DEPARTMENT EDITOR
Director, Nursing Service, American Red Cross

A MERRY CHRISTMAS to all Red Cross Nurses. Best wishes for a Happy New Year and strength to follow the Red Cross motto of Neutrality and Humanity into whatsoever line of work or field of effort each one of you may be engaged.

SCHOOL OF NURSING, SOFIA BULGARIA

The American Red Cross has appropriated a sum of money to reëstablish the School in Sofia, Bulgaria, started in 1915 under the auspices of Helen Scott Hay. Rachel C. Torrance, who has been with the Red Cross in Czecho-Slovakia for the past year and who was assistant to Miss Hay at that time, has proceeded to Sofia, to act as Director for the School. The former School, started under the auspices of the late Queen Eleanora, was connected with the Alexander Hospital. The new School, however, will be connected with the Bulgarian Red Cross Hospital which is a comparatively modern and up-to-date building. The American Red Cross has offered to provide the salaries of the nurse directors, their transportation, and teaching equipment. The Bulgarians have agreed to provide the hospital facilities, quarters and maintenance for the student nurses and faculty. An assistant director is now being selected, and it is expected that she will sail within a short time.

The other schools which have been sponsored by the American Red Cross, one at Warsaw and one at Poznan, both in Poland, as well as the one at Prague, Czecho-Slovakia, have developed along educational lines that are eminently satisfactory to those who have watched the progress of these schools both from this country and abroad. The operating room at the Hospital in Warsaw, at the present time directed by felchers (orderlies), who have been in full charge regardless of sex of the patient or the character of the operation, will soon be directed by an American nurse in order that the students may secure the proper experience in operating-room technic and procedures. The economic situation in Poland has greatly increased the difficulties for the local participants. Owing to the extraordinary depreciation of the Polish mark, the adjustments that must constantly be made in order to keep pace with the rapid changes in the value of the mark make the problem of hospital housekeeping and school direction one of unparalleled difficulties.

The sudden death of Vilma Cerna on October 6, a graduate of the School at Prague, who had been in this country from early September, 1921, until the later September of this year, will be a great shock to those American nurses who were associated with her at the Presbyterian Hospital in New York City, the Massachusetts General Hospital in Boston, and at Teachers College, where she was a special student during 1921 and 1922. This has made it necessary to ask the present faculty of the School, of which Marion G. Parsons is the Director, to remain in that

country for some months longer. This School is now well established, two classes have graduated under Miss Parsons' direction, an Alumnae Association has been organized, and in a recent letter from Miss Parsons, she states that all the wards now have graduates from the school acting as head nurses, while twelve of the child welfare centers organized by the American Red Cross in that country, have also been able to secure graduates with a special public health training to direct them.

SCHOOL OF NURSING AT CONSTANTINOPLE, TURKEY

The school at Constantinople which has been developed on a somewhat different basis, but with assistance from the local chapter as well as the National Red Cross, is also progressing and at present is developing a public health course for the use of its students. The disturbed political situation in Constantinople has not so far affected the school.

RED CROSS NURSING ASSISTANCE TO THE INDIAN BUREAU

The health of the American Indians upon the reservations has long been a matter of grave concern to the United States Government. The Indian in his present state is particularly susceptible to tuberculosis, trachoma, and other contagious diseases. The hospital and medical facilities provided by the government for them have done much to mitigate the sufferings of the Indians when actually sick and the oversight and teaching of the field matrons have done much in bettering their home conditions.

The present Commissioner of Indian Affairs, Charles Burke, felt the need of real preventive health work among the Indians, but with the small yearly appropriation granted by Congress for the relief of the Indians, he has been unable to accomplish it. At his request, the American Red Cross is sending three experienced public health nurses to several of the reservations in South Dakota, in Arizona, and the near-by states, to make a study and survey of health conditions and to carry on a regular public health nursing service in the hope of demonstrating to Congress the feasibility and value of expert health work for the Indians so that government funds may be appropriated for this purpose.

It has been possible to secure three highly trained and experienced public health nurses for this work. Florence Patterson, formerly Director of the National Organization for Public Health Nursing, has charge of the survey in the larger southwestern area. As her assistant, she has Augustine B. Stoll, graduate of the Presbyterian Hospital, New York City, and of the Teachers College course in public health nursing, who has also had medical social service training at Bellevue Hospital, two years with the Army overseas, Child Welfare nursing in Czecho-Slovakia and several years as Red Cross chapter nurse. Miss Stoll will conduct the actual public health nursing demonstration on certain of the reservations according to Miss Patterson's recommendations. On the Rosebud and Pine-ridge Reservations in South Dakota, Eleanor Gregg, graduate of Waltham Hospital and public health nurse by training and experience as well as a hospital executive, is establishing a regular public health nursing service.

Commissioner Burke is sanguine as

to the results to be obtained from this Red Cross coöperation, not merely in its immediate effects in regard to the Indians themselves, but in the influence which it may exert upon Congress to make this work a government undertaking.

ASSIGNMENTS

Stella S. Mathews, recently Director of Nursing for Poland, who returned to America during the past summer, was reassigned on November 11 to assist the American Red Cross with the Greek refugees. So far no other nurses have been sent from this country. A few Red Cross nurses who have been with the Near East Relief will probably be used by the American Red Cross. In all probability very few, if any, additional nurses will be required unless serious epidemics such as that of typhus occur. Emily Heard and Lucy Gillette have been assigned to the Virgin Islands as public health nurses. These nurses will assist Miss Waterbury, who has been there for some time, in developing public health nursing courses in Home Hygiene and Care of the Sick and other Red Cross activities. Marion Doane has recently been appointed as Assistant Director of the School of Nursing in Haiti. Elizabeth Miller, recently married to an officer in the Marine Corps, Agnes Meyer, and Clara Farnsworth, have been released from the work in the Dominican Republic, where they have also been engaged in reorganizing local hospitals. These nurses will probably not be replaced owing to the present political situation and the consequent governmental changes.

NURSES NEEDED FOR THE VETERANS' BUREAU HOSPITALS

The Nursing Service of the Veterans' Bureau has recently asked the American Red Cross to assist in securing two hundred additional nurses. A letter was immediately sent to all Division Directors, informing them of the needs of this department. So far eleven nurses have been recommended directly from National Headquarters. It is hoped, however, that Red Cross nurses will keep in mind the very definite needs of these important institutions. The ex-service men still need our care and attention. While no official statement has been received from the Veterans' Bureau, it is our understanding that a very definite increase has been made in salaries.

ANNUAL MEETING, NATIONAL COMMITTEE ON RED CROSS NURSING SERVICE

The Annual Meeting of the National Committee on Red Cross Nursing Service will be held December 13, at National Headquarters, American Red Cross, Washington, D. C., at 10 a. m. All members of the National Committee are invited to be present. This precedes the Annual Meeting of the American Red Cross, which is to be held at 2 p. m., December 13.

An aim in life is the only fortune worth the finding; and it is not to be found in foreign lands, but in the heart itself.—*Robert Louis Stevenson.*

FOREIGN DEPARTMENT

LAVINIA L. DOCK, R.N., DEPARTMENT EDITOR

AS Christmas draws near, every friend of mankind must ask himself how near he comes to fulfilling the words: "Love your enemies." Many, many professing Christians asked this question during the war, became angry and replied that it was a holy duty to hate Germans. I hope that nurses do not share this view, for German nurses are in serious distress because of the generally terrible and disastrous effect of the peace, so-called, for it is really not yet peace but cruel financial war still going on that keeps the middle classes especially, in Europe, in poverty and distress.

I do not know what we can do to help our German sisters. The problem is too vast and complicated for individual help to seem anything but a drop in the bucket. They have not asked us for help, nor uttered a complaint. This groping tentative suggestion is my own, and yet I hardly know what to suggest, except that, if any group or alumnae society wishes to send any gift to Sister Agnes Karll, at the German Nurses' Association, Regensburger Str. 28 IV., Berlin W. 50, I know that she will apply it to help some one in special need.

Whoever was to blame for the war, the nurses certainly were not, and now that Germany has overthrown her imperialism and is struggling along the paths of democracy, with plain men and women doing wonderful work in altering school text books to cast out all teaching of nationalistic egoism, she deserves the sympathy and help of others with the same ideals.

If we must hate anything, let it be the tendency, the emotionality, of economic imperialism wherever found,—but not any other human being.

L. L. DOCK.

The *Swiss Nursing Association* (from *La Croix Rouge Swiss,* June 1, 1922). The above Association is composed of eight sections and has about 1,600 members, consisting of male, female, and children's nurses. The Association forms part of the Swiss Red Cross and has the privilege of nominating a delegate to act on the Red Cross Directing Council. Graduates of recognized schools are eligible for membership, also persons engaged in nursing work who successfully pass the examinations instituted for the purpose by the Association. These examinations are held twice yearly.

In order to facilitate the placing of members, each section of the Association possesses an employment bureau, usually under the patronage of the local Red Cross.

The Association has been instrumental in providing a home at Davos, where nurses are sent to rest and recover from illlness or fatigue. This home is also of great benefit to the various sanatoria in Davos as the nurses who are well enough undertake light duties there. A relief fund for the use of sick or aged members of the Association is being formed.

WHO'S WHO IN THE NURSING WORLD

XVI. ANNIE W. GOODRICH, R.N., D.Sc.

BIRTHPLACE: New Brunswick, New Jersey, U. S. A. PARENTAGE: American. PRELIMINARY EDUCATION: Governess; private schools in Connecticut, England, France. PROFESSIONAL EDUCATION: Graduate of New York Hospital Training School for Nurses, 1892. POSITIONS HELD: Superintendent of nurses, New York Post Graduate Hospital, New York, 1893-1900; St. Luke's Hospital, New York, 1900-1902; New York Hospital, 1902-1907; Bellevue and Allied Hospitals, 1907-1910; Inspector Nurse Training Schools, New York State Education Department, 1910-1914; Lecturer, Teachers College, 1904-1913; Assistant Professor, Department of Nursing and Health, Teachers College, 1914; Director of Nurses, Henry Street Settlement, 1917; Dean of the Army School of Nursing, 1918-1919. OFFICES HELD: President, American Federation of Nurses, 1909; Vice-President, International Council of Nurses, 1912; President, American Nurses' Association, 1915-1918. AUTHOR OF: Various articles on nursing appearing in Report of New York League of Nursing Education; Report of Inspector of Nurse Training Schools, New York, 1910-1914; the *Modern Hospital, the American Journal of Nursing*. PRESENT POSITION: Director of the Henry Street Visiting Nurse Service; Assistant Professor of Nursing, Teachers College. Granted the honorary degree of Doctor of Science by Mount Holyoke in 1921. ADDRESS: 509 West 121st Street, New York.

ANNUAL REPORT OF THE ROCKEFELLER FOUNDATION

George E. Vincent, President, says that during the year 1921 the Foundation (1) continued a quarter-million annual appropriation to the School of Hygiene and Public Health of Johns Hopkins University; (2) pledged two million to Harvard for a school of health; (3) contributed to public health training in Czecho-Slovakia, Brazil, and the United States; (4) aided the Pasteur Institute of Paris to recruit and train personnel; (5) promoted the cause of nurse training in America and Europe; (6) underwrote an experimental pay clinic in the Cornell Medical School; (7) formally opened a complete modern medical school and hospital in Peking; (8) assisted twenty-five other medical centers in China; (9) promised a million dollars for the medical school of Columbia University; (10) contracted to appropriate three and one-half millions for the rebuilding and reorganization of the medical school and hospital of the Tree University of Brussels; (11) made surveys of medical schools in Japan, China, the Philippines, Indo-China, Straits Settlements, Siam, India, Syria, and Turkey; (12) supplied American and British medical journals to 112 medical libraries on the Continent; (13) supplemented the laboratory equipment and supplies of five medical schools of Central Europe; (14) defrayed expenses of commissions from Great Britain, Belgium, Serbia, and Brazil; (15) provided 157 fellowships in Hygiene, Medicine, Physics, and Chemistry, to representatives of eighteen countries; (16) continued a campaign against yellow fever in Mexico, Central and South America; (17) prosecuted demonstrations in the control of malaria in ten states; (18) coöperated in hook-worm control in nineteen governmental areas; (19) participated in rural health demonstrations in seventy-seven American counties and in Brazil; (20) neared the goal of transferring to French agencies an anti-tuberculosis organization in France; (21) provided experts in medical education and public health for counsel and surveys in many parts of the world, and rendered sundry minor services to governments and voluntary societies.

DEPARTMENT OF PUBLIC HEALTH NURSING

A. M. Carr, R.N., Department Editor
National Organization for Public Health Nursing

HOW IT CAN BE DONE

AT THE meeting of the New York State Organization for Public Health Nursing in New York on October 27, one of the questions propounded through the medium of the Question Box was to this effect: "What is now being done in training schools in the State to bring a knowledge of public health nursing to the attention of the student nurses?" The discussion showed a very general interest in this pertinent question. It seems worth while to gather into an informal compendium what was said, and what has since been thought, in reply. It was pointed out that New York City, and schools in New York State, have the unusual advantage of being able to secure the services of Jane E. Hitchcock for a series of six lectures in public health nursing to senior students in training schools. This plan was so successful last year that it is being continued on a larger scale this year. In addition to the actual lectures, Miss Hitchcock, of course, takes to the schools much general information, and leaves literature for the students—always, she tells us, eagerly studied. As this plan, however, is impossible for many schools, even in New York State, these suggestions were made, and have been added to since the meeting and discussion.

Including as part of the curriculum a "short course" in public health nursing extra-murally, where proper facilities for this are available, is not for discussion here. Where this contact is not possible, there are, however, definitely available means of providing knowledge of the subject.

1. *Talks* to Senior students on the development of public health nursing by some one with first-hand knowledge of the subject. There are few schools where this can not be secured. The National Organization for Public Health Nursing prepared, two years ago, a "Series of Lectures on Public Health Nursing" to be read or, far better, used as a basis for talks to student nurses. Numbered copies of these will be loaned to superintendents of training schools on request.

Magazines.—As well as the *American Journal of Nursing,* with its Department of Public Health Nursing, every training school library should subscribe to the *Public Health Nurse* magazine. All the students will not read all of it, all the time, but some of them will read some of it, some of the time. There is, we think, no better way of gradually impressing on the plastic mind of the student the interest and importance of the many phases of this form of graduate work than to provide them with this opportunity.[1] We would also suggest that "where circumstances permit," *Mother and Child,* the publication of the American Child Hygiene Association, and *The Nation's Health* would be excellent additions to a library. Mary S. Gardner's book, Public Health Nurs-

[1] The subscription cost of the *Public Health Nurse* magazine is $3 a year. Editorial office, 2157 Euclid Avenue, Cleveland, Ohio.

ing, (The Macmillan Company) should be in all libraries.

While speaking of magazines, may we suggest that such articles appearing recently in the *Journal* as Dr. Lucas' "Normal Development of the Child," and Dr. Caroline Hedger's, which give so clearly and forcibly the present concept of *positive health* might easily be made required reading and form the basis of helpful class discussion. Reprints of these are available through the office of the National League of Nursing Education, 370 Seventh Avenue, New York.

It is probably not generally known that the library of the N. O. P. H. N. has recently been combined with the libraries of the other health organizations forming the coalition of health agencies at 370 Seventh Avenue. This library service, now known as the National Health Library, 370 Seventh Avenue, New York, is at the disposal of all interested in this subject. The library, on request, will furnish reading lists on all public health subjects, such as Social Hygiene, Mental Hygiene, Tuberculosis and Public Health Nursing, and will lend packages of pamphlets on these subjects. The librarian will be glad to hear from any superintendents of training schools who would like to make use of this service.

The National Organization for Public Health Nursing issues "every little while" a list of available current pamphlets. The organization also publishes through its Committee on Education, a statement on the Scope, Preparation, and Opportunities for Public Health Nursing, which presents the subject briefly and concisely. This pamphlet also gives a list of postgraduate courses in public health nursing. These and other pamphlets will be sent on request from any one interested.

If all, or most, of these suggestions are carried out, no student should graduate from her training without at least a sufficient knowledge of this subject to guide her in the choice of work.

MOUNTAIN CHILDREN IN KENTUCKY

By Lucy E. Halbert

Hindman Settlement Nurse

THE mountain people! Wonderfully hospitable they are. The children are brave,—very, very brave. An inborn bravery it is. There is a mighty future before these young folks of the mountains, grasping the opportunity of an education and zealously putting into execution their long latent talents. To be a health worker among them is, indeed, a privilege.

My early childhood was spent at the foot of the Kentucky mountains along the Ohio River. The mountains always have appealed to me, the beauty of the early morning mist, the splendor of the sunrise, the sunset, and the moon rising above the lofty trees. But I scarcely knew about the inhabitants.

Many years have passed since then, and now I am really here in the very tops of the hills. Pioneer workers have come before me and made the path easy. Still, there is much to be done. But the people are coöperative. They gladly receive the health lessons brought to them. They want health

more than anything else, that their little ones may be physically and mentally strong.

I would again mention the bravery of the children. It is remarkable the way a twelve-year-old boy faces and endures an anaesthetic and an operation without a murmur or a struggle; as it is for a little one to have his fingers shot off and then walk home, a long distance, without a tear, that his mother might not be badly frightened. A little crippled girl, with a leg ready for the surgeon's knife, waiting day after day, and week after week, for her opportunity to go away for an operation; and, waiting, to ever wear a smile and to show a tenderness and thoughtfulness for the eight younger children at home,—this is another sample of what we find in the mountains. It is not an easy matter to get such a case as this to the railroad; a spring wagon, with a spring and mattress in it, would prove too severe a carriage, so this little girl will be taken on a stretcher for a distance of about twenty miles over the mountains, and by night, to avoid the hot sun beating down upon her. If the bearers should be soldier boys, then the journey would be less wearisome than if made by the mountain men who have never been trained to keep in step.

With one nurse to a county (some counties haven't even the one), the health work progresses but slowly. More workers are needed, and more will come, for God works surely. If there be a nurse who has felt a desire to work in the rural district, but hesitates to sever the city's ties, she is missing a great joy in life.

Our readers will be interested to know that the Hindman Settlement School is the pioneer Settlement School of the Kentucky mountains. It was founded in 1902 by May Stone and Katherine Pettit after three summers of social work in three different counties, living in tents and conducting classes and clubs for young and old. One of these counties was Knott County, where the people held mass meetings and besought the two women to stay with them and start a school. Thus the Hindman Settlement School was started which now combines academic and industrial education with many forms of social service. A district nurse, a school nurse, and a well equipped hospital are among these. Requests and offers of land soon came from other mountain counties to start similar schools. "The History of the Pine Mountain Settlement School," a delightful illustrated pamphlet published by the Settlement gives a very moving picture of its history and establishment. William Creech, a farmer, blacksmith, thinker, and educator, saw his county losing all the homely and beautiful knowledge of the past, with no opportunity for acquiring the knowledge of the present day, and wrote these notable words,

> There being lots of whiskey and wickedness in the community where my grandchildren must be raised was a very serious thing for me to think about.

But this sturdy citizen did more than think and dream—these were his brave conclusions:

> I don't look after wealth for them. I look after the prosperity of our nation. I want all young-uns taught to serve the livin' God. Of course, they won't all do that, but they can have good and evil laid before them and they can choose which they will. I have heart and cravin' that our people may grow better.

I have deeded my land to the Pine Mountain Settlement School to be used for school purposes as long as the Constitution of the United States stands. Hopin' it may make a bright and intelligent people after I am dead and gone.

Fortunately, Uncle William, as he was affectionately called, had seen the work of Miss Pettit and Miss de Long at the Hindman Settlement, and finding their ideas of education were as his own, he gave all the land he owned, one hundred and thirty-six acres, to found the Pine Mountain Settlement School. Other acres have since been added and the Settlement, incorporated in 1913, now owns over four hundred acres of farm and timber lands, with buildings and equipment for its varied activities, and with a settlement "family" of over one hundred. Extensive work has begun and on "the 'fur' side" of Pine Mountain the Line Fork Settlement is already an active branch with resident industrial workers and a public health nurse who writes in one of their little pamphlets a charming account of her work as a "fotched-on nurse."

After much discussing of the relative values of a separate bed with a firm mattress and those of a big feather bed shared with the mother, for a new baby, the nurse was only able to get the mother of the latest newcomer "up 'Possum Way" to "'low a separate bed might be a sight handy in takin' keer of a young un." But when the pretty cretonne, which the nurse had ordered, finally arrived, the young mother was quite won over to the merits of a separate bed. She could then hardly wait until a suitable box could be gotten for it, she was so eager to see it covered with the pretty cloth, to have the mattress made, and to see her "young un tucked away in it." Finally, just *that* was accomplished, while a proud "pappy" and the nurse looked on. But the old grand-pap, who sat "jest a whittlin'" by the open fire, appeared disgusted. He was forbearing at first, but after standing it as long as he could, he said, "I been a livin' over eighty years, and hain't never seed a poor young un in sech a fix before. You hain't a aimin'," said he, "to let the poor leetle bit a thing stay in that box by hisself all night, air ye?"

Many of us have read and enjoyed the articles called Quare Women by Lucy Furman which have been appearing in recent numbers of the *Atlantic Monthly*. Very true pictures, our friends, the nurses at the Settlement School, tell us. And Ann Cobb's Kinfolk poems also charmingly depict mountain characters and manners as they are seen and loved by the nurses and other workers. One of the "Notes" of the Pine Mountain Settlement School gives a delightful account of the efforts made to preserve the ballads that have been cherished in these remote places since the first settlers brought them from their English homes, with quaint additions and new folk songs inspired by their peculiar environment. One, never included in any printed collection, is the "courtin' song" of the pioneer one-roomed house where young lovers could only secure privacy for themselves by waiting until sleep overtook the family and a space in front of the fire gave the young folk a precarious seclusion.

A gentleman came to our house, he would not tell his name;
I know he came a-courtin', although he were ashamed,
Oh, although he were ashamed.

He moved his cheer up to my side, his fancy pleased me well,
I thought the sperrit moved him some handsome tale to tell.

Oh, thar he sot the livelong night, and never a word did say;
With many a sigh and bitter groan he oft-times wished for day.

But this is a nursing journal! No more.

HOSPITAL AND TRAINING SCHOOL ADMINISTRATION

ALICE SHEPARD GILMAN, R.N., DEPARTMENT EDITOR

THE PLACE OF PHYSICAL EDUCATION IN A SCHOOL OF NURSING

BY MARION HOWE BOWERS, R.N.

Madison Sanitarium School of Nursing, Madison, Wisconsin

TRUE education is three-fold, including the development of the mental, physical, and spiritual. It has been clearly demonstrated that mental alertness and spiritual discernment, as well as physical development, are greatly increased when the students are assigned even a relatively small portion of time, devoted to physical exercises and the cultivation of health habits.

Health habits embrace a much broader field than that of eating and drinking. Every one who takes up the nursing profession should be versed in the science of the care of the body.

Sanitarium trained nurses should be representatives of every feature of the health message. Others not perhaps engaged so directly in work for the physical betterment of humanity, look to these workers for leadership in matters pertaining to dress and diet, as well as correct and regular health habits. Many in the field bemoan the fact that graduates of the training schools are not promoters of the health principles for which our institutions were founded. The complaint that nurses are graduated with undermined health is not altogether ungrounded.

What are we teaching our nurses in training that will give their bodies the best development? Does our instruction include the fundamentals concerning proper sitting, standing, and walking? Louisa Lippitt, head of the Corrective Department of the University of Wisconsin, using the illustration that our bodies have shelves, says that the way we sit, stand, and walk determines whether the organs apportioned to these various apartments shall remain in position ready for the most efficient service, or whether by faulty posture they shall be pushed into an indescribable heap where they cannot be expected to do their best. Each portion of the body is built for a definite purpose, and if the harmony is interrupted some part must carry an added burden. We should hardly enjoy keeping house with all the furniture crowded to one side of the room, and yet incorrect standing and sitting postures force this condition upon our bodies, and we take it for granted that nature is able to do as good work as under normal conditions.

How can we develop nurses so that they will know that proper dress, healthful dietetic and other habits, and the training and developing of the physical organism is of inestimable value, so that they will be proper representatives, physically, mentally, and morally, to to get the message of health across to the people? The practice of hygiene, in order to be of any value or to have any

force in the life of a worker, must have been adopted as a result of conviction and not from compulsion. So in our classes it is necessary to set forth such an ideal as will stimulate the pupils voluntarily to adopt for themselves a high standard of healthful living.

It is possible so to develop the course in physical education as to assist very materially in attaining definite results. Primarily the object of physical training is health. Posse says,

> The exercises are to encourage nature in her normal activity and also to prevent and overcome tendencies to abnormal development; in fact, to counteract the evil tendencies of our modern civilization.

The exercises are given to strengthen certain muscles which we have not been using. Much of the time we use only certain muscles and allow others to deteriorate. An unused muscle atrophies, and an underdeveloped body is easy prey for infection.

Physical training affords every opportunity to maintain a properly regulated body which produces better physical health. One authority says:

> Whatever promotes physical health promotes the development of a strong mind and a well balanced character.

Having had anatomy and physiology, and the reflex areas in the principles of hydrotherapy, a nurse has every advantage in these classes. This knowledge forms a sound basis on which to build the theory of physical education.

Perhaps the next question would be, Who shall take this course in physical education? This subject should be placed on a par with the other subjects in the curriculum; every student should be required to take it. I question whether one who is physically unable to carry this work would be able to finish a three-year training course without other serious drawbacks. The students before entering the class should have a general examination, and the instructor should be informed of any abnormal condition in the spine, lungs, heart or feet. On these facts the class work should be based. There should be a final examination, and a grade given for the subject. The support and interest of the teaching staff and the superintendent will do much to foster the progress and enthusiasm of the students.

A favorable hour should be chosen. It is a mistake to hold these classes in the early morning hours, for though the interest might be high in the beginning it would soon lag and the enthusiasm die out. Evening classes are convenient because there is no recitation period confronting the student and the whole spirit can be thrown into the activities, finishing off with a spray and a good night's rest. Afternoon classes are favorable because often the class can be held outside in the open air and sunshine. Knowing that there is life in the air and sunshine, the activities would by all means be given the preference of the great out-of-doors. To minimize the evils of indoor work, the gymnasium should be above ground and admit a copious circulation of air and plenty of sunshine.

If any real benefit is to be derived the class should be held regularly, at least once a week, and twice a week is preferable. In order to make appreciable gain, the period should cover one hour. The classes are best held from October to March. The marching and good times on Saturday night, which are

common in our sanitaria, can hardly be called physical training; they may be termed recreation.

By physical education is meant, not the stunts and feats that usurp time and energy with the possible result of life-long injury, or the athletic sports which breed the competitive spirit or use an excess of time, but a course that results in "symmetrical development, invigoration of mind and body and conformity to the laws of nature."

The clothing should permit perfect freedom of movement to every part of the body. Little benefit is derived from taking physical exercise encased in a nurse's uniform, which restricts the movements. Sometimes there is a temptation to plead for steel supports, but of what use is it to try to exercise one's arm if it is bandaged in a splint? Usually a thorough understanding in the first class period settles any further question regarding this. Just as important is the question of shoes. It is a serious mistake to permit the wearing of the ordinary every-day shoes which prevent the free movement of the many muscles of the ankles and feet. A neat and inexpensive outfit is composed of an all-white middy which can readily be washed, a black tie, black bloomers, (about $2), black stockings, and white tennis shoes. The uniformity of apparel increases the dignity of the pupils, encourages coöperation and enthusiasm, and fosters a desirable class spirit.

The gymnasium class hour should be educational and recreational. Every class period should include free exercises, marching tactics, and games. Theoretical work can also be woven in. The lessons should be graded and progressive to fit the special class taught. The instructor should be thoroughly trained so that the work would not be given by anyone who knows only a few "stunts."

As for text books, this is a little difficult, since the exercises are given in an unfamiliar nomenclature. However, there are books written for school teachers without the use of codes which one could adopt. For example, Physical Training by Lydia Clark, published by the Sanborn Company, and "Calisthenics" by Jean Henry, Pacific Press. A syllabus of physical training may be obtained from the educational boards of different states, such as New York and Pennsylvania. The book by Jesse Bancroft on games is a splendid production, which includes all classes of games, such as indoor, outdoor, quiet, thinking, guessing games and relays. No amount of theory in this line can suffice actual training and experience under a competent instructor. All of these phases are necessary for success in the teaching of physical education.

By theory is not meant a heavy programme which will demand time outside of the class period, since the curriculum is already crowded. However, when the exercises are given, some of the physiological effects may be explained, for it is important to know when certain exercises should not be given. The amount of theory that can be given depends on the interest manifested by the class.

Under "Free Exercises" comes the "Day's Order," which is a systematic and progressive outline giving exercises for all parts of the body, that there may be symmetrical development and equalization of the circulation. In this group are given the exercises that benefit

posture in sitting, standing, and walking; that correct stooped shoulders; that strengthen and correct the arches of the feet and that develop the tone of the abdominal muscles, and assist nature to overcome untoward tendencies. There are many other exercises included in this group, but space does not permit their mention. Last in this list, but not least, come the breathing exercises. The value of knowing how to breathe deeply and properly cannot be overestimated.

In this connection may be taught the principles of dress, extending from the crown of the head to the sole of the foot, and all the health habits. If the importance of these principles is emphasized, there can be developed unconsciously a feeling of responsibility to conform to the laws of nature. The principles will thus be followed with the greatest degree of love and reverence for God who has made us in His image and who finds pleasure in beauty and perfection.

The marching tactics give coördination, self discipline and self mastery. The games develop a sense of fair play, the power of self restraint, and the ability to work with others, increase efficiency, and foster a spirit of coöperation.

For any human being to enjoy life recreation is essential. All too true is the old saying that "All work and no play makes Jack a dull boy." What fatigue compares with that of a tired nurse?

> There is bodily weariness and combined with it a nervous pressure which must be released. This onrushing energy wants to get out, and will get out.

Activities that can take care of this outburst of energies constitute a veritable safety valve. Such activities are in reality recreation. Proper recreation not only acts as a safety valve, and re-creates, but produces better physical development. It may also have definite and constructive results. Some of the benefits may be summed up in the words, coöperation, initiative, efficiency, originality, self-reliance, decision and adaptability. "The give and take spirit is an educational asset" and the fact that one has learned to work with others as well as for others is not to be overlooked. Desirable habits are fostered, such as perseverance, quick thinking and self-respect. "Fair play is learned, which makes it easier to live a clean, courageous, generous life." Not only is there physical gain, such as vitality, energy, and resistance against disease, but also symmetrical development of the body. Mentally there is a re-creation during the play hour and desirable traits are woven into the character.

Space does not permit of giving the inestimable value to the patient as well as to the nurse, of a course which includes not only the general classes but also the classes in the special corrective exercises. Seventy-five per cent of the college and university girls are required to take corrective gymnastics under supervision, because of the physical findings in their entrance examinations. Dare we say that nurses have less need of knowledge in the first principles of caring for and the training of their bodies? Too often they are allowed to just grow up in training, like Topsy.

Of all the subjects in the curriculum, physical education, properly taught, is of paramount importance in producing nurses who are positive health factors to all people with whom they may come in contact.

STUDENT NURSES' PAGE

CHRISTMAS IN THE HOSPITAL

By Muriel M. Watson

Lutheran Hospital, Fort Wayne, Indiana

CHRISTMAS time to the school-girl usually means a holiday vacation at home. To the students in a school for nurses it means something quite different; the Christmas season spent in the nurses' home. Upon first thought, one has in mind a boarding school Christmas, a few homesick girls too far from home to spend Christmas there, and a few others even less fortunate, homeless. But Christmas in a nurses' home is widely different from that picture.

Sickness being no respecter of persons and seasons, we have the sufferers from it with us at Christmas even as on non-festive days, consequently the hospital cannot close its doors and say to the pupil nurses, "Go home, enjoy Christmas with your own loved ones," but Christmas time in our Home and Hospital is made just as joyful, happy and homelike as possible.

From the first preparations this year, the very atmosphere was filled with the Christmas Spirit. As the month advanced, a joyful expectancy filled the thoughts of most of us, and though many a girl was wishing "That I might be home just for Christmas morning," nevertheless happy, smiling faces were not merely put on. In spite of a feeling of homesickness, which no girls away from home can escape, the fun of the plans for the holidays and the preparations which during the last few days included candy-making in the hospital kitchen and the decoration of parlors, halls, library and dining hall, the general holiday spirit abroad,—every girl was happily contemplating a Christmas away from home, whether it were her first, second or third.

What student could feel blue when helping trim the home with evergreen and holly, and best of all decorating the tree itself? Though a girl be ever so homesick, she could not help in all these preparations without being insensibly drawn into the very heart and spirit of Christmas. Even though up to that time, one could not believe it was the Happy Season; when the tree was in place and one smelt its spicy, woodsy fragrance, one unconsciously began to hum Silent Night and lo! Christmas was in the heart!

On the afternoon before Christmas, all packages having been sorted and arranged for presentation; the tree trimmed and ready to light; time off duty, by turns, arranged for all nurses; Santa Claus waiting; the celebrations began with the lighting of the tree and the distribution of gifts. There were packages galore for all, faculty and pupils, both individually and collectively, the most blest by Santa Claus being the Freshmen,—which was as it should be on their first Christmas away from homes and families. A musical programme accompanied and followed the distribution of gifts. Members of the Hospital staff and of the Hospital Board of Directors called to wish their pupils a Merry Christmas. Then at

six, the carolers accompanied by a violinist, sang through the halls of the Hospital.

On Sunday morning, we were most fittingly awakened by the carolers in the chapel. At five-thirty they caroled under the principal's window to wish her a joyful Christmas, and at six o'clock they sang through the Hospital halls again to the joy and—surely we can say the blessing—of suffering brothers and sisters of the Christ Child there. Then came chapel, followed by a carol service in front of the Hospital in which service the whole training school took part.

If a nurse could not yet believe that it was Christmas and a happy season, when she joined in singing "Joy to the World" and "Silent Night," out in the clear frosty air of that morning, then at least she knew that it was His birthday and a joyous time.

Nurses off duty attended Christmas morning services. There were children's services in many of the churches that evening which many who were off duty in the afternoon attended.

Dinner on Christmas day was a bountiful and delicious meal. The dining hall had been decorated with holly; a tiny lighted Christmas tree graced each table, and though a nurse came from duty to dinner and was returning immediately after, she could and did feel that she was having a real Christmas dinner and was one in spirit with those at home.

Classes were dismissed for the week following Christmas. The day itself having fallen on Sunday, holiday half-days were given on Monday. On Tuesday evening came the Training School party and each class contributed to the entertainment. Class parties occupied other evenings of the week, one class relieving another on duty, so that an entire class could be present at its own party. Eatables from home, games, music and happy good times permeated with a joyous feeling of comradeship, were in order at these gatherings. Christmas festivities, proper, ended on Sylvester Eve with a general merry-making at midnight to welcome in the New Year. Many a girl learned in these days, if she knew it not before, that our Home could be and is more than merely a boarding school, that it is as nearly a home as any place save our own homes can be.

Through all these days of the Christmas season, a spirit of joy, contentment, comradeship, and love permeated all things. It seemed that we loved each other more, our School and our work, our own homes and dear ones,—in fact all mankind more than ever before The Christmas spirit was over all and in all. We felt like saying with Tiny Tim, "God bless us every one!"

AN EFFICIENCY EXPEDIENT

The Rochester General Hospital, Rochester, N. Y., has a volunteer organization of aides who take to their destinations, flowers and packages brought in for the patients. Sometimes there are thirty articles to be delivered at one time. In order to do this work quietly and effectively, a child's express wagon, rubber tired, was secured, in which all packages are placed.

LETTERS TO THE EDITOR

The editors are not responsible for opinions expressed in this department. Letters should not exceed 250 words in length and should be accompanied by the name and address of the writer.

MEDICAL WORK IN INDIA

DEAR EDITOR: Perhaps some of my nurse sisters would like to know something about the medical work from a nurse's standpoint in far-away India. I am writing in hope that our need for doctors and nurses may be felt by others who want to give some of their days of service to the most needy and helpless of the peoples of the world. Our hospital is in western India, twelve hours north of Bombay. In the city of Baroda there are fifteen missionaries. We have a colony of our own and are fortunate in having some very nice English folk here who are in Government service. There is a Government hospital in Baroda, but our Christian people prefer to have care at the mission hospital. There are about thirty thousand Christians in Baroda District, and from all the surrounding villages and near-by places they come to us for treatment. The non-Christian people come to us only when the mid-wives have done all the harm they can in a difficult confinement case. For other diseases the Guru, or religious teacher, puts a charm around the neck and a pile of cow-dung mixed with small stones on the soft spot of the baby's head and they come with burns from a hot iron on the chest and abdomen and with cow-dung plastered over burns and ulcers. Our nurses work very hard cleaning the sores and making them fit for the good ointment which we use. A little boy was brought to us last week whose head was injured and the flesh was hanging, but over it was plastered crushed leaves mixed with cow-dung. Three of our treatments were enough; the parents never brought the boy back. He was better and no doubt got well with no further treatment. We never see the end of a case, as the people are so ignorant they neglect to return after the wound is a trifle better. Sucilla is a girl of ten years, who was taking grain from the cooking-pot in her school when her dress caught fire and burned her leg and buttocks. She was dreadfully sick and hardly expected to live. After six weeks of care her leg is healed and she is trying to walk and to get her leg straight. She refuses to use the crutches and I don't wonder, for they are bamboo sticks with a piece of wood across for the arm-pits. A little boy who is here for an infected jaw takes care of Sucilla; helps her to walk, brings her water and food and laughs and plays with her. The Mission children of India have learned to laugh and play. We take children who are on the verge of tuberculosis and build up their frail bodies with good food, milk and eggs. Training the Indian girls for nurses is a difficult task, as they have little strength for real hospital work. The climate and their heredity have handicapped them, and we with our American ideals feel discouraged at the slow advance they make. One of our nurses was an orphan in the mission school and when she finished the grammar school she begged to study nursing. A missionary sent her to us and she seems a born nurse. Her studies have been hard, but she has spent many evenings sitting on the floor with a lantern writing her lectures, and is always happy doing her work. The Indian and European patients adore her. She is as proud as any American nurse of her black band and of the wrist-watch given her by friends in America. Another girl who has just graduated walked into the mission when only three years old and asked to stay. Her parents died of famine and she was left with no one. She seemed to be of higher caste than most of the waifs who came, and has shown it all her life. The missionaries educated her, but when she was ready for college she developed tuberculosis and was sent to our sanitarium, where she recovered. She was behind her class in college, so she took up nursing. She has a beautiful sunny face and is always polite and kind. Another girl named Ganga was brought to the mission during the famine, but she was very naughty all her school days. She seemed to want to study nursing and now she is one of our best nurses. Our other girls have histories as interesting as these and in time I am sure that they will make as good nurses. They learn from the American nurses more than they can ever learn from books. The caste system of India has a hold on the Christians

as well as the non-Christians and we have to work against it. All of the work that American nurses find joy and satisfaction in doing is contrary to the ideas of the Indian people. As the days go by they are learning to do the tasks with more joy and will perhaps overcome the ideas that are born in them. I know the joy of working with the foreign people on our American shores and I loved the work. Many of our nurses are graduating and needing positions for experience and a livelihood, so why not lend help to the girls of India? The joy that comes from hard toil will bring its reward. We suffer from the heat of the plains, but the nights bring cool breezes and refreshing sleep so that we are ready for the new day. We begin our day with a prayer service led by one of the nurses. After the service, the night nurse reads the night report. We have no trouble with noisy shoes in an Indian hospital, for the nurses never wear shoes. The girls are gentle and quiet. The women carry water pots on their heads and a baby on their hip, which makes them very erect and stately. The Christian women are learning to carry their babies folded in their arms, covered with their sari. The sari is a piece of cloth about five yards long, draped as a skirt and brought over the head and shoulders in folds. Two years of service in India, sometimes in the villages, the dispensary and hospital have brought joy and experience that a nurse cannot get in any other way. This work brings its reward, not in money, but in real satisfaction that service has been given where it is most needed. American nurses must broaden, give time and years of service where they will count for most. To get the most out of the training that we have worked hard for, we must work where we are most needed, whether at home or abroad. India is still a dark, black country with superstition and ignorance, but the white folk with their education, advancement and high moral standards make parts of India like a beautiful garden.

ALICE C. HARRIS.

Baroda Residency, India

LITTLE EXPERIENCES OF A PRIVATE DUTY NURSE

DEAR EDITOR: Long before we take training and during training we anticipate the big day when we shall leave the hospital and realize our first case. We see ourselves getting a call, grabbing a travelling bag, rushing off on a case to do our utmost for humanity, applying ice caps to feverish heads and relieving tired mothers. Surely laurels would come to such a self-sacrificing person,—almost a halo would shine around her head. But, alas! When the day comes to leave the hospital, and we try our success at private duty, then our dreams, the rainbow bubbles that they are, seem to be rising up against an army of scalpels pricking our pretty bubbles, which vanish. Occasionally one bubble out of a thousand survives. Sometimes one has a very appreciative patient who realizes that a nurse must have rest that she may do justice to him, but about two-thirds of the patients think nurses have it too easy; they are not earning their money; and the relatives of the patient want to dictate the treatment and tell you how they would do it, and insinuate little things about the time one goes off duty and the time one comes on duty,—how much sleep you get at night, and Isn't it considered an easy case? Oh! you deft people that strike off one hundred and fifty words a minute. Oh! you wizards with the adding machine,—all you great army of workers, even ye street sweepers and dish washers,—don't envy the trained nurse. Demigod though she seems, in immaculate white, with a red cross on her sleeve, in reality she has a much more significant cross of responsibility to carry, and philosophizes thus, that we must take the bitter with the sweet, entertaining reveries of the bubbles that have lived, and dreaming of the day when her name will go down in history as a great private duty nurse.

Minnesota O. M. B.

A TRANSPORT TRIP

(Continued from page 142, November *Journal*.)

DEAR EDITOR: After our sightseeing trip, we visited the Navy Nurses' Quarters and concluded our visit by having dinner at their delightful home. The most interesting part of the trip, of course, was the Panama Canal where we arrived three days later. At Limon Bay, six hydroplanes came to meet us, surrounding the ship. We anchored to await our turn going through, as

all ships arriving are scheduled in rotation. The pilot came aboard at 11 a. m., and ten minutes later we were under way. Covering seven miles, we arrived at Gatun Locks where the ship was lifted 85 feet by means of three flights of locks. On entering each lock a massive gate encloses the ship which is floated, or raised 27 feet bringing it on the level with the water in the next lock to be entered. While going through the locks, the engines are stopped and steel mules on both sides of the lock by means of a cable draw the ship through. Gatun Locks is an enormous artificially filled body of water covering 164 square miles. In this lake are the dam and spillway. Contrary to my expectation, very little machinery is used in proportion to the size. After entering the lake, the vessel may go full speed for a distance of twenty-three miles. The seamen at this time saw an opportunity of getting plenty of fresh water to scrub the main deck and they took advantage of the opportunity. Before Culebra Cut is reached, the lake narrows to 300 feet and the speed of the ship is necessarily reduced. One has a splendid opportunity to see the magnitude of the work. When Pedro Miguel Lock is reached, the ship is lowered thirty feet to the level of Miraflores Lake which is also artificially filled and is two miles square. Passing through this lake, the ship arrives at the Miraflores Lock where it is lowered by two flights of locks to the sea level channel, eight miles in length on the Pacific side. The average time required to pass through the canal is from eight to ten hours.

Stopping at Balboa for two days gave us a splendid opportunity to visit Panama, Ancon, the old and new city, which we found extremely interesting,Panama has narrow crowded streets, shops bordering either side, small with entire open fronts displaying all kinds of wares. There are many fine large churches here, one in particular having a very beautiful gold altar, but all liberally ornamented. Ancon is very modern with its macadam roads, pretentious buildings beautifully situated and an abundance of flowering shrubs surrounding the picturesque bungalows. We were fortunate to be there while the weather was delightful. After taking oil, we got under way for San Diego, a distance of 2,997 miles, taking nine days to cover this part of the journey and keeping close enough to land to be able to see the ranges of mountains along the west coast of Central America and Mexico. The ocean was exceptionally calm until we reached the Gulf of Tehauntepec, where we had about twelve hours of choppy sea, but all proved to be good sailors. At night we had a wonderful opportunity to see the Southern Cross every evening for a week. Many forms of entertainment were furnished on board, such as card tournaments, moving pictures, dancing, minstrel shows, etc.; the nine days passed quickly. At 7:00 p. m. we sailed into San Diego Bay, where hydroplanes came up to meet us, salutes were exchanged and in a few minutes we were in the midst of destroyers of the Pacific fleet. The whole performance was spectacular and thrilling. Miss Cox came aboard as soon as the ship was at the dock and took us to the Nurses' Quarters for dinner. The following morning the usual customs were gone through and then we were free to go ashore and visit the city. One of the many interesting places we visited was Balboa Park with a wonderful open air organ and we were there in time to enjoy a two-hour recital by a celebrated organist who gave a synopsis of the pieces he was to play and a short history of the composer. After a tour through the park, the beautiful buildings and museums, observing the wonderful flowers and shrubs along the Japanese tea houses, we found that in our limited time we had covered considerable ground. Our next stop was at the Naval Hospital, part of which is in the park known as Pepper Grove, so named because of the many pepper trees in that section. We returned to the ship after a delightful visit at the Nurses' Home, where we were again hospitably entertained for dinner. The next morning we took a sixteen-mile ride by auto to the Mexican border, where our chauffeur registered the number of passengers without much ceremony and we were allowed to pass. The chief attraction is Monte Carlo, controlled by the government. Every conceivable type, race, and class of people may be seen in this daily gathering. Beginning in November, the great race track of Lower California Jockey Club is open and for 110 days great crowds gather

to play the races. Aside from the race track, the place is like any small Mexican town. We bought a few souvenirs, but could obtain only $2.00 worth without a 60 per cent duty. We also spent a pleasant day at Tiajuana and went to Coronado Beach, visiting the famous hotel with its beautiful grounds; and Point Loma, Sunset Cliffs, Ocean and Long Beaches, making a short stop at these places. Our next stop was at San Pedro, after eight hours' sail from San Diego. Passing the flagship, the usual salutes were fired. It was a wonderful sight to view all the dreadnaughts of the Pacific fleet lying in the harbor, the hospital ship *Mercy* having a prominent place amongst them. Owing to the large amount of cargo unloaded here we had a stay of almost three days. The weather was delightful. There is a certain air of prosperity about all the west coast cities which is particularly noticeable to a stranger. Our first trip was to Los Angeles, three-quarter-hour ride by trolley, and we took an auto trip around the city, covering thirty miles, visiting the business section, Chinatown, public and private parks and boulevards. The automatic traffic system of this town is rather unique, the tunnels penetrating the earth and relieving the congestion on the roads, making travel easy. In the afternoon we made a trip to Hollywood, St. Monica, Venice, Beverly Hills and Culiver City, the residential places in which are built some of the most beautiful bungalows I ever expect to see. The poinsettias were in bloom, fields of them everywhere and from a distance it looks like a scarlet carpet. The following day we made a trip to Pasadena, which gave us a wonderful opportunity to see that beautiful city of homes, broad thoroughfares, sunken gardens, orange groves, and the interesting St. Gabriel Mission. We also visited the ostrich farms, seeing birds of all ages and varieties, who are named for the most prominent people in our country. Leaving San Pedro, our next stop was Mare Island, via San Francisco, arriving two days later, where the ship was to undergo repairs for eight days. The remaining passengers disembarked here, giving us time to visit San Francisco and the surrounding places. We had a trip through the Valley of the Moon, to Santa Rosa, an opportunity to see the Luther Burbank experimental gardens and through miles of prune orchards, through Petaluna, the egg belt of the country, where only White Leghorns are raised, the ground so covered with white feathers that, at a distance, it looks like a light coat of snow. Leaving San Francisco with only thirty-five passengers, bound for Bremerton, we were scarcely out of the harbor when a heavy fog came up which engulfed us for the greater part of the trip, covering four days. The sea was choppy and the majority of the passengers were seasick. Fortunately, on entering the wonderful waterway at Puget Sound the fog lifted and we had a view of the range of mountains with Mt. Rainier in the distance. We arrived on Sunday afternoon, and as all the passengers were leaving the ship, we were able to go to the Nurses' Quarters for a visit. They were all pleased to see us and Miss McCloud made our visit very delightful. The following day we left for Seattle, which is an hour's trip by boat from Bremerton, and I found this city a counterpart of our eastern towns with its pretentious homes and solidly built business places. From Seattle we went to Tacoma, but were unable to visit the National Park which closes early in September. Our next trip was to Vancouver by boat from Seattle, an all-night trip. It is almost necessary to give your entire family history to get on the boat, but it furnished us with a good deal of amusement. While in Vancouver we visited the places of interest, which were many, and had a trip up the Capaloni Mountains to Suspension Bridge, where one gets a splendid view of the Canyon, over 200 feet below. Leaving Vancouver, we went to Victoria, described by one of us as a most ladylike city. There are beautiful houses, delightful drives, and the interesting group of Parliament buildings. Our return trip was equally pleasant, as we stopped at the same places and used the opportunity to see the things which we passed on our way out. We left Bremerton on November 19, having delayed several hours owing to a heavy snow storm. The Navy Yard band and the band from the *U. S. S. Tennessee* played as we pulled away. Outside the Sound, the sea was very rough and continued so until we reached Mare Island, four days later. We carried about thirty passengers, all of them seasick.

We left Mare Island November 29 and arrived at San Pedro December 1, where we had a forty-eight-hour stop-over which we greatly enjoyed. Our next port was San Diego, where the greater number of our passengers embarked and we numbered 178, all bound for the east coast, including thirty-five children. Nine days later we arrived at Panama, where we spent forty-eight hours, which every one enjoyed. The following morning we started on the return trip through the Canal. It was delightfully cool. We stopped at Colon for four hours to take on passengers and freight. Our next stop was Haiti on December 18, where we delayed only seven hours, as all were anxious to get home by Christmas. The nurses came on board and had dinner with us. Four days later we were in Hampton Roads and from there we proceeded to Portsmouth, N. H., and back to Boston, where we stayed four days, arriving in New York on January 8. I expected to make this account brief, but though I have written so much I have not covered all. I hope the experience of this delightful trip will come to many of my sister nurses.

SUZIE I. FITZGERALD.

PRIVATE SCHOOL NURSING

DEAR EDITOR: I would like to obtain information pertaining to private school nursing, preferably in a school for Junior boys. Through what agencies are such positions obtained? What are the duties? And what is the range of salary given? Among the *Journal* subscribers, I am sure there must be some who are resident nurses in private schools.

New Jersey E. P.

WHO IS RESPONSIBLE?

DEAR EDITOR: A nurse was called by a surgeon to special a case in a hospital. The patient's husband lost his position and did not pay his bills; he finally left for parts unknown. Neither hospital, nor doctor, nor nurse was paid. Now the nurse has requested the doctor to pay the amount due her. He has asked me if nurses consider the doctor responsible for their pay under these conditions, and I replied, "No, a nurse has to take the risk of not being paid just as the doctor does." Am I right? Or does the modern nurse hold the doctor responsible? As I graduated over thirty years ago, my opinion may be old-fashioned.

Montana I. R. P.

FOUND—A PIN

DEAR EDITOR: I have in my possession a pin, belonging to Cora C. Cavitt, graduate of Illinois Southern Hospital, in 1909. This pin was found on a train in the middle western states during October. The owner may have the pin if she will send the address.

MRS. ROBERT DUKE.

Box 161, Ellisville, Miss.

WHAT THE JOURNAL MEANS TO ME

DEAR EDITOR: Since my health has failed and my income has stopped, I find I can do without many things, but not without the nursing *Journal*. I greatly appreciate all the many good things the co-editors and the department editors prepare for us every month and only wish that every graduate nurse would be a reader and a subscriber to the *Journal*. I think the table, How Does Your State Stand? is a good looking glass, and I think it should be kept near the front page. I did not know it was in the *Journal* until I happened to look through the advertisements one day.

Kansas L. H.

JOURNALS WANTED OR ON HAND

Journals wanted by the College for Women Library, 11130 Bellflower Road, Cleveland, Ohio: Vol. VII, No. 5 (February, 1907); Vol. XVIII, No. 1-8 (November, 1917, through May, 1918).

Journals wanted by Carrie M. Hall, Peter Bent Brigham Hospital, Boston, Mass.: 1910, April and September; 1911, November and December; 1912, January through March and May through July; 1917, October and November; 1918, May.

Journals wanted by Mrs. M. M. Johnson, Russell, N. Y. All copies for 1921.

Note—Many letters are awaiting their turn for publication. Writers are asked to make their communications short and to the point, in order that there may be room for all.

AN APPEAL FROM RUSSIA: AN OPEN LETTER TO AMERICAN NURSES

WHEN, in 1914, the calamities of the Great War fell upon Europe,—America, always ready to help those who are in need of assistance, immediately sent a series of sanitary organizations to the Allied armies. Political circumstances soon called American troops to the battle fields, and although all forces were needed, America did not reduce her assistance and continued to support the organizations she had founded.

In 1919, the war came to an end for Europe, but the terrible trials that were the fate of Russia did not stop and years of fratricide war, famine, and epidemics that are now raging all over the country have made of once powerful Russia a land of horrors and death, such as we see it at the present time.

America, always true to her high principles of Christian faith and love, has not remained indifferent to the fate of millions of perishing people and came to their rescue by means of relief organizations started on a large scale. The names of many Americans working in Russia, as well as assisting Russian refugees in Europe, are written in golden letters in the hearts of the Russian people. This is why I take the liberty of applying to all nurses of the Great America, who have come to the Congress at Seattle,[1] and beg them to give a few minutes of attention to the fate of Russian nurses.

The Organization of Russian Nursing Sisters is one of the oldest in Europe, started in 1854, when, some time before the arrival of Florence Nightingale, Elisabeth Kartzeff began to work on battle fields with a group of Russian women. This work developed in Russia and took a somewhat particular character, peculiar to the Russian soul and quite distinct from the majority of European organizations. Russian nurses considered their work as a deed of Christianity, devoted themselves entirely to their high calling, sacrificed all their time and strength without any remuneration, and gave up their private life and interests in the name of their work.

The whole organization developed under the banner and the immediate direction of the Red Cross; therefore Russian nurses are nurses of the Red Cross true to the motto inscribed on its sign. Sisterhoods, schools where nurses were trained according to a duly elaborated programme, had been spread all over Russia and in 1914 we had 109 schools. These schools were open to all classes of people, and girls of the best society could be often seen working with girls of very modest origin. In order to be admitted, a general instruction obtained in the first four classes of a liceum was required, as a rule, but some schools admitted only those who had completed their instruction in a liceum. The age of admittance was between 18 and 35 years, but considerable attention was always given to the moral aspect of the candidate, as the position of nurse was placed exceptionally high in Russia.

In order to obtain the grade of trained nurse, it was necessary to achieve a two years' course of studies, giving a practical and theoretical training (in some schools during three years), on a very large scale and including all branches of nursing. Theoretical lectures were made by professors and physicians, and practical work was performed under the direction of experienced trained nurses. Most schools had their own hospitals (80 hospitals and six lying-in hospitals attached to schools). When schools had no hospitals of their own, nurses were sent to town and military hospitals for practical work. All schools were provided with dispensaries on a large scale (these were 117), numerous patients visited the same and offered good material for practical work performed by nurses.

After two years' training, nurses usually chose some special branch, tried to improve therein, and often became the nearest and best assistants of doctors and superintended the work of young nurses. School life was strictly disciplined. The superintendence of the inner life was intrusted to a head nurse, who always was a competent person. Trained nurses had an uniform strictly particular to every school and lived one or two in a room. Pupil nurses had their wards and dormitories and had their own uniform. An appointed head nurse regulated the life and work of pupils and also held lectures in order to ac-

---

[1] This appeal was not read at the convention because of its length.

quaint them with the ethical side of nursing work. Nurses lived in school and were provided with board and food, clothing, and a small amount of pocket money. They had three weeks' leave every year and, in case of illness, were placed in hospitals, sanitariums, etc. Those who could not stay with their families were authorized to take some rest in country houses duly accommodated for this purpose, where they went by turns. After 25 years of service, the nurse was entitled to a pension from the State, and if she had lost her health in service, this pension was granted after 15 years, the time passed in the war or in combating some epidemics or other calamities being calculated as two years instead of one.

Since the foundation of the Red Cross and up to 1914, nurses had participated in nineteen wars fought by Russians, as well as by allied countries, and had worked on epidemics and struggled against famine and other terrible calamities.

Although the pension granted by the State was not considerable, it enabled the nurse to assure her living in later days, to lead an independent life, or to retire in a refuge for old nurses (there were four refuges duly accommodated by the Red Cross). This shows all the value attached by the State to the work performed by nurses, the latter being placed on the same footing as the State officials.

We must admit that, in the beginning, people were almost skeptical towards the assistance given by women in hospital work, but very soon, nurses acquired a solid footing in the hospital ward, and improvements in hospital life were attributed to their work. Russian doctors highly praised the value of nurses and had every confidence in their knowledge and their absolutely conscientious work. We often saw young doctors who consulted experienced nurses and even asked their advice. The work was very hard, but independent and interesting when nurses were sent into regions where epidemics or other calamities were raging. Several nurses, superintended by a chief nurse, went generally to these countries, but they often were compelled to spread over the country, to stop in villages, and to work quite independently giving assistance to a series of villages situated at a considerable distance from one another, whereas the doctor could visit only occasionally and survey their work. Many beautiful pages could be written on the activity of the Russian nurse.

Russia had, as yet, not been provided with an organization of nurses for the survey of public health. Two years before the war, a first attempt was made in order to start the work of visiting nurses in the poorest districts of Petrograd; this attempt proved to be successful and obtained the confidence of the population and of the town authorities. The war stopped this work and some new organization will have to be started now in Russia.

Although the above mentioned schools had been well organized, the Japanese War proved, in 1905, that the number of trained nurses was insufficient, and in 1910, lectures generally held in some of the existing schools, during a period of one year were started in order to prepare war-time nurses, on duly elaborated lines. These lectures had considerable success, girls of the best society longed to join same so as to be ready to help in case of a new war. These nurses, as well as all trained nurses, were duly registered by the mobilization department and had to join at the first request.

When the war broke out in 1914, all nurses joined their work, but the calamity was too great, and the number of nurses proved once more insufficient; consequently short lectures for war-time nurses had to be started on a large scale (these lectures lasted three months) in order to provide necessary assistance. These lectures could certainly not give experienced nurses, but the assistance of war-time nurses, who worked under trained nurses, was valuable and we are entitled to state that the Russian Nursing Sister has proved to be at the height of her calling and that her standard always was, and still is, very high.

The circumstances of war in Russia were so uncommon that nurses attached to some military lazaretto had to follow the troops and to work sometimes in the valleys of western Prussia, sometimes in the snowy Carpathian Mountains, sometimes under the burning sun of Persia or on the Turkish frontier. Following her regiment, the nurse had often to work under the enemy's fire, but never left

her post, and a number of disabled and wounded nurses proved how they performed their work.

The fatal year of 1917 ruined everything in Russia and destroyed all existing order. The work of the Red Cross was stopped by insurmountable difficulties.

With the evacuation of those to whom remaining in Russia would mean certain death, a great number of Russian nurses were obliged to leave their country; some of them accompanied evacuated hospitals and groups of wounded, while others followed their families, left everything they possessed, and had to seek refuge in foreign countries. According to a general registration made in different countries of Europe and Africa, the number of such nurses is about 1,000. But a small number of them is in a position to continue their professional work in various organizations of the Russian Red Cross and in medical institutions on the spot. The majority of nurses are obliged to seek any kind of work so as to get their living, and we know excellent nurses who are compelled to work as dressmakers, waitresses, servants, etc., and so earn their living and provide for their families.

All affairs pertaining to nurses were concentrated in the Committee for Assistance to Nurses at the Headquarters of the Russian Red Cross, but the extremely limited means placed at the disposal of this Committee does not enable same to help all those who are in need of assistance, and obliges it to limit this assistance to separate cases of extreme poverty, disease, etc. The Committee has organized and is keeping up repetition lectures for nurses at Constantinople, Servia, and Bulgaria, and is paying for Russian nurses who have joined lectures for visiting nurses in France, Belgium and Germany.

However, notwithstanding this assistance, the situation of an enormous majority of Russian nurses is extremely painful, and the financial means of the Committee are far too limited to provide for invalid and disabled nurses.

The position of Russian nurses in foreign countries is certainly painful, but there are those who have remained in Russia and continue, with the greatest self-denial, their work of assistance to those who suffer, in conditions impossible to describe among the terrible chaos that reigns in Russia. The information that reaches us pictures the Way of the Cross suffered by Russian nurses under the Bolsheviks. We have a long list of tortured, violated and executed nurses, all their crime lying solely in the fact that they helped everybody without distinction of parties. But this was sufficient to be considered as counter-revolutionary and shot. Many of these nurses are languishing in Soviet prisons and concentration camps and are deprived of the possibility of finding some comfort in serving their fellow-sufferers, and thus forgetting the horrors of their life.

Some of the schools are still intact, but this is the kingdom of hunger and cold and, in these conditions, the nurses loyal to their duty, continue to work under the Bolsheviks. We have letters showing the horrors of their life, we have the names of those who are kept in prison, but we are incapable to help them. A name imprudently pronounced is sufficient to create still worse conditions and even death for those who have remained in Russia.

At the present time, Russian nurses have organized a "Union of Russian Nurses Abroad" in the purpose of helping one another by all possible means abroad, as well as in Russia. Having collected some funds, the first thing to do was to send as many food parcels as possible to starving nurses in Russia. They are ready to give all they can on their modest salaries, but all they do is nothing when compared to the needs of the corporation.

American nurses, in the name of the "Union," we appeal to you. You, who have the luck of being brought together at the present Congress, in order to state your needs, to better the conditions of life, and to improve the work in the profession you have chosen, think of the Russian nurses! Try to represent yourselves the life of hundreds of Russian nurses, far from their country, and home, who have lost everything they had and are now, for more than three years, scattered all over Europe and Africa, deprived of everything and leading the miserable and hungry life of refugees. Come to their rescue. Help them to keep up their strength, to acquire more knowledge and training for their future

work in Russia. And, above all, let your thought fly to the reign of hunger and death where nurses, loyal to their duty, assume their painful labor. Talk to those of your countrymen who have been in Russia and beg them to give you particulars and to tell you how thousands of Russian nurses are living, working and perishing, and we feel convinced that you cannot remain insensible to their fate and that you will help those whom we are incapable to assist. You will be able to better their conditions. Leaning on the authority of your country, you will be able to prove that it is impossible to keep nurses in prison. You will send on the spot an international nursing organization in order to study the situation of Russian nursing institutions, you will organize the sending of food parcels on a very large scale, and save the life of many thousands of Russian nurses. And we believe that you will do it. And, as you have erected a beautiful monument to the memory of American nurses in the Nurses' Home and School of Florence Nightingale at Bordeaux, you will leave an everlasting memory in the thankful hearts of Russian nurses to whom you have stretched a helping hand across the ocean, a true sister's hand at a time of terrible trials and calamities.

A. ROMANOFF,

Chiarman of the Central Committee of the "Union of Russian Nurses Abroad"; Chief Matron of the Russian Red Cross.

(Contributions for the relief of Russian nurses will be received at National Headquarters, American Nurses' Association, R. Inde Albaugh, Office Director.)

CHRISTMAS SEALS

Every person who buys Christmas seals becomes a working partner in the great campaign to stamp out tuberculosis. There are, at the present time, over one million active cases of this preventable disease in this country and it is estimated that we have a like number of inactive cases. The campaign against tuberculosis has always been an educational one and the little seals have raised a grand total of $20,000,000 for this work which has resulted in reducing the death rate from 200 per hundred thousand in the Registration Area sixteen years ago, when the first seals were sold, to 100 per hundred thousand.

There are eight elements in the campaign to which Christmas Seal Sale money has been and is applied. Those are: (1) for increasing the number of hospitals and sanatoria for the treatment of tuberculosis from 100 (16 years ago) to nearly 700 with approximately 60,000 beds; (2) for establishing over 550 clinics and dispensaries; (3) in securing at least 3,500 special tuberculosis nurses who instruct, in the home, mothers and their families; (4) toward research work; (5) for statistical study; (6) for publicity in distributing during the past 16 years approximately 1,000,000 pieces of printed matter; (7) for the Modern Health Crusade which has enrolled nearly 8,000,000 school children who are learning daily health habits; (8) toward securing over 3,000 open air schools and preventoria.

Buy Tuberculosis Seals in December. Let your packages and letters carry the message of hope and health that is hidden in every seal.

NURSING NEWS AND ANNOUNCEMENTS

THE AMERICAN NURSES' ASSOCIATION

Emily McLaughlin, Harper Hospital, Detroit, has been appointed chairman of the Committee of Arrangements for the convention to be held in 1924.

A special Committee on Publicity has been appointed by the Board of Directors with Jane Van de Vrede, Atlanta, Georgia, as chairman. The duties of this committee have not yet been defined, but it is one which should fill a great need, not only at time of the biennial convention, but in the interval.

The Secretary was appointed the delegate to the American Child Hygiene meeting held in Washington, with Gertrude Sebastian of Washington as alternate.

Members of the Eligibility Committee, in addition to Lulu F. Abbott of Nebraska, chairman, are: Elizabeth Baumhoff, St. Louis, Mo.; Amy Allison, Providence, R. I.; Elizabeth Higbid, Paterson, N. J.; Ethel Odegard, Madison, Wis.

All requests for Relief Fund leaflets should be sent to the secretary of the Relief Fund Committee, Agnes G. Deans, 4924 Buckingham Court, St. Louis, Mo.

BY-LAWS OF THE PRIVATE DUTY SECTION OF THE AMERICAN NURSES' ASSOCIATION

By-laws of the Private Duty Section of the American Nurses' Association:

(The existing by-laws of the Private Duty Section, with amendments proposed at the convention in Seattle. This report will be presented to the Section for final adoption at the biennial convention to be held in Detroit in 1924.)

Article I. Name

The name of this Section shall be the Private Duty Section of the American Nurses' Association.

Article II. Object

The object of this Section shall be to provide an opportunity for the consideration of problems of special interest to private duty nurses.

Article III. Membership

Any private duty nurse enrolled with the American Nurses' Association, who is doing or has done private duty nursing may be a member of this Section.

Article IV. Officers

Section 1.—The officers of this Section shall be a Chairman, a Vice-Chairman and a Secretary.

Sec. 2—These officers shall be elected by ballot during the last business meeting of the Section at the biennial convention of the American Nurses' Association and shall continue in office two years or until their successors are elected.

Article V. Duties of Officers

Section 1—The regular term of all officers shall commence at the adjournment of the biennial convention at which they were elected.

Sec. 2—The Chairman shall preside at all meetings of the Section and shall keep in touch with the problems of private duty nurses; she shall appoint all committees.

Sec. 3—The Vice-Chairman shall perform the duties of the Chairman in her absence.

Sec. 4—The Secretary shall keep the minutes of all meetings, a copy of which shall be furnished the Secretary of the American Nurses' Association within two weeks following the biennial convention.

Article VI. Committees

Section 1—The Chairman of the Section shall be a member of each committee.

Sec. 2—There shall be three standing committees which shall consist of at least three members each, namely:

(a) Committee on Programme.

(b) Nominations

(c) Revision of By-Laws

Sec. 3—The Committee on Programme shall prepare a programme for the meetings of the Section and shall submit the same to the Chairman of the Programme Committee of the American Nurses' Association not later than two months previous to the biennial convention.

Sec. 4—The Committee on Nominations shall prepare a ticket for each biennial convention of the Section, consisting of one or more names for each office to be filled of those who have consented to serve if elected. The ticket shall be presented at the first business session of the Section.

Sec. 5—The Committee on Revision of By-Laws shall receive all proposed amendments to the by-laws of the Section and shall submit them for adoption at the biennial convention. This committee shall advise State Associations concerning their Private Duty Section By-Laws (when requested) for the purpose of keeping them in harmony with the requirements of the Private Duty Section By-Laws of the American Nurses' Association. One member of this committee shall be selected from the Committee on Revision of the American Nurses' Association.

Article VII. Meetings

This Section shall meet at the time of the biennial convention and when provided for by the Programme Committee of the American Nurses' Association.

Article VIII. Order of Exercises

The order of exercises at each biennial meeting shall be in accordance with a programme adopted at the beginning of the meeting and shall include:

Roll call by states.

Annual report of secretary.

Annual report of standing committees.

Annual report of special committees (if any).

Election of officers.

Reading of minutes (for correction and approval).

Adjournment.

Article IX. Advisory Council

Section 1—The officers and standing committees of this Section, and the officers of the Private Duty Sections of the State Associations shall constitute an Advisory Council to promote the interests of the Private Duty Section of the American Nurses' Association.

Sec. 2—Meetings of the Advisory Council shall be held in connection with each biennial meeting of the Section at such time as shall be designated on the programme.

Article X. Amendments

These By-Laws may be amended at any biennial meeting of the Section by a two-thirds vote of the members present and voting, provided the proposed amendments have previously been approved by the Board of Directors of the American Nurses' Association.

Respectfully submitted,

Mrs. Janette F. Peterson,
Gyda Bates,
Elizabeth E. Golding,
Clara Webber,
Sarah E. Sly, *Chairman,*
Committee on Revision of Section By-Laws.

Approved by Frances M. Ott, Chairman of Section.

NURSES' RELIEF FUND

Report for October, 1922

Receipts

Previously acknowledged	$15,567.73
Interest on Liberty bonds	23.38
Interest on bonds	20.00
Return of one protest fee	1.45
California: District No. 1, Alameda County, $26; Dist. No. 5, Los Angeles County, $21; Dist. No. 9, San Francisco County, $12.50; Dist. No. 10, San Joaquin County, $3; Dist. No. 11, Santa Barbara Co., $9; Dist. No. 12, Santa Clara Co., $29; Dist. No. 13, Santa Cruz Co., $2	102.50
Colorado: One individual, Ft. Lyon	1.00
Connecticut: Two individuals	2.00
Florida: One individual	3.00
Illinois: Dist. No. 3, $79; Dist. No. 8, $3; Dist. No. 5, $10; Dist. No. 4,, $9; Third Dist., $25; First Dist., $5; one individual, in memory of Sophia F. Palmer, $10	141.00
Iowa: One individual, Bettendorf, $1; one individual, Davenport, $1; Dist. No. 2, $96; Dist. No. 3, $39; Dist. No. 6, $45; Dist. No. 7, $6; Dist. No. 8, $22; Dist. No. 9, $16; Dist. No. 10, $15; Cresco St. Joseph's Hosp. Alum., $15; Samaritan Hosp. Alum. Association, $9; Dist. No. 4, $11; one individual,	

Waverly, $1; nurses club, Waverly, $8.09; Lutheran Hosp. Alum. Assn., $16, $36.09	301.09
Kansas: Kansas State Nurses' Association	23.00
Kentucky: Kentucky State Nurses' Association	25.00
Maine: Western District: Maine General Hospital Training School Alum. Assn.	25.00
Maryland: One individual, Baltimore	2.50
Minnesota: Dist. No. 4, $22.50; Dist. No. 2, $12; Dist. No. 5, $2; Second Dist., $1; Third Dist., $5; Fourth Dist., $26; Fifth Dist., $2	70.50
Mississippi: State Association of Graduate Nurses	33.70
Missouri: One individual, St. Louis, $1; Missouri State Nurses' Association, $100; the Springfield Hosp. Alum. Assn., $15; University Nurses' Alum., Kansas City, $24; five individuals, $5	145.00
Nebraska: One individual, Nalmo, $1; one individual, Lincoln, $1; Dist. No. 2, seven individuals, $37	39.00
New Hampshire: Elliot Hosp. Alum., Manchester, $25; two individuals, $2; Margaret Pillsbury Alum. Association, $8	35.00
New Jersey: One individual, Rutherford	1.00
New York: One individual, W. New Brighton, Dist. No. 13, $1; ten nurses, $12.50; Roosevelt Alum., $3; Post Graduate Alum., $30, Dist. No. 2, Graduate Nurses of the Monroe County Tuberculosis Sanatorium, $25; Dist. No. 13, Roosevelt Hospital Nurses' Alum., $11	82.50
Ohio: Two individuals	2.00
Oklahoma: University Hosp. Nurses, Oklahoma City	30.00
Pennsylvania: Hahnemann Hosp. Nurses' Alumnae, Philadelphia	100.00
Texas: Two individuals, Austin	2.00
Wisconsin: Wisconsin State Nurses' Association	25.00
Total receipts, November 1, 1922	$16,802.90

Disbursements

Paid to 33 applicants for October	$495.00	
Exchange on Checks	.10	
Protest fee charged	1.45	
Printing folders	39.50	
To purchase of Liberty Bonds	10,017.04	
		$10,552.89
November 1, 1922, Balance		$ 6,250.01
Invested Funds		59,167.04
		$65,417.05

Note:—In report of August, 1922, Item "District No. 3, Iowa," should have read "Iowa—District No. 3: St. Luke's Alumnae, Cedar Rapids, $25.00; German Lutheran Hosp. Alum., Sioux City, $11.00; total, $36.00."

Contributions for the Relief Fund should be sent to V. Lota Lorimer, Treasurer, 1238 West Lake Avenue, Lakewood, Ohio. For information address Miss E. E. Golding, Chairman, 317 West 45th Street, New York City.

V. Lota Lorimer, *Treasurer.*

MEMORIAL TO JANE A. DELANO

The report received from the treasurer of the Delano Memorial Fund shows an increase of $229.50 in the Fund. At the present time it is $19,665.58. This opportunity is taken to urge members of the Committee, through the columns of the *Journal,* to take up the matter of the Delano Memorial and to make a strenuous effort now to complete this Fund so that the work on this Memorial can be started in the spring, it being the purpose of the Committee to begin work on the Memorial as soon as the sum of $25,000 is reached. Checks should be made payable to the Jane A. Delano Memorial. Contributions may be sent to R. Inde Albaugh, 370 Seventh Avenue, New York City, or to any one of the following: Mary K. Nelson, 73 Newbury Street, Boston, Mass.; Florence M. Johnson, 44 East 23d Street, New York City; Jane Van de Vrede, 249 Ivy Street, Atlanta, Ga.; Grace Bentley, Plymouth Bldg., Cleveland, Ohio.; Minnie Ahrens, 308 N. Michigan Avenue, Chicago, Ill.; Olive Chapman, 901 Equitable Bldg., St. Louis, Mo.; Grace Harrington, 315

University Street, Seattle, Wash.; Lillian White, Civic Auditorium, San Francisco, Calif.; Harvey D. Gibson, Treasurer, 26 Broad Street, New York City. Lucy Minnigerode, Chairman.

NATIONAL LEAGUE OF NURSING EDUCATION

The calendar for 1923, Leaders of American Nursing, is ready for sale at the price of $1 each. Orders should be sent to R. Inde Albaugh, Office Director, 370 Seventh Avenue, New York. Every nurse in the country should have one.

ARMY NURSE CORPS

During October, 1922, the following named members of the Army Nurse Corps were ordered transferred to the stations indicated: To Station Hospital, Jefferson Barracks, Mo., 2nd Lts. Julia Trabucco, Ellen Whelton; to Station Hospital, Ft. Sam Houston, Tex., 2nd Lts. Mary Everett and Marie Hermanson; to Letterman General Hospital, San Francisco, Calif., 2nd Lts. Christiana M. Bauer, Pearl T. Ellis, Cora E. Hicks, Mary J. Palmes, Joan B. Ray, Emma C. Witherup; to Walter Reed General Hospital, Washington, D. C., 1st Lt. Julia O. Flikke, Chief Nurse, 2nd Lts. Lucy Lewandowska, Margaret J. Stevenson; to the Philippine Department, 2nd Lieutenants Mary C. Donovan, Lillian Doyle, Margaret Dwyer, Alice M. Kendrick, Sara F. Kern.

Orders have been issued for the separation from the service of the following named 2nd Lieutenants: Ethel M. Adams, Alila F. Bachan, Patricia M. Barbour, Grace S. Benton, Mary Bertrand, Mary M. Brady, Carrie V. Cannon, Clarice Carter, Lola S. Clark, Eva L. Davis, Eleanor R. Erwin, Nancy A. Erwin, Teresa Fitzgerald, Sylvia M. Fleming, Annie L. Frazier, Anna T. Fuerstenberg, Lena Gast, Opal L. Harbaugh, Ruth C. Head, Florence M. Hershberger, Garretta Hocker, Laura L. Holmes, Sidney Hood, Mable Jack, Leona L. Jenkins, Ruth H. Johnson, Martha Kappler, Jeanette E. Lathrop, Lilla M. Lawrence, Matilda C. Lundberg, Grace F. McCarthy, Mary L. McDonald, Elizabeth A. McGrath, Lila V. Mahan, Matie E. Money, Helen R. Monroe, Lily Nelsen, Florence L. Petermann, Christine Pilegard, Alice M. Price, Nina A. Raub, Catherine L. Reilly, Vera L. Rudkin, Josephine Ryan, Mary H. Ryan, Mary L. Schappert, Julia E. Skidmore, Adele M. Stark, Eva M. Suttey, Ruth H. Taylor.

JULIA C. STIMSON,
Major, Superintendent, Army Nurse Corps, Dean, Army School of Nursing.

NAVY NURSE CORPS

Transfers: New York, N. Y., Bessie M. Gaynor, Leobelle S. Wilfert; Norfolk, Va., Marie Sennett; Quantico, Va., Carolyn O. Speas; San Diego, Calif., Agnes J. Gibson; *U. S. S. Henderson* (temporary duty), Grace A. Bidgood, Ruth Ingram.

Honorable Discharges: Minnie B. Irwin, Jennie F. Sheldon, Golda B. Slief, Elizabeth A. Westmacott.

Resignations: Catherine M. Brophy, Anna G. Fitzpatrick, Florence G. Flynn, Mary J. McGinn, Flora M. O'Connor, Mary Loeb Robinson, C. Helen Scott.

Discharged from Inactive Status: Mary E. Babine, Kathryn M. Burke, Katherine Egan, Annie Gabriel, Florence H. Kerstetter, Rose A. Lamb, Jean Mustard, Sallie Reagan, Thelma Selfridge, Effie E. Watters, Mercedes White.

LENAH S. HIGBEE,
Superintendent, Navy Nurse Corps.

U. S. PUBLIC HEALTH SERVICE NURSE CORPS

New Assignments: Morvyth E. Gwillim and Gertrude Meade, to U. S. Marine Hospital No. 2, Boston, Mass.; Helen Spruill and Elizabeth McDonald, to Hospital No. 20, Savannah, Ga.; Edgar Balaban, to Hospital No. 21, Stapleton, N. Y.; Antonia DesLauriers and Edith Hartzel, to Hospital No. 43, Ellis Island, N. Y.; Rosalie Manwiller, to Hospital No. 82, Norfolk, Virginia.

Transfers: Anna Healy, to Hospital No. 2, Boston, Mass.; Bridget Regan, to Hospital No. 6, Evansville, Ind.; Elizabeth Haney, to Hospital No. 15, Pittsburgh, Pa.; Gertrude Fuller and Maude Murry, to Hospital No. 9, Fort Stanton, N. M.; Emma L. Brown, to Hospital No. 70, Hudson St., New York.

Reinstatements: Florence Tidd and May J. Austin, to Hospital No. 5, Chicago, Ill.; Florence Straus and Aleta Manning, to Hospital No. 21, Stapleton, N. Y.

LUCY MINNIGERODE,
Supt. of Nurses, U.S.P.H.S.

UNITED STATES VETERANS' BUREAU

The following salary schedule for nurses in the U. S. Veterans' Bureau Nursing Service, effective October 1, 1922, is now being put into effect:

	Minimum	*Maximum*
Staff Nurse	$1680	$1800
Head Nurse	1800	2000
Assistant Chief	2000	2250
Chief	2250	2500

A deduction of not to exceed $50 per month is made from the salary of a nurse on hospital duty for maintenance. It is felt that this scale of pay for nurses in the U. S. Veterans' Bureau is a satisfactory adjustment of the nurses' salary.

Aside from the pay, the U. S. Veterans' Bureau Nursing Service offers an attractive and desirable service to nurses, giving them splendid opportunities of assisting in the rehabilitation of our ex-service men. Postgraduate courses for nurses in tuberculosis and psychiatric nursing are being planned and will be given in the U. S. Veterans' Hospitals to nurses in the service. This gives to the ambitious nurse the opportunity to keep abreast of the times in the nursing procedures which accompany work of this type.

The U. S. Veterans' Bureau Nursing Service is maintaining the highest standards for admission. Applicants must be citizens of the United States, graduates of an accredited school of nursing, and registered nurses. In addition to the foregoing, follow-up nurses doing home visiting with the trainees and claimants are required to have had at least four months' training in public health nursing or one or two years' experience in public health nursing under a nurse supervisor. The service of these nurses doing follow-up work has proven to be of untold value, and the scope of their work is constantly widening. The nurse's direct and intimate contact with the claimant and trainee enables her to do both preventive and constructive work with the ends in mind of educating in the methods of living. Many expressions of appreciation have been received of the work being done by the nurses in the U. S. Veterans' Bureau Nursing Service.

MARY A. HICKEY,
Superintendent of Nurses.

Reinstatements: U. S. V. H. No. 24, Palo Alto, Calif., Jessie L. Riddle; No. 30, Chicago, Ill., Pearl Dowe; No. 30, Chicago, Ill., Annex, Hilda Van Amburg; No. 32, Washington, D. C., Marie Kirby; No. 44, West Roxbury, Mass., Karl C. Bridge; No. 54, Arrowhead Springs, Calif., Helen Channer; No. 56, Ft. McHenry, Md., Ethel M. Fuss, Augusta Cornog, Jeanette E. S. Nichols; No. 39, Tacoma, Wash., Mary C. Graham; No. 60, Oteen, N. C., Mary E. Ellis, Asst. Chief Nurse, Annie M. Joyner; No. 78, No. Little Rock, Ark., Kathryn G. Butts; No. 81, The Bronx, N. Y., Hannah Flahive, Madeline Wall, Carrie M. Kennedy; No. 85, Walla Walla, Wash., Eleanor Dittus; No. 89, Rutland, Mass., Marion B. Carter, Veta Lawlor.

Transfers: Katherine L. Knowlton, Lulu Shively, Katherine Usher, to Arrowhead Springs, Calif.; Mary Griffith, Lillian E. Oakes, to Ft. Lyon, Colo.; Alice V. Drury, to Biltmore, N. C.; Beatrice Kistler, Harriet Rosenbluth, to The Bronx, New York; Elizabeth T. Joyce, to St. Louis; Josephine L. Osborn, to Hospital No. 57, Knoxville, Ia.; Kathleen Dorsey, Chief Nurse, from Hospital No. 36, Boston, Mass., to Hospital No. 89, Rutland, Mass.; Gertrude Vail, Hosp. No. 36, to District Mgr. Office, District No. 1; Margaret M. Martin, Clara J. Anderson, Sissie Underwood, to No. 30, Chicago; Adelaide E. Saltzman and Ida M. Briscoe, to Oteen, N. C.; Belle McAtee, to No. 83, Mobile, Ala.; Anna E. Walsh, No. 50, to No. 24, Palo Alto, Calif.; Grace Brunnelle, Irene A. Jennings, to Tacoma, Wash.; Bess Thompson, Chief Nurse, from Hosp. No. 51, Tucson, Ariz., to Hosp. No. 65, Ft. Bayard, N. M.; Nelle Roberts, Chief Nurse, from Hosp. No. 55, Ft. Bayard, N. M., to Hosp. No. 51, Tucson, Ariz.; Martha Schmidt, to Ft. Thomas, Ky.; Zuleika Sims, to Maywood, Ill.; Nell Owens, to Walla Walla, Wash.; Emma E. French, to Alexandria, La.; Bessie McCann, to Sheridan, Wyo.; Marion Echternach, Chief Nurse, from Hosp. No. 75, Colfax, Iowa, to Hosp. 57, Waukesha, Wis.; Ida LaPorte, to Greenville, S .C.

FOLLOW-UP NURSING

Transfers: Jean Carpenstein, from District No. 10 to District No. 2; Margaret J. Sullivan, from District No. 1 to District No. 2.

AMERICAN CHILD HYGIENE ASSOCIATION

The outstanding event of the annual meeting of the American Child Hygiene Association, held at Washington, D. C., October 12-14, was the announcement by Honorable Herbert Hoover, President of the Association, of its consolidation with the Child Health Organization of America. The importance of work with children was impressively summed up by Mr. Hoover, who stated that infant mortality in the birth registration states had been cut more than 25 per cent in the last four years and that the number of state bureaus devoted to child hygiene had increased from 13 in 1918, to 47 in 1922. Dr. L. Emmett Holt, President of the Child Health Organization, stressed the importance of developing more of the new type of pediatrician, physicians versed in the normal development of the child as well as in the care and treatment of disease. The British Ambassador, Sir Auckland Geddes, discussed the international importance of child health, inasmuch as every nation must assimilate a certain proportion of aliens who bring with them the results of their national health standards. Dr. Richard Smith cogently summed up the essentials of a programme for the pre-school child under seven heads: (1) Nutrition, (2) Posture, (3) Teeth, (4) Nasal obstructions, (5) Infectious diseases, (6) Personal hygiene, (7) Mental habits, and indicated the place of each in a community programme.

Even to the non-specialist in child welfare, the programme was teeming with interest, for although the specialist requires a highly developed technic and a definite and scientific body of knowledge, every nurse should be informed as to what constitute the fundamentals of the child health programme and should have a definite conception of positive health as a standard to be striven for.

One of the most interesting discussions was on Winifred Rand's delightful description of a Habit Clinic in Boston, by Dr. Esther Richards of Baltimore, who emphasized the determination of early training and begged for consideration of the child as a personality, rather than as a bundle composed of tonsils, teeth, stomach and other mechanisms subject to disorders. Dr. Foote made a plea for a wider use of the literature on child hygiene now available, in order that we may cease following the false gods of the cults. Discussions constantly stressed the importance of adapting programmes to the needs and peculiarities of any given situation, and over and over again one heard the plea for sounder education of both physicians and nurses for this fundamental type of public health work.

Arkansas: The Arkansas State Nurses' Association met at the Majestic Hotel October 9-11. There were about fifty nurses present. Dr. W. T. Wootton gave the address of welcome and Ruth Riley of Fayetteville responded. The invocation was delivered by Father W. J. Carroll of St. Mary's Catholic parish. In the absence of the president, Mrs. Virginia Misenhimer, of Pine Bluff, the first vice-president, Frankie Hutchinson, of Little Rock, presided. A most interesting programme was carried out and the reports from the various sections of the state showed that a most wonderful progress has been made since the birth of the Association, ten years ago. Doctors O. H. King, Geo. B. Fletcher and E. A. Purdum delivered addresses. One of the features of the convention was the round table discussion in which all participated. The election of officers resulted as follows: President, Frankie Hutchinson, Little Rock; vice-presidents, Ruth Riley, Fayetteville, and Elizabeth Dorsci, Little Rock; secretary, Mrs. Thomas Cheska, Pine Bluff. Little Rock was chosen as the next meeting place. The business sessions of the convention were interspersed with a continuous round of social functions. The Sisters of Mercy gave a tea at St. Joseph's Infirmary. Mayor Harry A. Jones of the Majestic gave a banquet and Mrs. H. McCafferty also gave a tea. The State League of Nursing Education of which Menia Tye, of Fort Smith, is president also met at the same time. Dr. C. Travis Drennen was one of the principal speakers before this group. A much smaller group of nurses, but none the less interesting was the Arkansas Public Health Nurses' Association which met on October 12. Olive Chapman of Saint Louis, director of nursing service for the Southwestern District, American Red Cross, was the principal speaker before this organization. She brought a special

message from the national convention held last June in Seattle, and she outlined the year's programme in the nursing field as formulated there. She also brought out the fact that the present trend of public health nursing is toward generalization rather than specialization and laid stress on the work of the Bureau of Child Hygiene, which will extend prenatal supervision. She also said that the school health nurses are to receive special coöperation from the public health nurses this year. Linnie Beauchamp, of Little Rock, president of the Association, presided at the sessions. One of the outstanding features on the programme of this group was the visit to the various city and government clinics, hospitals and other public health institutions. Regina Kaplin, superintendent of nurses at the Leo N. Levi Memorial Hospital, gave a tea in their honor.

California: Anna C. Jamme, Director of the Bureau of Registration of Nurses, has been granted a leave of absence and sailed in November on a short trip to Japan, China, the philippines, Australia and New Zealand. **Alameda County.**—A farm for undernourished children was opened in July and will be kept open throughout the year. Children who are in danger of contracting tuberculosis will be chosen by health nurses and sent there to be built up. **Los Angeles.**—District 5 held its regular meeting on the evening of November 7 in the Y. W. C. A. Building with a large attendance. Reports of the Seattle convention were given by Miss Fisher, Mrs. Harris, Miss Talcott, Mrs. Lockwood, and Miss Swope. Miss Breed gave a report of the state meeting. The Los Angeles Nurses' Club held a bazaar on November 15 and 16 for the benefit of the building fund.

Colorado: The Colorado State Board of Nurse Examiners will hold an examination for State registration on December 12, 13, and 14, 1922. For further information write to the Secretary, Louise Perrin, State Capitol, Denver, Colorado. **Denver.**—A file of the *American Journal of Nursing* from the first number, to date, is to be found at the Public Library, also most of the reports of the National League of Nursing Education. These were the gift to the library from Louie Croft Boyd. Miss Boyd is now an instructor in the training school of the Greeley Hospital, Greeley. **Colorado Springs.**—The Colorado State Relief Fund Committee asks all nurses in Colorado, especially the members of the state association, to send $1 with name and address to the State Chairman, Caroline J. Miller, 2207 North Tejon Street, Colorado Springs, before January 1st. The Colorado committee wishes the members to make this their banner year, putting their state on the map.

Connecticut: Bridgeport.—Katherine G. Kimmick has resigned her position as superintendent of nurses at the Bridgeport Hospital to assume, on January 1, a position at the Henry Ford Hospital, Detroit. The training school of the Bridgeport Hospital has charge of the teaching of the Home Nursing Class at the Bridgeport High School. One of the instructors gives a fifty-minute period each school day. **Hartford.**—The semiannual meeting of the Alumnae of St. Francis Hospital Training School was held October 21, with 132 members present. Margaret Stack of the New Haven Hospital gave a very fine talk on the benefits derived from membership in the State association, receiving the hearty coöperation of all present to continue membership. Fall activities were discussed. Following the business meeting, a dainty lunch prepared by the married members was served.

Delaware: The Delaware State Board of Examiners for Nurses will hold the next examination at the Homeopathic Hospital on Monday, December 4, 1922, beginning at 9 a. m. Refer all applications to Mary A. Moran, R.N., Secretary, 911 Delaware Avenue, Wilmington, Delaware, not later than November 24, 1922. Applications for nurses wishing to come in by reciprocity will also be considered on the above date. **Wilmington.**—The Delaware State Association held its fall meeting at the Delaware Hospital on November 9. An interesting address was given by Dr. D. J. McCarthy of Philadelphia, on Nursing Care in Nervous Diseases. Mary A. Moran, president, read a splendid report of the convention in Seattle. A report was also read from the delegates who attended the State Federation of Women's Clubs. Student nurses from the three local hospitals attended the meeting.

District of Columbia: Marie T. Phelan, recently of Chicago, is in Washington, engaged in work for the Sheppard-Towner Division of the Children's Bureau.

Florida: The Florida State Nurses' Association held its annual convention in Orlando, November 20 and 21. A report will appear later. **Tampa.**—The regular meeting of District No. 4 was held November 6 at the Bayside Hospital. Many matters of interest were discussed, and refreshments were served by Miss De Lausanne, at the close of the business session. Out-of-town nurses present were from Lakeland and Orlando. **Orlando.**—The Central Florida Registered Nurses' Club met on October 31 with Maude Yothers as hostess. Plans were made for the state meeting. Three new members were received. After the business meeting, Hallowe'en refreshments were served.

Georgia: The Georgia State Association of Graduate Nurses held its annual meeting in Macon, November 23, 24. A report will follow later.

Illinois: The Illinois State Association of Graduate Nurses held its annual meeting October 25-27, at the Congress Hotel, Chicago. The meeting was well attended by nurses from nearly every city in Illinois, and some distinguished guests from other states,—Miss Balcom, Santa Barbara, Calif.; Adda Eldredge, President, American Nurses' Association; Anna Drake, Director of the Tuberculosis Association, Des Moines, Iowa; Frances Ott, Morocco, Indiana, National Chairman, Private Duty Section, A. N. A.; and Mrs. Barbara Bartlett, President of the Michigan State Association. *Wednesday morning* was devoted to the usual greetings and reports of officers with a splendid address from the President, Ada Belle McCleery. Miss Drake in her paper, "Tuberculosis Training for Student Nurses in Prevention of Tuberculosis among Students and Graduates" laid great stress on the fact that it was highly important that the student nurse, not alone for her own benefit but for the good she could do, should have some knowledge of the care and prevention of tuberculosis. She also emphasized that the student nurse should have positive health. A very fine demonstration was given by the "Modern Health Crusade." This was given by school children and was well done, indicating that the children attending school today know far more about the preservation of health than ever before. *Thursday Morning,* Institute, excellent papers.—Real purpose of an Institute, Charles B. Lowry, Division Superintendent of Schools, Chicago; Principles of Education, Professor Elmer Ellsworth Jones, Department of Education, Northwestern University; How the Project Method in Teaching May Be Applied to Nursing Education, William B. Owen, Chicago Normal College. *Thursday Afternoon.*—The Infant Welfare Society of Chicago gave a splendid demonstration of a Welfare Conference. Six or eight mothers brought their children, had them weighed and measured, and Dr. Winholt emphasized the necessity of having complete coöperation with the mather and showed how important it was to keep watch of the change in diets. He said that a baby having carrots for a continued period would show yellow spots on the end of the nose and one on each cheek, indicating the importance of a mixed diet for children. *Friday Morning.*—The Question Box which was conducted by Bertha L. Knapp, Superintendent of Nurses, Wesley Memorial Hospital, Chicago, proved interesting and profitable. Mabel Binner, Supervisor in the Visiting Nurses' Association, Chicago, read an excellent paper on the "Value of Experience in Public Health Nursing to the Student Nurse." The morning closed with a few remarks from Miss Sharp, of the Y. W. C. A., who presented the situation among students and the faculty in Russia and the Near East, and the American Student Friendship Fund. The important business of the morning was the decision to erect a cottage for the care of the tuberculous on the grounds of the Edward Sanatorium, at Naperville. *Friday Afternoon.*—The Illinois League of Nursing Education conducted its business meeting. The Florence Nightingale Chorus of the Presbyterian Hospital, Chicago was generous with its musical programme. The time was occupied with a business session followed by an address by John A. Lapp, Contributing Editor of "The Nation's Health." Mr. Lapp was generous in his praise of the progress of the nursing profession, stating that to his mind the nurses need to continue

their education along high standards and he felt sure that they would reach their goal. The officers elected for the League were: President, Mary Cutler, Instructer, Presbyterian Hospital, Chicago; vice-president, Miss Smith, Supervising Nurse, Evanston Hospital, Evanston; secretary, Dora Saunby, Instructer, Michael Reese Hospital, Chicago; treasurer, Mary Daley, Social Service Department, Children's Memorial Hospital, Chicago. The meeting was closed with a wonderful banquet given at the Congress Hotel, with Helen Scott Hay as honored guest. Miss Hay told of the splendid work done by American nurses in hospitals and dispensaries under the American Red Cross. She said she could not commend the nurses too highly for the services rendered and that she wanted all superintendents of training schools and nurses in charge of public health organizations to keep in mind that should a call come to them for nurses to serve overseas, they must be sure to pick the highest type women. Dr. Rowena M. Mann gave a very enlightening talk on leadership. She said that it was not only important to have a leader, but we must be particular in choosing the kind of a leader. Officers elected are: President, Mabel Dunlap, Moline, Ill.; vice-presidents, Sara B. Place and Nellie M. Crissy, Chicago; secretary, Mae Kennedy, Chicago State Hospital, Chicago; treasurer, Elizabeth A. Asseltine, Waukegan. MRS. E. AHRENS has resigned her position as superintendent of nurses at the North Chicago Hospital. Monica Hartnett has resigned as surgical supervisor and is succeeded by Alma Lawler. THE DELEGATES FROM ST. JOSEPH'S HOSPITAL ALUMNAE, and many members, attended the state meetings.

Pearia.—THE ALUMNAE ASSOCIATION OF THE METHODIST, ST. FRANCIS, AND J. C. PROCTOR hospitals have founded a scholarship of $60 to enable a Chinese girl to receive a nurse's training in her own country. Nina Sparrow and Grace Fate, J. C. Proctor graduates, have taken institutional positions at Ottumwa, Iowa. A concession in the form of a day nursery, lunch stand, checking, and first aid tent was taken this fall at the Implement Fair, the object being to raise money for a nurses' home for the J. C. Proctor Hospital. The work was carried on by the alumnae, assisted each day by two student nurses, in the nursery. 117 first aid cases were cared for, registering from 15 different states. Thirty babies had care, ranging in age from six months to two years. A neat sum was realized and the affair was greatly enjoyed by the nurses.

Indiana: Indianapolis.—DISTRICT 4 will hold all meetings for the coming year at the Women's Department Club, 1702 North Meridian Street, having leased a room for that purpose. A beautiful framed portrait of "Mother Bryce" has been presented to the Nurses' Central Directory by her relatives. THE INDIANAPOLIS CITY HOSPITAL ALUMNAE ASSOCIATION held its regular meeting at the hospital, November 11. Mary Gladwin, Educational Director, addressed the nurses. Following the meeting the members enjoyed a delightful social hour as the guests of Josephine Mulville, superintendent of the Training School.

Iowa: THE IOWA STATE ASSOCIATION OF REGISTERED NURSES held its nineteenth annual meeting in Sioux City, October 18-19-20, with headquarters at the Martin Hotel. The association was welcomed by Mr. Clark, Superintendent of Schools, when he cleverly used the newspaper caption, "Nurses Invade the City" as his theme. Miss Boston heartily responded for the nurses. The morning session was given over to business and reports. In the afternoon Margaret Smylie, Superintendent, Samaritan Hospital, Sioux City, presented a paper, Hospitals Combining for the Instruction of Student Nurses, which showed the advantages accruing from the centralization of teaching the sciences to students of small schools. Father Mahon gave Some Problems for the Nursing Profession which he proved to be community problems and brought forth some lively discussion later. Lantern slides picturing the stages of preparation of antitoxin were shown. On Wednesday evening, Dr. Beard gave a comprehensive discussion of the Report of the Committee on Nursing Education appointed by the Rockefeller Foundation. Dr. Jepson told the nurses of their responsibility in assisting to prevent cancer. Thursday morning was largely devoted to Private Duty Nursing. Nursing Education from the standpoint of

a Private Duty Nurse, by Edna Anderson of Sioux City was followed by Nursing Education from the Standpoint of a Physician, by P. D. McLaughlin of Sioux City. Miss Ott of Indiana then addressed the association and told why she considered any reduction of the three-year course of study fraught with danger. Sarah Smith, a School Nurse of Sioux City, presented a group of well trained children in the Health Playlet, Gift of Gifts. Student nurses then demonstrated technique for transfusions and hypodermics. The afternoon session was opened by Miss Drake, State Supervisor of Public Health Nurses, who gave a carefully prepared paper, An Equal Chance, in which she brought out that normal positive health must be taught as well as relief from disease. An analysis of Bed-side Care was given by Miss Foley of Chicago. Miss Foley believes every woman and girl should know something of the simple procedures for the sick. "The skill required for nursing is generally underestimated." The question of whether public health nursing should have a place in the Curriculum of Schools of Nursing was interestingly considered by Margaret Hughes, supervising nurse of the Welfare Bureau, Sioux City. Prof. Campbell of Morningside College explained the intelligence test and showed how it could be of value in placing students. A sight-seeing trip of Sioux City terminated at St. Joseph's Nurses' Home, where a delightful reception was given the visiting nurses. Thursday evening, after a banquet and community singing led by Adah Hershey, Dr. John Lapp, Editor of the *Nation's Health,* depicted the vast growth of hospital social service. He believes a good social worker and a good public health nurse should be united in one. Friday morning, the sections held round tables which were most profitable. Miss Foley attended the Public Health Section of which Margaret Hughes was elected Chairman. Miss Ott kept the Private Duty Section enthused and Miss Boston was reëlected Chairman of this Section. The League of Nursing Education was reorganized with Faith Ankeny as President. Mr. Freeland, Director of the State Vocational Education Bureau, was present to discuss the possibilities of coöperation between Schools of Nursing and other educational institutions. Plans are under way for an Institute to be held at the University Hospital early in the year. Miss Creelman of the University is arranging for it. At the close of the round tables, an hour was given to the discussion of the Legislative Programme, Miss Drake, Chairman. The majority favored a defensive programme this year. The closing session was opened by an excellent paper, "The Library as a Means of Teaching," by Miss O'Connor, Hospital Librarian, Sioux City. Dr. Conkling of the State Board of Health followed with Venereal Disease Control and paid a glowing tribute to the nurses who had served in the World War. Miss Bates, delegate to the A. N. A., in Seattle, gave her report of the National Convention and brought back some of the inspiration and enthusiasm received from the gathering. The following officers were elected: President, Amy Beers, Fairfield; vice-presidents, Augusta Hefner, Sioux City; Winifred Boston, Cedar Rapids; secretary, Nelle Morris, Iowa City; treasurer, Adah Hershey, Des Moines. The next meeting will be held in Waterloo. Considerable entertainment was afforded by the friendly rivalry between the Dubuque and the Waterloo delegations. All of the meetings were well attended and the nurses of Sioux City deserve special commendation for the manner in which all details of the programme and entertainment were so officiently executed. The Red Cross Public Health Nurses held a conference on October 17. Miss Reynolds and Miss Witchen Field, Directors, of Iowa, conducted the meeting and a most interesting programme was given.

Iowa City.—Josephine Creelman entered upon the duties of Superintendent of Nurses at the University Hospital in September. Miss Creelman, who was formerly connected with this hospital in this same capacity, has been engaged in the interim, in doing extension work at the University of Minnesota. Lois Corder, S. U. I. School of Nursing, 1917, formerly Operating Room Supervisor at the University Hospital, and later Superintendent of the Santa Fe Hospital at Los Angeles, Cal., has been appointed First Assistant Superintendent of Nurses. Lana Babcock, a graduate of the University of Minnesota School of Nursing, who has held the position of First Assistant Superintendent of Nurses at Miller

Hospital, has been appointed Supervisor of Children's Hospital. There will be held an Institute for Superintendents and Instructors at the University Hospital, December 8 and 9. Senior students in the University School of Nursing are now obtaining a period of affiliation in the State Psychopathic Hospital, located here. **Fairfield.**—Mrs. Anna Benson McGahon entertained the nurses of Jefferson County at a Hallowe'en party when Amy Beers gave a report of the State convention. **Keokuk.**—District No. 2 will hold its annual meeting in this city on December 29. **Des Moines.**—A nursing section was held in connection with the state teachers' convention, at which a number of local and out-of-town nurses were present. The Seventh District members were entertained at the Methodist Hospital, October 26, by a splendid programme given by the student nurses of the various city hospitals. Vida Cox has been added to the school nursing force. **Albia.**—Two nurses from Ottumwa attended the state meeting in Sioux City. Three nurses attended the Legion convention in New Orleans, one each from Washington, Sigourney, and Albia. **Davenport.**—The Alumnae Association of Mercy Hospital entertained the Junior and Senior classes at a delightful Hallowe'en party. Grace Schneider, class of 1921, has been appointed floor supervisor in the Princeton Hospital, Princeton, Ill. **Council Bluffs.**—A joint meeting of the alumnae associations of Mercy and Jennie Edmundson hospitals was held on November 7, at the Emma Lucas Home for Nurses.. The reports of the delegates to the state meeting in Sioux City were given. Each association also held its business meeting. Refreshments were served by the Edmundson alumnae. Ten members of District 9 attended the state meeting and found the Sioux City nurses royal hostesses.

Kansas: The Kansas State Organization of Public Health Nursing held a meeting at Topeka, October 21. Dr. C. H. Lerrigo gave a talk on the organization of the Public Health Association of Kansas, told of the inspiring meeting at Wichita this year, and invited the nurses to be represented in the organization. The subject was discussed at length later in the meeting. Some were very strongly in favor of joining. Others thought that, as we are affiliated with the Kansas State Nurses' Association, it would be best to think the matter over until the nurses' meeting and it could then be decided what action to take. All are vitally interested in both associations and it is certain that a way satisfactory to all will be found. There were thirty-five Public Health Nurses at the meeting. Each nurse responded to roll call with her problem or interesting item and these were made a basis of discussion. A few of the problems discussed were: "Has the nurse the right to absorb the great thought of the world without giving it out to her sister nurses? How to keep carriers out of school and off the street? It was mentioned in the discussion that there was in use a special card for carriers and this gave a warning to parents of other children. "How to interest P. H. N.'s in getting incipient tuberculosis cases into the hospitals. How nurses can affect the housing conditions? (Advised to learn the laws of the state on this subject and help form legislation.) It is hoped that Dr. Hedger will be on the programme at the next meeting. **Independence.**—District No. 3 met at the Nurses' Home of the West Side Hospital, October 12. Officers were elected as follows: President, Sadie Allison, Coffeyville; secretary, Eileen Cramer, Independence; treasurer, Eva Walters, Independence. After a musical programme and a ride over the city, the members were entertained at luncheon by Miss Cromwell, superintendent of the Hospital. Hulda A. Cron, state supervisor of public health nursing, who was a visitor, gave an interesting account of the work being done throughout the state. The next meeting will be held at Fort Scott in the spring. **Topeka.**—Dollie Vanthrin, class of 1916, Christ's Hospital, sailed on October 10 for Beirut, Syria, where she will become instructor of nurses in the training school of the American University.

Louisiana: The Louisiana Nurses' Board of Examiners will hold its next examination in New Orleans and Shreveport, December 18-20. For further information, address Dr. J. S. Hebert, 27 Cusachs Building, New Orleans.

Maryland: Cumberland. The Allegany Hospital held graduating exercises for a class

of eleven on October 12. The presentation of the class was made by the Hon. D. L. Sloan and diplomas were conferred by the Most Reverend Michael J. Curley, D.D.

Massachusetts: THE STATE LEAGUE OF NURSING EDUCATION will hold meetings at the Huntington Hospital on the first Thursday of each month at 8 p. m. **Boston.**—Mary Beard has returned after a year of absence in Europe and will assume the position of Director of both the Baby Hygiene Association and the District Nursing Association. THE TRAINING SCHOOL OF THE PETER BENT BRIGHAM HOSPITAL held graduating exercises for a class of thirty on the evening of November 10. Dr. C. E. A. Winslow delivered the address. THE NURSES' ALUMNAE ASSOCIATION OF THE MASSACHUSETTS HOMEOPATHIC HOSPITAL held a meeting at Evans Memorial on October 2. After business had been transacted, an interesting talk was given by Sally Johnson of the Massachusetts General on the 1922 Legislative Campaign. Dorothea Rice, class of 1919, who has been in charge of the Maternity Department of the Brockton Hospital has been made assistant superintendent of nurses. **Roxbury.**—THE TRAINING SCHOOL FOR NURSES OF THE NEW ENGLAND HOSPITAL FOR WOMEN AND CHILDREN celebrated its fiftieth anniversary on October 31 at the hospital. The principal address of the evening, by Dr. Alfred Worcester, was delivered in a spirited manner and was received with much enthusiasm by the large audience which included many of the alumnae of the school. Linda Richards, the first graduate of this, or of any training school in America, was present and spoke. Her talk was extremely interesting and the opportunity to see and hear her was greatly prized by nurses and old friends. She was the honored guest of the occasion. A few words were spoken by Helen F. Kimball, who was a Director of the Hospital at the time that Dr. Dimock organized the School, who was for many years Chairman of the Training School Committee and later President of the Hospital, for fifteen years. Beatrice Billings, class of 1901, vice-president of the Alumnae Association, spoke briefly and well; she urged every nurse to become a member of her own association and also of the state and national, and to keep in touch with every advance in her profession. Sally Johnson, Superintendent of Nurses, Massachusetts General Hospital, made encouraging and congratulatory remarks, and the exercises closed with a telegram conveying cordial greetings and congratulations from Anna C. Jamme of California, who was for a number of years superintendent of the school. It had been hoped that she could be present and give an address. Mrs. Kingsmill Maars, a former Director of the Hospital, reminded those present that this was the first hospital to send out district nurses. Miss Richards was very much pleased to receive a bouquet of fifty roses from the alumnae of the school. During the exercises the announcement was made that the Alumnae Association had endowed a free bed in the Hospital to be known as the Linda Richards Free Bed. The exercises were followed by a reception and tea in the Goddard Home for Nurses. **Pittsfield.**—THE BERKSHIRE COUNTY NURSES' ASSOCIATION met in Lee at the home of the president, Mrs. Florence Norman, on September 20. It was decided to have a question box at each meeting. Questions may be sent to Katherine Turner, 346 North Street, Pittsfield. An inspiring address was given by Agnes Gibney, Post Graduate Hospital, New York, on Preventive Medicine. Mary Dunn is employed as Metropolitan Nurse in Kingston, N. Y. Miriam Sprague is visiting nurse in New Lebanon, N. Y. **Fall River.**—THE NURSES' ALUMNAE ASSOCIATION of the Union Hospital held a sale on November 8 which brought over $300 for the Permanent Delegates' Fund.

Michigan: SARAH E. SLY, Birmingham, has been appointed General Secretary of the Michigan State Nurses' Association. ALL MICHIGAN REGISTERED NURSES must renew their registration with the Michigan Board of Registration of Nurses during the month of December, 1922. Renewal fee is $1.00. (Mrs.) Helen deSpelder Moore, R.N., Secretary. Mrs. Elsbeth H. Vaughan, who has recently returned from Europe has accepted the position of Assistant Director of the Bureau of Child Hygiene and Public Health Nursing of Michigan State Department of Health, Lansing. Mrs. Vaughan has already entered upon her duties. Alice Hull has recently accepted a position with the State Department of

Health, Lansing, and has resigned as corresponding secretary of the Michigan State Nurses' Association. Sarah E. Sly, the general secretary, will assume the duties to fill the vacancy. On December 4-7 there will be a conference of health officers of the State of Michigan and public health nurses at Lansing, Mich. The Board of Directors and the Advisory Council of the Michigan State Nurses' Association accepted the invitation of the Seventh District Association to meet in Lansing on November 4th for the purpose of outlining the State programme for the year and to outline plans for the 1924 biennial convention. During the membership campaign in November it was hoped that every registered nurse in Michigan would become an enrolled member. A strong effort to inspire new and renewal subscriptions to the *Journal* was also launched. Minnie Paynte of Houghton, Michigan, will leave for California and has resigned the second vice-presidency of the State Association. Mrs. Charlotte Noal of Houghton, and president of the Thirteenth District, has been appointed in her place. The annual meeting of the Michigan State Nurses' Association for 1923 will be held at St. Joseph, Michigan. The State League of Nursing Education, which numbers over one hundred twenty-five members will be the guests of the Battle Creek Sanitarium, Battle Creek, Michigan, at their annual meeting on January 10, 11, 12. Mrs. Mary S. Foy, Principal of the Training School of the Battle Creek Sanitarium, is Chairman of the Committee of Arrangements and Programme. **Detroit.**—The nurses of Detroit have formed a local League of Nursing Education with a charter membership of about thirty. This organization was formed October 19. Margaret Rogers, Superintendent of the Children's Free Hospital, was elected president and Clara Hollings of Herman Kiefer Hospital, secretary. **Lansing.**—Mabel Stevens was sent as a delegate from District 7 to the convention of the State Federation of Women's Clubs, Flint, October 17-20. Alice Lake of the University Hospital, Ann Arbor, addressed the regular monthly meeting of the District on November 6 on the subject, The University School of Nursing. Esther Fish, assistant superintendent of Sparrow Hospital, and Margaret House, operating room supervisor, have resigned their positions. Miss House is succeeded by Clara Rossman of the Jennie Edmundson Memorial Hospital, Council Bluffs, Iowa.

Minnesota: The Minnesota State Registered Nurses' Association held the nineteenth annual meeting in Rochester, October 17 to 20, in joint session with the State League of Nursing Education. The nurses of the state had been looking forward to this meeting with keen anticipation, for is not Rochester, with its wealth of clinical material and well organized schools of nursing, a part of our own Minnesota? And to hold a state meeting at this Shrine is a privilege not enjoyed by our sister states. The Committee on Arrangements, of which Sister M. Domitilla was Chairman, had spared no effort to make the convention the best we have ever held, and, aalthough four days were given to the meeting, the only thing we lacked was time. One had to snatch a moment now and then to visit the exhibits which were most helpful—especially the home-made appliances from the Minneapolis Visiting Nurse Association, and the room arranged for a delivery in the home, under the direction of Isabel McPherson of the St. Paul Visiting Nurses' Association. The general assemblies were held at the Methodist Church, and classes were suspended at St. Mary's School of Nursing, so that the class, lecture, and demonstration rooms might be used for the sectional meetings. This, in itself, was a rare opportunity, as the training school department at St. Mary's is the last word in equipment and convenience. Registration by Districts was: No. 2, Duluth, 15; No. 3, Minneapolis, 93; No. 4, St. Paul, 83; No. 5, Mankato, 21; No. 6, Rochester, 130; total, 342. Visitors, 68, including two student nurses, one from St. Luke's, St. Paul and one from the University, Minneapolis. At the business session the first morning, reports of all committees, and alumnae and district associations were read, and gave proof of an active year. Dora M. Cornelisen, secretary of the Nurses' Examining Board, reported 4666 nurses registered in Minnesota to date; of this number, 658 had registered by examination the past year. Caroline Rankiellour, Inspector of Schools, reported having visited 58 hospitals

last year—55 having accredited schools. Marion Dodd gave the report for the Relief Fund as follows: District No. 2, $65; No. 3, $104.05; No. 4, $213.50; No. 5, $38; total, $420.55. Dr. N. O. Pearce, representing the State Medical Society, appeared before the Association to ask the nurses to support the proposed legislative programme of the Minnesota Medical Association. The main feature of the afternoon programme was the Private Duty Round Table at which Frances Ott, Morocco, Indiana, presided. Miss Ott, wholesome as ever, was indeed an inspiration, and as a result of her efforts, a Private Duty Section of the State Association was organized with Anna Westly, Minneapolis, Chairman; May McNally, St. Paul, vice-chairman; and Delia O'Brien, St. Paul, secretary. Miss Ott was also one of the principal speakers at the meeting on Wednesday afternoon, and gave the nurses much to think about in her address on "Nurses as Individuals." The outstanding feature of the first day's programme was the delightful tea given by Saint Mary's Alumnae Association. The large Assembly Hall at the nurses' residence had been transformed into a bower of "October's bright blue weather," friends of the Alumnae poured tea, and a splendid feeling of comradeship pervaded this first day of the convention. Irene R. English, president of the state association, presided at the formal opening session in the evening. In her response to the mayor's Address of Welcome, Miss English spoke briefly on the history and accomplishments of the state association, and the important projects for the coming year. At this meeting the Doctors Mayo were the principal speakers. Dr. Charles Mayo spoke on "The Nurse's part in Progressive Medicine." Pointing out the lack of doctors in the remote sections of every state, Dr. Mayo advocated the formation of Health Centers with competent nurses in charge, who could care for many minor ailments, and secure prompt medical attention for the more serious cases. This pre-supposes a fundamental education in nursing, with intensive training for special work. Dr. William Mayo paid a tribute to the nurse as she is known in the United States, when he said: "Much of the enviable prestige which the American medical profession has attained in the scientific world, is due to the assistance of the trained nurse, who, in America, has developed a unique position." Dr. Mayo traced the development of the medical and nursing professions, and said that the Mayo Foundation stood ready to work with the State Nurses' Association to develop a system of education whereby the nurse could enjoy the same opportunities for graduate study, as are now accorded the doctor. *Wednesday morning* was left open so that the nurses might visit the clinics and demonstrations which had been planned in the several hospitals—the greater number being held in the ten operating rooms at Saint Mary's. Dr. Wm. Mayo held a dry clinic, just for the nurses, in the main amphitheater, and dwelt upon the necessity of nurses, especially County nurses, being able to recognize symptoms, and thoroughly understand their significance, so that patients might receive early medical attention. Hospitality reigned supreme at noon when the ex-Service nurses were entertained at luncheon at the home of Dr. and Mrs. Wm. Mayo; the Private Duty nurses at St. Mary's; the Public Health nurses at the home of Dr. and Mrs. Plummer, and the League at the Kahler Hotel, the guests of the nursing staff of the Kahler Hospitals. The afternoon programme was given over to Legislation, with Mrs. Andreas Uleand of the State League of Women Voters; Minnie Ahrens, of the Central Division American Red Cross, and Caroline Rankiellour, as the principal speakers. The evening programme was especially gratifying because of the message of understanding and coöperation brought by Anna Swenson from the State Department of Education. Miss Swenson emphasized the need in all departments of education of "well-trained competent instructors." *Thursday morning* was given to public health round tables—the one on Child Welfare featuring several helpful demonstrations. Margaret McGregor told of her experiences in this work while with the Red Cross in Esthonia. The afternoon programme had, as its outstanding feature, a discussion of the Rockefeller Committee Report by Dr. Richard Olding Beard. Dr. Beard has given the findings of this committee much careful study, and his report was of great interest. Ruth

Houlton of the Division of Child Hygiene, State Board of Health, outlined the programme which Minnesota hopes to carry out in the administration of the Sheppard-Towner Act. After this meeting, members of the Mayo Clinic Staff were hosts to the nurses, and all enjoyed an automobile ride about the city, and out into the country to Mayowood, where Dr. and Mrs. Charles Mayo received informally. Two hundred thirty nurses and friends enjoyed the banquet and dance at the Kahler hotel in the evening,—a banquet characterized by the absence of speeches and by food served hot. The convention stood for the support of the legislative measures as outlined in the proposed bill which was submitted by the Legislative Committee; the raising of a legislative fund by a per capita tax and the appointment of a custodian for such fund. The following resolutions were adopted: Be it Resolved, that the Minnesota State Registered Nurses' Association recommends to the State Board of Health that the Board include in its request for appropriation from the 1922 Session of the State Legislature a sum sufficient to finance a Division of Public Health Nursing. Be it Resolved, that the Minnesota State Registered Nurses' Association endorses such amendment to the law pertaining to public health nurses, Chapter 138, Session laws 1921, as will give the Minnesota State Board of Health an official connection with the public health nurses of the state. Be it further Resolved, that the State R. N. A. favors an amendment to this law which will make it illegal for any but a graduate nurse to be employed as a school nurse by any Board of Education, and be it further Resolved, that the State Registered Nurses' Association endorses an amendment to the State law relating to public health nurses; making it legal for any board employing a public health nurse to name a local representative nursing committee to aid and direct her work. Officers were elected as follows: President, Irene R. English; vice-presidents, Edith Hessmer, Florence Whipple, Louise Schneller; secretary, Dora M. Cornelisen; treasurer, Sophie Olson Hein; director for three years, Bertha Johnson. Although the formal business session in the morning brought the convention to a close, the afternoon was full of good things, and all were loath to leave Rochester. Many took advantage of the demonstrations at the Kahler and Colonial hospitals, and the opportunity to visit the State Hospital for the Insane, while still others lingered over a final cup of tea served by friends of the Kahler Hospital School of Nursing. They wish, through the columns of the *Journal,* to again thank Sister Joseph and the good Sisters of St. Francis, the Doctors Mayo and the Mayo Clinic Staff, The Kahler Hospital School of Nursing, and the Rochester nurses, for having made possible the most instructive, the most enjoyable, and, withal, the most inspirational convention the association has ever held. THE STATE LEAGUE OF NURSING EDUCATION held its annual meeting, in conjunction with the State Association, in Rochester, October 17-20. Splendid addresses were given by Anna Swenson, of the State Department of Education on "The Responsibility of Educators toward Nursing Education"; by Judge C. E. Callaghen on "The Nurse as a Factor in the Development of Citizenship"; by W. Carpenter MacCarty, M.S., M.D., on "The Unregistered Trained Nurse." The Right Reverend P. R. Heffron, D.D., Bishop of Winona, gave a very interesting talk on the Value of Psychology. Officers were elected as follows: President, Caroline M. Rankiellour; vice-president, Sarah Higgins; secretary, Mrs. Pearl Rexford. **Duluth.**—DISTRICT 2 held its November meeting at the library of St. Mary's Hospital, on the 4th. This was made especially interesting by the reports of the state convention given by the delegates. Thirteen representatives from Second District attended the convention. Judging from the messages they brought, every feature was most inspiring. The nurses of the Second District are proud to feel that they are an integral part of the largest organization of women in the United States and to know that theirs is a humanitarian service. They are also proud that they are of voting age and can share in the civic affairs of mankind. The Second District nurses have a most interesting programme for the year, which includes talks and discussions on various topics outside of their own profession. The social needs have not been omitted in the programme.

The central registry, although increasing in size and activity, has room, time, and need for more members and greater support in order that it may increase its service to the community. The changes in the nurse bill to be presented at the coming state legislature of Minnesota is the all absorbing topic of the day. **Minneapolis.**—Nursing educators who are studying the development of the Central School idea will be interested to know that Louise M. Powell, who for the past eleven years has been Superintendent of the School of Nursing of the University of Minnesota, has been appointed Director of the Central School of that University, which now unites and controls for educational purposes the nursing services in four major hospitals. Miss Powell will exercise a purely educational function in the direction of the school. She has enjoyed for the past year a leave of absence, during which time she has completed her work for the degree of Bachelor of Science of Columbia University. She will return to her new position on December 1st. A Superintendent of Nurses, an Assistant Superintendent, and the necessary instructors will be maintained in each of the associated hospitals. The school has a registration this year of 190, exclusive of affiliated students to the number of 69. DISTRICT 3 held its regular meeting at the Art Institute on November 8. Reports from the Rochester convention were enjoyed. Anna Westly, registrar, was granted a leave of absence in order to devote more time to the legislative programme. Tea was served by the Hill Crest Hospital Alumnae Association. **St. Paul.**—DISTRICT 4 held a regular meeting at the Wilder Building on October ninth. Voted that the district sponsor a concert to be given early in November, the proceeds to be used to buy furniture for the new club room soon to be occupied by the Central Registry, the balance to form the nucleus for a fund with which to finance an Hourly Nursing Service. St. Paul, after a year's service with the Red Cross in Esthonia. Miss McGregor is now serving as Superintendent of Nurses at the State Hospital for Crippled Children at Phalen Park, St. Paul. Marion Dodd has accepted a hospital position in Seattle, Washington. The regular meeting of the Alumnae association was held November seventh. Reports of the convention in Rochester were given by Bertha Temple, Josephine Anderson, Gertrude Moran, Kathryn Cleary, and Dora Cornelisen. Refreshments were served, which netted the flower fund $2.65. JUANITA COOPER, class of 1922, was elected by the student body of St. Luke's Hospital to represent them at the meeting of the State Association in Rochester. All expenses were borne by the student body and an enthusiastic report was brought back to the three class organizations. **Red Wing.**—Dina C. Sourer, for five years assistant superintendent of St. John's Hospital, has resigned to become superintendent of the Lutheran Hospital and Sanatorium, Hot Springs, South Dakota. Miss Sauer is a faithful worker; her sympathetic visits were welcomed by the patients and friends of patients when she made her frequent rounds. Her skill is exceptional, but the universal esteem in which she was held by physicians and nurses was more so. She is much missed by a host of friends in Red Wing.

Mississippi: THE MISSISSIPPI STATE ASSOCIATION OF GRADUATE NURSES held its eleventh annual meeting in the Biloxi Yacht Club, Biloxi, October 30-November 1. The sessions on Monday were devoted to business. *Tuesday Morning,*—The Nurse as a Doctor's Assistant, Ruth Green; The Metropolitan Nurse as a Public Health Factor, Anna Barr; The Sheppard Towner Bill, Jean Reed; Civilian Rehabilitation, Mary Baker. Luncheon at the Riviera Hotel. *Tuesday Afternoon,*—Reports, and papers by Miss Cox and Miss Brown. *Evening Session* at the Elks' Home, Dr. H. M. Folkes presiding. Invocation, Rev. E. DeMiller; address of welcome, Col. J. W. Apperson; response; president's address; address, Silent Forces, Jane Van De Vrede, Atlanta, Ga.; addresses by Dr. G. F. Carroll, Mrs. D. J. Williams, Dr. George L. Melvin, and Dr. W. A. Dearming. On Wednesday morning there were sessions of the Private Duty Section, the Public Health Section, and the League of Nursing Education. A boat ride followed, with luncheon aboard the boat. Officers were elected as follows: President, Mrs. Blanche E. M. Hopper, Matty Hersee Hospital, Meridian; vice-presidents, Aurelia

Baker, Hattiesburg, (Chairman of Ways and Means Committee); Mrs. Irene Trigg, Greenville, (Chairman of Credentials Committee); Rose Keating, Jackson, (Chairman of Nominating Committee); Mary Emma Smith, Tupelo, (Chairman of Revision Committee); Margaret Krohn, Biloxi, (Chairman of Publication and Press Committee); Rex R. Sutton, Meridian, (Chairman of Relief Fund Committee); secretary, Mrs. Jennie Quinn Cameron, 511 Bay Street, Hattiesburg; treasurer, Jane P. Cox, Natchez.

Missouri: The Mi:souri State Nurses' Association held its sixteenth annual convention in Columbia, October 24, 25 and 26; headquarters, Daniel Boone Tavern. There were 250 registrations which included members and visitors, among whom were twenty student nurses. The invocation was given by the Rev. Walter Haushalter, of Christian Church; addresses of welcome by John C. Jones, President, University of Missouri, and Robert Hill, President, Commercial Club; the response was by Mary Stephenson of St. Louis. The remainder of the morning session was given to reports of officers, chairmen of committees, the Educational Director, and an address by the President. The Advisory Council, consisting of officers of the Association and the presidents of alumnae associations, had a luncheon, followed by a business session. This was attended by 40 members. The afternoon was given to a tour of inspection of the various departments of the State University. At six o'clock a buffet supper, served by the students of Home Economics Department of University was given at the Home Economic Building, the Seventh District Nurses' Association being hostesses. The student nurses of Parker Memorial Hospital entertained the visitors with University songs and "yells." A very enjoyable evening was spent. The *Wednesday Morning Session* was in charge of the Private Duty Section, Miss McKinley presiding. Papers were given by Essie M. Heyle, Extension Professor, Home Economics, University, "University Extension Service and Its Relation to Health," and by Mrs. J. C. Parrish, President, Missouri Division American Association University Women, "Private Duty Nursing and the Public Served." Both these papers were much enjoyed. The afternoon session was in charge of the Public Health Section, Janette Flanagan presiding. Papers: "Child Welfare Work in Poland," Mary E. Stebbins. Miss Stebbins has just recently returned from Poland. "Sheppard-Towner Bill, Its Application to Missouri," Alma Wretling; "Public Health Nursing in a Rural District," Olive Chapman; "The Function of the Nurse in the University Extension Service," Saidee Hausmann. After a tea at which the ladies of Columbia were the hostesses, the remainder of the afternoon was taken up with round tables for Public Health, School Nursing, and Student Nurses. Dr. Guy L. Noyes, President Boone County Medical Society, Dean of School of Medicine, University, presided at the evening session. Short talks were given by Dr. Noyes, Dr. Frank Nifong, Mrs. Walter McNab Miller, who reviewed the work accomplished in the constitutional convention by the Committee on Public Health and Welfare. The principal speaker of the evening was Dr. Richard Olding Beard, University of Minnesota, whose subject was "Review and Critique of the Report of the Rockefeller Foundation on Nursing Education." This was most interesting and enjoyed by all. Helen Wood opened the discussion. After the programme, an informal reception was given by members of the Boone County Medical Society and their wives. *Thursday Morning, October* 26 was partly given over to reports of Central Directories, District Secretaries, Legislative Committee and Delegates to affiliated associations. Carol L. Martin, Executive Secretary, Central Council Nursing Education, gave an interesting paper, "The Trend of Nursing Education." Dr. Beard opened the discussion. The Rotary Club invited the nurses to luncheon and an enjoyable hour was spent. Short talks were given by Miss Martin, Dr. Beard, President Jones and others. The afternoon session was in charge of the State League of Nursing Education, Eleanor Keeley, presiding. Papers were given as follows: "Things Other than Facts that Should Be Taught Nurses," Charles Philpott, Junior College, Kansas City. "The Nurse and Public Health Work," Dr. Mazyck Ravenal, Assistant Surgeon General, U. S. P. H. "Laboratory Methods Applied to Teaching Nursing

Practice," Helen Farnsworth. After this session the visitors were guests at a tea given by the ladies of the University at the home of President Jones. The Thursday evening session was the State League round table, Harriet L. P. Friend, presiding. Papers: "Opportunities to Nurse Education by the State Teachers' College," Emma Mahs. "Value of Institutes for Graduate Nurses," Helen Wood. "Better Preparation of Nurses for State Board Examinations," Charlotte Forrester. Brief discussions, chiefly by student nurses on "Value of Social Director for Schools of Nursing" and "Student Government." The following officers were elected: President, Mance Taylor, Parker Memorial Hospital, Columbia; vice-presidents, Mary Stebbins, Jefferson City; Anna Anderson, Kansas City; secretary, Bertha Love, Columbia; treasurer, Janette Flanagan, St. Louis. The arrangements for the Convention were admirably worked out and carried through by the Chairman, Eleanor Keeley, and her committee. The meeting was the most successful the nurses of Missouri have ever held. The next annual meeting will be held in Springfield. MRS. LOUISE AMENT has been appointed as a member of the Missouri State Board of Nurse Examiners to fill the vacancy created by the resignation of M. Anna Gillis. Miss Gillis has been a member of the Board continuously since 1914, until her resignation in June, 1922, and has served as President of the Board continuously since 1915. The State of Missouri owes a great debt to Miss Gillis for her unbending integrity and the splendid preparation and qualifications that have characterized her work in behalf of a better nursing service for the State. The annual meeting of the Missouri State Board of Nurse Examiners will be held December 13, at which time the annual applications for accrediting of schools of nursing will be considered. The Board is now prepared to evaluate entrance credentials and issue entrance certificates to those wishing to enter schools of nursing in Missouri. All nurses coming to Missouri are again notified that practice is not legal without a license. If any one wishes to practice as a nurse in Missouri, first write to the secretary of the Missouri State Board of Nurse Examiners, 620 Chemical Building, St. Louis, Missouri. **St. Louis.**—The Annual Meeting of the Jewish Hospital Alumnae Association was held October 10. The following officers were elected: President, Anna G. Robinson; vice-president, Mae Auerbach; secretary, Ruth Matney; treasurer, Olga Wiegmann; board of directors, Mrs. Lohman, Miss Talich, Miss Moorman. THE LUTHERAN HOSPITAL TRAINING SCHOOL held commencement exercises for a class of sixteen on October 17 in the auditorium of the Lutheran Holy Cross School. Two members of the class took part in the exercises,—Helena Loesch giving a speech of welcome; and Adele Rodekohr, a speech of farewell. A school song and a class song were included in the programme. Addresses were given by Professor Maier and Dr. H. C. Kloepper. The diplomas were presented by the hospital chaplain, Rev. E. C. Hofius.

Nebraska: THE NEBRASKA STATE BOARD OF NURSE EXAMINERS will hold its next regular examination in Omaha and Lincoln, November 21, 22 and 23. For information and applications, write to H. H. Antles, Secretary of the Department of Public Welfare, Lincoln, Nebraska. THE NEBRASKA STATE NURSES' ASSOCIATION held its seventeenth annual meeting at the Fontanelle Hotel, Omaha, October 30 and 31. The meeting was well attended, with a registration of 220. The members were favored in having present Minnie H. Ahrens, Central Division, American Red Cross, who spoke on The Value of Organized Effort in Attaining a Goal. Dr. Caroline Hedger, Elizabeth McCormick Institute, Chicago, gave two very interesting and inspiring talks on the first day of the meeting. Several of the doctors of Omaha were on the programme, giving interesting and instructive lectures. The officers were reëlected with the exception of one director: President, Lulu F. Abbott, Lincoln; vice-presidents, Charlotte Townsend, Omaha; Mrs. Jessie Lockwood, Lincoln; secretary, Cora E. Higgins, 2100 South Street, Lincoln; treasurer, Mrs. A. Schollman, Omaha; directors, Bertha Bryant, Grand Island; Margaret McGreevy, Lincoln; Florence McCabe, Omaha.

New Hampshire: THE GRADUATE NURSES' ASSOCIATION OF NEW HAMPSHIRE will hold a semi-annual meeting on December 13, at the Memorial Hospital, Nashua. **Nashua.**—THE

New Hampshire Memorial Hospital of Concord held graduation exercises in the Nurses' Home on September 13, for a class of five. The Home was attractively decorated with palms and cut flowers, and about one hundred and fifty guests were present. The programme consisted of a song by the school, addresses by Dr. Ellen A. Wallace, president of the Board of Trustees, and James N. Pringle, Deputy Commissioner of Education, and musical selections. The Florence Nightingale Pledge was taken by the class, after which the diplomas and school pins were presented. Following the exercises refreshments were served and the nurses enjoyed a social time with their friends. St. Joseph's Hospital Alumnae Association held a Father Knickerbocker lawn party on the lawn at the hospital, September 7 and 8. There was a record attendance. Various articles were for sale in booths and tents. Lunch was served in an attractive tea room. Father Knickerbocker was represented by Scott Griffian of the Fuller Circuit, Boston. During the afternoon, dancing was enjoyed on a stage erected at one end of the lawn. During the evening there was orchestral music and singing. The Association was assisted by the Sisters and the students in making the two-day event a great success. The sum of $4000 was realized and was handed over to the hospital, to be used where it is most needed. On October 5, the Association had a get-together party and went by auto to Boston for dinner and theater. **Hanover.**—The Mary Hitchcock Memorial Hospital Alumnae held their second annual reunion on September 8, at the Billingsbee House, with thirty present. The time was pleasantly spent in informal discussion, after which luncheon was served by Harriett Horton in the dining room of the hospital. Some of the members of the hospital staff were present. **Exeter.**—The Exeter Hospital Alumnae Association holds its meeting in May of each year. Unfortunately at least half of the members do not live in New Hampshire, but there have been pleasant reunions. At the last meeting the members voted to make Jeanette White of Hampton an honorary member. As head nurse at Exeter Hospital, she had helped many. Addie M. Gaffney is superintendent of Exeter Hospital, succeeding Henrietta Chisholm. Plans are under consideration for a new maternity building in the early spring. **Concord.**—The Margaret Pillsbury Hospital Alumnae Association met on October 18, and after the regular business, plans were made for a Christmas sale. Four new members were received.

New Jersey: The New Jersey State Nurses' Association held its fifteenth semi-annual meeting at the Chalfonte, Atlantic City, on November 3. There was a good attendance from all over the State. The morning was given over to the address of welcome by Mayor Edward Bader, the address of greeting by the president, Elizabeth J. Higbid, and the various reports of officers and standing committees. At noon a luncheon was served at the Chalfonte for a number of ex-presidents, who were the invited guests of the association, and the Board of Directors. The afternoon was given over to a stimulating address by Dr. W. J. Carrington, reports of the district presidents, an interesting history of the Association since its organization in 1901, by Marietta J. Squire, one of the charter members, and the report of the Convention at Seattle by the President, Elizabeth J. Higbid, who had been the official delegate. In the evening a reception and musicale were given at Vernon Hall, under the chairmanship of Rachel Reed, of District No. 6, which was delightful in every way. All members fortunate enough to be present at the meetings and various gatherings, expressed themselves as having spent a happy and profitable time. The New Jersey State League for Nursing Education held a meeting at the Nurses' Residence of the City Hospital, Newark, on November 10. Dr. Haven Emerson, Professor of Public Health Administration, College of Physicians and Surgeons, gave an inspiring and most instructive lecture on Preventive Medicine, and the Function of the Nurse in the Field of Preventive Medicine. An informal round table discussion on staff conferences, and coöperation of the hospital personnel, was led by Ruth G. Clark, Superintendent Orange Memorial Hospital, and Mary J. Stone, Superintendent Hackensack Hospital. The New Jersey State Organization for Pub-

LIC HEALTH NURSING held a meeting in Atlantic City, November 4, Helen Stephen, the new president, in the chair. After a salute to the flag and the Lord's prayer, Dr. Daniel L. Salasan, health officer, gave a welcome for the mayor. Response was made by Harriet Van Der Vere. The legislative chairman, Mrs. L J.. Gemmell, expressed the purpose of the organization in supporting all good legislation in the interests of nursing, health, and social welfare. Frances A. Dennis, chairman of the Publicity Committee, stated the purpose of publishing a Public Health Nurses' Bulletin soon after the meeting. She asked the members to provide pictures for the Public Health Nurses' Album for the January meeting. The chairman of the Tuberculosis Section gave a report of the recent meeting in Newark, of the Antituberculosis League, at which one afternoon was in charge of nurses. Hannah Lister, chairman on Industrial Nursing, gave an interesting report on industrial plants in Trenton,—168 plants and only 6 nurses. No nurse is employed among 15,000 pottery workers. The nurses have dinner together once a month. Anna G. Wetherill gave a report of the State Federation of Women's Clubs. Harriet Van Der Vere gave a report of the convention in Seattle. An appeal for the Smyrna Relief Fund resulted in a contribution of $10 in appreciation of the work of a charter member of the association, Charlotte Heilman, who has been placed in charge of nursing work at Smyrna by the Red Cross. It was decided to honor Frances A. Dennis by placing her name on a page of the Founders' Book of the State Federation in recognition of her arduous work, beyond her strength, in organizing this association and for her other efforts in nursing work. Dr. Valeria Parker gave a wonderfully enlightening talk on Juvenile Delinquency. G. H. Ischler gave an illustrated lecture on the manufacture of antitoxin.

New York: THE NEW YORK STATE NURSES' ASSOCIATION held its twenty-first annual meeting, October 24-26, at the Pennsylvania Hotel, New York. On *Tuesday evening,* the 24th, the three state organizations held a joint meeting in the ball room of the hotel at which the address of welcome was given by Mary Garrett Hay, President of the Women's City Club of New York, for the State Association, and by M. Adelaide Nutting, for the League. Response was given by Amy M. Hilliard. Addresses followed by Mary M. Roberts, Annie W. Goodrich, and Jesse F. Williams. *October 25,*—The morning session was given to business and reports. At the afternoon session, Dr. David Snedden of Columbia University spoke on Principles Effective in Vocational Education Applied to Nursing Education. Ida Marker of Kings Park State Hospital presented Points Worth Knowing in the Care of the Mentally Ill. Harriet Bailey of Bellevue discussed The Value of Psychology as an Aid in Understanding Patients. Mildred Hurley of the Middletown State Hospital spoke on The Care of the Mentally Ill in Their Homes. Katharine DeWitt spoke on The American Journal of Nursing. *On Wednesday evening,* District 13 entertained the delegates, officers and speakers of the three organizations at a delightful reception and dinner served in the roof garden. A musical programme arranged by Dorothy Donnelly was given by noted artists after the dinner. This was thoroughly enjoyed by the five hundred guests present. *On Thursday morning* the following papers were presented and discussed: Endowments as Sponsored by Alumnae Associations, Mrs. Marian T. Brockway, Metropolitan Life Insurance Company; Scholarship and Loan Funds, Anna C. Maxwell, Elizabeth A. Greener, Lila Trewick; Pension Funds, Elizabeth Brackett, Sadie Newman; What Every Nurse Should Know About Tuberculosis, Dr. Edward S. McSweeney, Secretary American Sanatorium Association. The *Thursday afternoon session* consisted of papers on Alumnae Associations as Aids to the Training School, Clara Stahley; Responsibility of the Training School in the Preparation of the Private Duty Nurse, Louise Parsons; The Obligation of the Private Duty Nurse to the School Whose Laboratory is the Hospital in Which She is Working, Agnes Renton. An animated discussion occupied the remainder of the session. A motor trip around the city was arranged by District 13 for the visiting delegates, followed by tea at the Central Club given by the New York County Chapter of the American Red Cross. At the

evening session, Irene B. Yocum spoke on The Private Duty Nurse from the Standpoint of the Registrar. A paper on Hourly Nursing as a Possible Help in the Shortage of Private Duty Nurses, written by Miss Sinsebox, was read by Miss Roberts. Group Nursing in Hospitals was discussed by Martha St. John Eakins. A paper on The Attendant as an Aid in General Hospital Nursing and in the Home was read by Louise Henderson. Pansy V. Beson spoke on Recent Nursing Developments in Foreign Fields. The following officers were elected: President, Anne L. Hansen, Buffalo; vice-presidents, Eunice A. Smith, Rochester, and Edith Brodie, Buffalo; secretary, Ella F. Sinsebox, 443 Linwood Avenue, Buffalo; treasurer, Louise R. Sherwood, Syracuse; directors for three years, Alice Shepard Gilman, Albany, and Julia W. Kline, Brooklyn. Directors for two years are Julia A. Littlefield, Albany, and Minnie A. Jordan, New York. Directors for one year are: Elizabeth E. Golding, New York, and Elizabeth C. Burgess, New York. A collection taken during the meetings for the Relief Fund brought $250 in cash, and pledges amounting to $700. A souvenir programme was also sold for the benefit of the Relief Fund, but the returns are not yet in. ALICE SHEPARD GILMAN has been appointed secretary of the State Board of Nurse Examiners, succeeding Miss Burgess. **Buffalo.**—DISTRICT 1 held the regular monthly meeting on October 18. After the transaction of business, Dr. Thew Wright gave a paper, "Is the Present Trend of Nursing Education Giving Us Satisfactory Nursing?" Ella F. Sinsebox read a paper entitled, Positive Health for Nurses, by Dr. Caroline Hedger. The District's publication, *The Mirrors of Western New York,* has made its first appearance. It is full of interesting items from the various alumnae associations making up the district; it gives the delegate's report from Seattle, a foreign letter, and various lighter things. THE BUFFALO HOMEOPATHIC ALUMNAE ASSOCIATION has the following officers for the coming year: President, Helen Meadows; vice-presidents, Rosetta Burton, Mildred Ayres, Margaret Wakefield, Martha Braitmaier; recording secretary, Anne L. Austin; corresponding secretary, Irene Neelon; treasurer, Norrine Welsch. THE ALUMNAE ASSOCIATION OF THE CHILDREN'S HOSPITAL gave a card party on October 31 for the purpose of raising funds for furnishing a room in the hospital for the use of sick nurses. **Rochester.**—DISTRICT 2 held its October meeting in Geneva as guests of the Geneva members. An interesting meeting was followed by a delightful dinner. **Canandaigua.**—THE MATERNITY BUILDING of the Frederick Ferris Thompson Memorial Hospital was opened on November 21. The firemen of the city planned to present an ambulance to the hospital, but were anticipated by the gift of an ambulance by Mrs. Thompson. **Utica.**—THE ALUMNI ASSOCIATION OF THE UTICA STATE HOSPITAL was formed, constitution adopted, and officers elected, on November 3. List of officers: President, Eva M. Schied; vice-presidents, Mary Breene, Rose Ritz; secretary, Sara A. Burns; treasurer, Emily Harris; director, one year, Dora Eurish; director, two years, Clara Ritz. Miss Schied was the unanimous choice of the Association as representative in the Central School. **Saranac Lake.**—THE SARANAC LAKE GRADUATE NURSES' ASSOCIATION, District No. 8, held a meeting on November 7 at the Community House, with 21 members present. Returns from Donation Day showed receipts of $1266.90. Half of this amount will be used as a free bed fund for patients from Saranac Lake and surrounding districts; half for the running expenses of the hospital. Sabra Jackson, agent for dependent children, gave a very interesting account of her work. **Troy.**—Alice W. Marsh, graduate of the Newton Hospital, Newton Lower Falls, Mass., has been appointed superintendent of nurses, of the Samaritan Hospital, succeeding Miss Gilman. Miss Marsh was a student at Teachers College last year. **New York.**—THE BUREAU OF PUBLIC HEALTH EDUCATION OF THE NEW YORK CITY DEPARTMENT OF HEALTH is contemplating giving a five-weeks institute for nurses, beginning in January. The institute will cover the following subjects: 1. Industrial Hygiene, by the inspectors of the Division of Industrial Hygiene; 2. Preventable Diseases. Field nurses of the Division of Preventable Diseases; 3. Child Hygiene. Field nurses of the Division of Child Hygiene; 4. District Nursing. Henry Street Settlement (courtesy of

Miss Goodrich); 5. Home Care of the Sick. Home nursing service of the American Red Cross (courtesy of Miss Farley). It is hoped that nurses who desire to avail themselves of this course will register at the earliest possible moment and that so far as possible they will arrange to take the field work. This will necessitate accompanying the members of the particular organization coöperating for that week in their regular field work. Instructions in the technical part of the work will be given in the headquarters of the different organizations by qualified members of their staffs. The last division (Home Care of the Sick) will be particularly valuable to nurses desiring to engage in public health nursing in rural communities, because it will equip them to act as teachers to the families of their patients in the care of the patients, when they themselves are unable to be present. It is also contemplated including in this section some excellent practical instruction in dietetics. Such nurses as feel that they are unable to devote the time requisite to taking the entire institute may register for that particular section which most meets their needs. EASTERN COUNCIL OF NURSING EDUCATION.—An outstanding event in September was the part taken by the Council in the Women's Activities Exhibit, of the New York League of Business and Professional Women, held at the Hotel Commodore, September 18-23. The exhibit of the Council comprised the following: 1. A stereomotorgraph, loaned by the American Social Hygiene Association, and a series of slides showing the student activities in the various schools; 2. The bulletins of the different schools; 3. An inexpensive folder, distributed freely; 4. The new Red Cross Roll Call poster, the National Recruiting poster, the Public Health Nurse, the small Council poster, and a large sign poster on canvas, reproducing on a large scale the first page of the small bulletin. Eight of the eleven schools represented in the Council sent student nurses for an afternoon or evening session . One out-of-town hospital was represented by two young graduates who are enrolled for the year at Columbia. **New York.**—Grace Cameron, class of 1898, Presbyterian Hospital, is assistant superintendent at the National Sanitarium, Johnson City, Tenn. Mrs. John Cator, class of 1906, is assistant superintendent at the Deaconess Hospital, Buffalo. Elizabeth Allanach, class of 1921, is head nurse at the Nursery and Child's Hospital. Eunice Whipple is at the head of the nursing department of R. H. Macy & Co. Norma Miller is school nurse at the Hackley School, Tarrytown. Elizabeth Tremaine is to take charge of the American and Native Hospital, La Romana, Santo Domingo. Edith M. Conway, class of 1922, is an instructor at the Central School of Nursing, Detroit. Agnes E. Maynard, class of 1907, is in charge of public health nursing for the State Health Department for four counties, with headquarters at Syracuse. THE FRENCH HOSPITAL ALUMNAE ASSOCIATION held a successful bazaar and dance on November 8, in aid of the endowed room fund for sick nurses. SISTER MARIE IMMACULATE CONCEPTION, class of 1906, St. Mary's, Green Bay, Wis., heretofore Superintendent of the Huber Memorial Hospital, Pana, Illinois, has recently been appointed Superintendent of the Misericordia Hospital, New York City. LENOX HILL ALUMNAE ASSOCIATION elected the following officers at a meeting held November 6: President, Liba Butler; vice-presidents, Dora M. Meyer, Josephine Heide; secretary, Mae V. Stockheimer; assistant secretary, Emilie Berkenau; treasurer, Mrs. Clyde Green; assistant treasurer, Emma B. Lindheimer; executive committee for three years, Hedwig Keller, Susanna Ludwig.

North Carolina: THE BOARD OF EXAMINERS OF TRAINED NURSES will hold examinations in Raleigh, December 4-7, for nurses applying for a license to practice in the state.

Ohio: Cleveland.—A CONFERENCE OF THE NORTHERN DISTRECT OF PUBLIC HEALTH NURSES was held at Waring School, October 19. Florence Farmer, Chief, Bureau of Public Health Nursing, State Department of Health, acted as Chairman. Ethel Osborn, Director of Nursing, Board of Education, Cleveland, held a round table on "School Inspection" with a demonstration showing the method of school inspection in Cleveland. She emphasized the fact that the nurse made the school inspection and that the doctor made the examination. She placed great emphasis on this fact, as she felt some nurses were

under the impression that the school nurse made the examinations. Dr. Bertha Luckey, Chief Examiner of the Psychological Clinic, Cleveland, examined a mentally retarded child and followed it with the examination of a mentally normal child. After her examinations she explained the technic of the Binet-Simon Test and described how the mentally retarded children are cared for in the public schools of Cleveland and stated that the supernormal child is a very much more difficult problem than the abnormal child. At the present time they have a class for the supernormal children. One pupil in the class, a child of six, has a mental capacity of a child of twelve. Uarda Faine, Director of Nutrition, State Department of Health, gave an excellent paper on "Vitamines and the Foods Containing these Vitamines." Following this paper, Miss Faine showed some interesting lantern slides, showing some of the causes of malnutrition in children, and their improvement after graduating from the nutrition classes. Miss Dines, Director of Public Health Nursing, Western Reserve University, gave a splendid paper on Coöperation, pointing out that no person can work alone nor do any efficient piece of work by himself. A Health Play, "The Brushes Quarrel," from Dr. Winslow's book, was exceedingly well put on by a class of children. A demonstration by a class of twenty mentally deficient children, consisting of a song and a recitation, was given to show the results of the work being done with this class of children. The meeting then adjourned for luncheon at the New Amsterdam Hotel, served for 175 people. At the afternoon session, at the New Amsterdam Hotel, Melinde Havey, Director of Public Health Nursing, Washington Division, American Red Cross, was Chairman. Dr. H. H. Snively, State Department of Health, gave an address of welcome. Elizabeth G. Fox, president of the N. O. P. H. N., gave a talk on The Nurses' Convention Held at Seattle. Dr. Haven Emerson, Columbia University, New York, talked about the importance of periodic medical examinations for public health nurses and asked them to encourage the people in their community to have the periodic medical examinations as it is one of the greatest factors in preventive medicine of today. He cited instances in New York City where physicians are confining their practice entirely to the periodic examination of well people. Katherine Olmsted, Director, Division of Nursing, League of Red Cross Societies, Paris, France, told about the wonderful work being organized by the League of Red Cross Societies. She described the course in public health nursing given at the present time in London, England. Following the talk on the course in public health nursing, she described nursing conditions in general in the fourteen countries of Europe which she has visited. Clara Reeder, State Department of Health, read a paper on Prevention of Blindness. Dr. Charles Hastings, Medical Officer of Health, Toronto, Ontario, closed the meeting with an interesting account of the splendid organization of the Public Health Nurses in Toronto. **Cincinnati.**—District No. 8 met on October 23 at Bethesda Medical Hospital. The meeting was preceded by a community sing and in the year's programme it is planned to open each meeting with community singing. The Programme Committee has arranged for a meeting at each Hospital in the District and one meeting will be devoted to each phase of Nursing. The various Training School Alumnae will be hostesses and serve light refreshments. Laura R. Logan, President of the National League of Nursing Education, spoke very interestingly on the Nursing Programme of the American Hospital Association held in Atlantic City in September. Matilda Schimmelfenning, Supervisor of the Bethesda Medical Hospital, gave a short history of the castle, formerly known as Scarlet Oaks Sanatorium, the name deriving from the decorations, practically all of which are in the shape of oak leaves. Particular attention was called to the series of beautiful paintings in the chapel representing the four stages of life; this was followed by a tour through the Hospital. The Alumnae Association of the Cincinnati General Hospital which has remained intact through three changes of name, celebrated its silver anniversary by a two-day jubilee in honor of its twenty-five years of existence. A form letter was gotten out by the committee in charge and was sent to all graduates of the schools, announcing tentative plans. Then

a representative from each class wrote a personal note to her class-mates, urging them to return to the old school at the time designated by the programme which followed. These outlined a two-day event of November 3 and 4. About one hundred and fifty of a possible seven hundred registered on Friday afternoon. At twelve- thirty, motors carried them out to the Tuberculosis Sanatorium, where tea was served. Many of this group returned to mingle with later comers around the tea tables of the Nurses' Home, in a jolly reunion. That evening a reception was given and many were introduced to the guests of honor, Mrs. Annie Murray Hunt of Washington, D. C., the first Superintendent of Nurses, Annie Laws of Cincinnati, a member of the original Board of Directors, and Laura R. Logan, the present Director of the School of Nursing and Health. All regretted that Olive Fisher, who had served in a like capacity, could not be present because of illness. At this time were heard reports of each of the thirty-one classes and through these of many friends, their activities past, present and future. The next morning a short memorial service was held in the hospital chapel for those who had left this workaday world. Canon Reade brought to this service the depth of his very splendid personality coupled with his very real appreciation of our profession. Immediately following, automobiles took the entire party for a view of the city parks, not forgetting a glimpse of the "old hospital grounds." Saturday evening a banquet was given at the Gibson Hotel. Gathered around small tables, in congenial groups, members lived over again those joyful training days. Each found at her place a souvenir in the form of a handsomely engraved booklet containing the Jubilee's programme. The tables were decorated in cut flowers and in dolls dressed in the uniforms of the school. Short addresses were made by Miss Laws, Mrs. Hunt, and Miss Logan, visualizing the persistence of the first board in establishing the school, the trials of its beginning and inspired renewed allegiance in supporting the future ambitions of their Alma Mater. The rest of the evening was occupied with a reception to all the former internes and staff men. Greetings were extended from the University by Dr. Fred Hicks, from the present hospital by Dr. A. C. Bachmeyer, and from the "old institution" by Dr. J. C. Oliver. Miss Logan replied for the nurses. Too much cannot be said in praise of the committee members who made this anniversary possible; they worked under the able leadership of Mary Emrie and the president, Marguerite Fagen. As a means of renewing the spirit of one's youth and school days the members would suggest a similar festivity to all schools that have not had such a celebration. Even now they are looking forward to another jubilee which may materialize before another twenty-five years elapsing will bring our golden one. The strength of any school and its helpfulness to the community it serves may best be emphasized and brought out by such gatherings when graduates may once again see from what very small beginnings great impulses are gained which can "carry on" by means of the impetus given, to nation-wide influence and activity. The Jewish Hospital School for Nurses tendered a reception to Catherine M. Buckley, superintendent of nurses, in the auditorium of the hospital on October 12. This was largely attended by members of the Jewish Hospital Alumnae, medical staff, and friends of the institution. It was a fitting introduction for Miss Buckley, who recently assumed charge of the school. President Samuel Straus in behalf of the Board of Trustees, welcomed Miss Buckley and in the course of his remarks assured her of the hearty coöperation of the Board, the alumnae, staff and school. Miss Buckley is a graduate of the School of the Presbyterian Hospital of Chicago. The Jewish Hospital is constructing a new seven-story pavilion and the school, which now numbers 70, is to be increased to nearly 100 students. The Jewish Hospital Alumnae Association gave a card party in November which netted over $200 for the Scholarship Fund. The Association plans to offer a Scholarship of $500 each year for special work in either Administration or Public Health. The first Scholarship, it has been decided, is to be used for a course in Training School Administration. The Jane A. Delano Post, No. 458, sent fifteen members to the national convention of the American

Legion in New Orleans. At the regular meeting of the Post, held November 7, the following officers were elected: Adjutant, Valencia Weil; treasurer, Martha Militz; chaplain, Emma Enders; historian, Mary L. Wright.

Oklahoma: The Oklahoma State Nurses' Association held its annual meeting, October 25-27, in Muskogee. These were gala days; the weather was delightful. Beginning with the morning session of the first day the attendance was very good and bespoke unusual interest, which continued throughout the entire meeting. It seemed to be the largest and best meeting the Association has ever had. The programme was as follows: October 25, meeting of Board of Directors; Registration; singing of "America," followed by The Lord's Prayer; session, League of Nursing Education, Canadice Montfort, secretary, presiding; roll call and reading of minutes. Paper, What Should Be the Attitude of the Superintendent of the Training School toward Employing Unregistered Nurses, Grace Irwin; open discussion; progressive luncheon, the three hospitals. *Afternoon Session.*—Round table discussion, Canadice Montfort; The Duty of the Superintendent with Regard to Pupils Leaving or being Discharged from Schools and Making Applications to Others; The Methods of Teaching Practical Nursing; Some of the Causes of Friction Between the Superintendents of Hospitals and Superintendents of Training Schools and How to Avoid Them, Antoinette Light, Wesley Hospital, Oklahoma City. The Advantages and Disadvantages of Student Government, Katherine Yocum, *October 26.*—Report of the National Convention at Seattle, Rosalind McKay; Social Service, Virginia Tolbert; State Registration, Advantages and Protection, Lela Carr; discussion, Mrs. Idora Rose Scroggs; Public Health Session, Rosalind McKay, presiding; Progress of Health Education, R. H. Hixon, General Secretary, Oklahoma Public Health Association; The Value of Patrons' Clubs in the Execution of a Public Health Programme, Marie McKay; Itinerant Tuberculosis Clinics, Ida White; The State Programme, Clara Crowe; Report of National Convention (Public Health Section), Rosalind McKay. *Afternoon Session.*—President's Address, Olive Salmon; Private Duty Session, Mrs. Mary Agnes Brown presiding; Vieypoint of a Doctor, J. Hutchings White, M.D.; discussion, Advantages and Disadvantages of a Central Registry, Edna Holland; Situations in Which a Private Duty Nurse Sometimes Finds Herself, Bonnie Rogers; Nurses' Obligations to Their Professional Organizations, Anna Picklum; Private Duty, Ethie O. Rogers; The Private Duty Nurse, Clara Reed Light. *October 27, Morning Session.*—Paper on Coöperation of the Nurse in Prevention of Diseases in Infancy and Early Childhood, C. H. Rice, M.D.; Reports of officers, of the Relief Fund, and of the districts were given. Afternoon, business, election of officers, and an auto ride over the city. A banquet was given on the evening of the 26th. At the closing session officers were elected: President, Olive Salmon, Pawhuska; secretary-treasurer, Virginia Tolbert, Oklahoma City, Oklahoma. Officers of League, President, Canadice Montfort, Oklahoma City, Okla.; secretary-treasurer, Grace Irwin, Clinton.

Oregon: Juliet Whitteker, R.N., is doing County public health work in Union County. Eileen Walker, Clatsop County, public health nurse, is being assisted at her Well-Baby Clinic by two nurses from the local hospital. She hopes in this way to interest pupil nurses in the public health field. The first pre-natal clinic in the State of Oregon outside of Portland was established at Eugene, Lane County, October 7. It is being held every two weeks. The nurse is Sally Craighill. Glendora M. Blakely was appointed State Advisory Nurse for Oregon, on September 1. Jane V. Doyle, of the Portland Chapter of the American Red Cross, was a delegate to the National Convention of the American Red Cross, in Washington. **Portland.**—Gene Young has resigned as Superintendent of Nurses of Multnomah County Hospital. Rose H. Weeks is her successor. Edith Brown is the recently appointed anaesthetist. Mrs. Jane Teare Dahlman, who is Educational Director of the National Health Exposition Association, and who served in Italy with the American Red Cross during the late war, was entertained at a recent dinner given by the American Women's Overseas Service League.

Pennsylvania: The Graduate Nurses' Association of the State of Pennsylvania held its twentieth annual meeting at Hotel Sterling, Wilkes-Barre, October 24-27. The State League of Nursing Education also held its meeting at this time, and following the meeting an Institute for Instructors was held, Friday and Saturday, at the Chamber of Commerce rooms. Esther J. Tinsley, of Pittston was Chairman of the Programme Committee for the State and League meetings. Nellie Loftus of Wilkes-Barre was Chairman of the Arrangements Committee. Mrs. Marie C. Eden, of Philadelphia, was Chairman of the Institute Committee. The meetings were very largely attended, 460 being registered. About 100 nurses attended the Institute. Clara D. Noyes, Director, Department of Nursing, American Red Cross, was the speaker at the formal opening. Dr. Peter C. Mayock, Department of Health, Wilkes-Barre, spoke on the Public Health Aspect of Venereal Disease. Helen Greaney, Philadelphia, presided at a round table for Private Duty Nurses. The programme of the Public Health Section was as follows: Alice M. O'Halloran, presiding; Dr. Ellen C. Potter, the Department of Public Welfare and Its Aid to the Public Health Nurse; Anna Stanley, Department of Education, School of Nursing, Tooth Brush Drill; Dr. Mary R. Noble, State Department of Health, The Well Baby; Elizabeth F. Miller, Philadelphia, Communicable Disease Nursing; Frances Hodgman, N. O. P. H. N., Cleveland, Ohio, Educational Qualifications of the Public Health Nurse. Round table, Venereal Disease Control, Nellie G. Loftus; The Adolescent Girl, Miss Holmes. The League Programme: Helene S. Herrmann, president. Round table, Training School Records, Sara M. Murray, Educational Director, Training Schools of Pennsylvania; Value of Affiliations, Susan C. Francis, Philadelphia; Work Being Done by the Council of Nursing Education in Southeastern Pennsylvania, and Elsewhere, Frances Maltby, Philadelphia; Central Schools for Nurses, Their Origin, Development, and Status at the Present Time, Mable Huntly, Director, Central School for Teaching Preliminary Courses in Nursing, Philadelphia; paper read by Jennie M. Huff, Pittston; Nutrition, Its Place in the Health Programme of Today, Anna L. DePlanter; The Child Federation, Philadelphia; Education, a Means to an End, Prof. H. H. Zeiser, Superintendent City Schools, Wilkes-Barre. The Institute Programme was as follows: Principles of Teaching as Applied to the Profession of Nursing, George E. Walk, Ph.D., Dean, Teachers College, Temple University, Philadelphia; Demonstration of Nursing Procedures, Laura Wilson, Pittsburgh; Principles of Teaching as Applied to the Teaching of Nursing, Harriet M. Gillett, Philadelphia; paper read by Jennie M. Huff, Pittston; Demonstration, Methods of Teaching the Nervaus System, Ophelia M. Feamster, Visiting Instructor, Philadelphia; round table, discussion on the Problems of Instructors, Gertrude Heatley, presiding. Discussion of all papers followed the sessions. The delegates were entertained by the nurses of District Association No. 3. A reception was held the opening night, and tea was served each afternoon by the Hospital Auxiliaries, and Visiting Nurse Association members. A banquet was held Thursday night which about four hundred attended, and was a most enjoyable affair. On Friday afternoon the Rotary and Kiwanis clubs provided automobiles for a ride to Harvey's Lake, and tea was served at the Shriners' Club, Dallas, by the members of the Visitation Guild. The officers elected for the year were as follows: Graduate Nurses' Association: President, Margaret Dunlop, Philadelphia; vice-presidents, Netta Ford, York; Jennie M. Huff, Pittston; secretary-treasurer, Gertrude Heatley, Pittsburgh; Directors, Williamina Duncan, Pittsburgh; Janet G. Grant, Scranton; Esther J. Tinsley, Pittston; Elizabeth Gainor, Phoenixville. Public Health Section: Chairman, Harriet Frost, Philadelphia; secretary, Netta Ford, York; Private Duty Section: Chairman, Rose Ford, Wilkes-Barre; secretary, Katherine Hope, Wilkes-Barre. The State League Officers: President, Helene S. Herrmann, Philadelphia; vice-presidents, Roberta M. West, Gertrude Heatley; secretary, Susan Heitzenrater, Punxsutawney; treasurer, Mary Rostance, McKeesport; directors, Anna R. Roth, Pittsburgh; Sara M. Murray, Philadelphia; Katherine E. Brown, Philadelphia; Sister M. Ricarda, Scranton. **Philadelphia.**—The Howard Hospital

Alumnae held their regular meeting at the hospital on November 2, when Katherine Smith gave an excellent report of the state meeting. An amendment to the by-laws was adopted providing for an increase of $1 in the dues for the benefit of the Nurses' Relief Fund. The Nurses' Alumnae of the Gynecean Hospital held its annual meeting on October 10; the following officers were elected: President, Susan Colt; vice-president, Ruby Bebler; secretary, Gertrude L. Brown; assistant secretary, Charlotte Brumbaugh; treasurer, Mabel Van Osdal. **Huntington.**—The J. C. Blair Memorial Hospital held its ninth annual commencement on October 19. The alumnae association entertained, on October 20, the graduates and the superintendents, Misses Schneider and Bayer. **Columbia.**—The Columbia Hospital Alumnae Association held a regular meeting on October 12 in the nurses' home. A delegate was chosen to attend the state meeting. Helen F. Greaney of Philadelphia gave a very interesting talk on The Value of Alumnae Associations. She laid emphasis on the value, need and use of the Nurses' Relief Fund. Alice O'Halloran, State Director of Public Health Nurses, spoke interestingly on the Work of the Public Health Nurse. Miss Schultz and her staff served luncheon. In the evening the association held a card party and dance which were well attended. **Bethlehem.**—District No. 2 held a meeting at the Victoria White Nurses' Home, St. Luke's Hospital, September 23. Several interesting papers were read. It was decided to send fourteen delegates to the State meeting. The meeting was well attended and was followed by a tea given by the Hospital. The home was beautifully decorated and a musical entertainment was rendered. St. Luke's Hospital Alumnae Association held its annual meeting on October 18, at the Graduate Nurses' Home, 745 Delaware Avenue. The following officers were elected: President, Camilla B. Fulper; vice-president, Mrs. George Flick; secretary-treasurer, Ruth Paul. After the meeting an alumnae tea was given. The new members were the guests of honor. The 37th Commencement was held at the High School Auditorium at 8 p. m. Fifteen nurses received diplomas. The Ladies' Aid prize of $150 was awarded to Alice Riley; second prize, $50, to Catherine Lemon. The Alumnae prizes of $10 each were awarded to Elizabeth Dutcher, Mary Armstrong, Margaret Owens. The exercises were followed by a reception and dance given by the Ladies' Aid and trustees.

South Dakota: The South Dakota State Nurses' Examining Board will hold an examination for registration of nurses at Pierre, on January 16 and 17, 1923. Applications must be filed with the Secretary, Mrs. Elizabeth Dryborough, Rapid City, at least two weeks in advance of the examination.

Texas: Galveston.—Graduates of the John Sealy Hospital are reported as follows: Bessie Dowson, class of 1922, is supervisor of the Children's Building at the hospital. Chappel Clark, class of 1919, is supervisor of the Halley and Love Sanatorium, Ballinger. Pearl Rye, class of 1919, is night supervisor at the Shawnee City Hospital, Shawnee, Okla.

Utah: The State Association held a meeting on September 6, at the Civic Centre for the purpose of hearing reports from the delegates who attended the Seattle convention. These were given by Daphne Dalton, president of the association; B. Smith, Katherine Brett, Dora Maiben, Rose Peterson, and Miss Browning, giving different interesting phases of the meetings. An address followed by Dr. L. W. Lindsey on Personality. The evening closed with a social hour, refreshments being served by Miss Bettilyon, assisted by two students from each of the hospitals. **Salt Lake City.**—The Holy Cross Hospital Alumnae Association held its annual meeting on October 3, in the Alumnae Hall. Claire Haines, president, gave an excellent report of the convention in Seattle. Reports of committees were given and officers elected: President, Elizabeth Prichard; vice-president, Mary O'Connor; secretary, Ethel Reynolds; assistant secretary, Melva McDonald; treasurer, Marion Hone; directors, Clara Haines and Hazel Galligan. This association publishes an *Alumnae Bulletin,* issued quarterly, an unusually good alumnae publication.

Vermont: The Vermont State Nurses' Association held its semi-annual meeting on October 17, at Proctor. At the opening session, reports were heard from officers, committees, and from delegates who had attended

the Seattle convention. The afternoon session was devoted to a consideration of the new bill to be introduced in the next legislature, "to license all who nurse the sick for hire." The discussion was carried over into the evening session. Alice Shepard Gilman of the Samaritan Hospital, Troy, was present. She pointed out many defects in the present law and recommended many changes, giving the reasons for them. Miss Gilman received a warm welcome and by her clear, concise, sane interpretation of the law, won over many who were opposed to the bill. The whole matter was referred back to the alumnae associations for further discussion. Supper was served by members of the Proctor Hospital Alumnae Association. There was an attendance of sixty-two. The vice-president, Anastasia Correy, presided in the absence in California of the president, Miss Van Patten. **Montpelier.**—The Heaton Hospital Alumnae Association held its annual meeting at Heaton Hospital, October 10. The following officers were elected: President, Eliza Davis; vice-president, Katherine Philips; secretary, Mrs. E. H. Sherburn; treasurer, Pearl Davies.

Wisconsin: The Wisconsin State League of Nursing Education at its meeting in Oshkosh, October 4, elected the following officers: President, Marion Rottman, Mount Sinai Hospital, Milwaukee; vice-president, Mrs. Adelaide Northam, Milwaukee County Hospital; secretary, Cornelia van Kooy, 558 Jefferson Street, Milwaukee; treasurer, Margaret Pakenham, Milwaukee, Eighth District, Ione Lake and Miss Hyirstead entertained the nurses in training and the graduate nurses of the city and vicinity at a Hallowe'en party in the nurses' home of the Riverview Hospital, Wisconsin Rapids. Ninth District.—A directors' meeting of the Ninth District was held in the Red Cross room at Kaukanna following a dinner at the "Tea Room." A report was given of the State meeting recently held at Oshkosh and a membership campaign was organized. Lucy Verity has accepted the position of school nurse for the First and Second districts of Appleton. **LaCrosse.**—St. Francis' Hospital Alumnae publishes an interesting leaflet, *Upward and Onward*. The October number contains the delegate's report of the Seattle convention and many personal items of interest. The officers of the association are: President, Josephine Semsch; vice-president, Alice Fries; secretary, Sister M. Beata; treasurer, Mary A. Regan. **Marshfield.**—St. Joseph's Hospital in its annual report describes its wonderful nurses' home, built during the past year.

BIRTHS

(Birth and Marriage notices should be very plainly written or copied on a typewriter. All should be dated and should come within four months of the date of sending.)

To Mrs. John Craddock (**Claudia Backus,** class of 1920, St. Joseph's Hospital, Chicago), a son, October 16.

To Mrs. Roy Hosier (**Vida Bates,** class of 1921, Christ's Hospital, Topeka, Kas.), a son, October 11.

To Mrs. William Martin (**Violet Blackburn,** class of 1917, Union Hospital, Fall River, Mass.), a son, James, September 29.

To Mrs. Abraham Kahn (**Sophia Brandt,** class of 1921, St. Francis Hospital, Peoria, Ill.), a son, Maurice, October 6.

To **Mrs. James Chapin** (graduate of St. Joseph's Hospital, Far Rockaway, N. Y.), a son, November 6.

To Mrs. J. P. Devin (**Selma Charpier,** class of 1917, Michael Reese Hospital, Chicago), a son, in September.

To Mrs. Harry J. Kastings (**Cathleen Connell,** graduate of Mercy Hospital Hamilton, Ohio), a son, September 29.

To Mrs. John Gibney (**Alice Cote,** class of 1921, Union Hospital, Fall River, Mass.), a daughter, Patricia, November 4.

To Mrs. Joseph Dufresne (**Katheryn Doland,** class of 1913, National Homeopathic Hospital, Washington, D. C.), a son, October 26.

To Mrs. Bertram Simpson (**Lenora Forrest,** class of 1921, Columbia Hospital, Columbia, Pa.), a daughter, Betty Lenora, October 4.

To **Mrs. James R. Greenwood** (House of Mercy, Pittsfield, Mass.), a daughter, Phyllis, August 1.

To Mrs. E. B. Lott (**Ada Hamilton,** class of 1914, Buffalo, N. Y.), a daughter, Virginia Hamilton, September 22.

To Mrs. Carl Anderson (**Mary L. Hanson,** St. Michael's Hospital, Grand Forks, N. D.), a daughter, October 3.

To Mrs. C. L. Rudesill (**Florence E. Harry,** class of 1920, Indiana University Training School, Indianapolis), a daughter, Helen Bwyneth, October 29.

To Mrs. Frank C. Niles (**Pauline Heigham,** class of 1915, St. Luke's Hospital, New York), a daughter, Jane, October 24.

To Mrs. B. R. Allison (**Ruth Hovey,** class of 1914, Presbyterian Hospital, New York), a daughter, Mary, September 6.

To Mrs. Fred Kimmerle (**Dorothy O. Jackson,** class of 1919, Abington Memorial Hospital, Abington, Pa.), a daughter, Anne Virginia, September 3.

To **Mrs. Lanig** (class of 1919, South Shore Hospital, Chicago), a daughter, September 22.

To Mrs. Nathan P. Stauffer (**Mary League,** class of 1921, Presbyterian Hospital, Philadelphia), a son, October 7.

To Mrs. Loyal Harley Britton (**Helen McCain,** class of 1915, Indianapolis City Hospital), a son, Loyal Harley, Jr.,, November 5.

To Mrs. Ed. Laumer (**M. E. McCoy,** St. Francis' Hospital, LaCrosse, Wis.), a daughter, Kathleen Marie, October 22.

To Mrs. William G. Gough (**Louise Mohr,** class of 1915, Lutheran Hospital, Ft. Wayne, Ind.), a daughter, Dorothy Griswold, September 1.

To Mrs. Harry Schurle (**Blanche Noone,** class of 1916, Howard Hospital, Philadelphia), a son, in August.

To Mrs. James Allen (**Anna Marie O'Suskey,** class of 1915, French Hospital, New York), a daughter, in September.

To Mrs. W. H. Calderwood (**Florence B. Owen,** class of 1914, Presbyterian Hospital, New York), a daughter, Jean Margaret, September 1.

To Mrs. B. J. McDivitt (**Esther Parvin,** class of 1913, Lankenau Hospital, Philadelphia), a daughter, Esther Josephine, October 12.

To Mrs. John Thuss (**Gertrude Passmore),** class of 1915, Kesnington Hospital for Women, Philadelphia), a daughter, September 14.

To Mrs. Stanley Todd (**Doris Pelon,** formerly of Grand Forks, N. D.), twin children, James and Edith, August 26.

To Mrs. Meis (**Miss Reisdorfer,** Mercy Hospital, Des Moines, Iowa), a son, November 1.

To Mrs. Underwood (**Eleanor Rentzman,** West Suburban Hospital, Chicago), a son, in August.

To Mrs. R. L. Sweeney (**Lillian Rischworth,** class of 1919, St. Luke's Hospital, St. Paul), a daughter, Lois Juanita, October 10.

To Mrs. Otto Krohn (**Wilma Sanders,** class of 1916, Lenox Hill Hospital, New York), a son, Otto Christian, October 22.

To Mrs. Fred R. Sawyer (**Laura M. Smit,** class of 1917, Iowa State University Hospital, Iowa City), a son, Donald Dean, October 18.

To Mrs. R. L. Gregory (**Clover Strohm,** class of 1917, Protestant Episcopal Hospital, Philadelphia), a daughter, in September.

To Mrs. William Lynch (**Mildred Targett,** class of 1919, Danbury Hospital, Danbury, Conn.), a daughter, in October.

To Mrs. Harold Hull (**Mable Walsh,** class of 1917, Lawrence and Memorial Association Hospital at New London, Conn.), a son, September 2.

To Mrs. Hooley (**Alva Wright,** class of 1920, St. Luke's Hospital, St. Paul), in September, a daughter.

MARRIAGES

Louise J. Beach (class of 1917, Protestant Episcopal Hospital, Philadelphia), to John Fish Park, M.D., September 20. At home, Okmulgee, Oklahoma.

Gertrude Bedford (class of 1921, Joseph Price Hospital, Philadelphia, Pa.), to Daniel Crowley, October 10. At home, New London, Conn.

Elizabeth Block (Visiting Nurse Association, Chicago), to L. S. Thomas, in September.

Helen Brown (class of 1922, St. Francis Hospital, LaCrosse, Wis.), to Edward Horihan, in September.

Annie Bugy (Providence Hospital, Beaver Falls, Pa.), to Mr. Misley, August 2. At home, Uniontown, Pa.

Marie Burne (class of 1920, French

Hospital, New York), to William J. Mahar, August 7. At home, New York.

Mimi Burtis (class of 1920, St. Joseph's Hospital, Far Rockaway, N. Y.), to Harvey Klein, October 5.

Irine Carlson (class of 1920, St. John's Hospital, Red Wing, Minn.), to William Whittleton, October 10. At home, Taylor Falls, Minn.

Bessie Ely Carmany (class of 1909, Protestant Episcopal Hospital, Philadelphia), to Barrett Conner Catlin, M.D., October 5. At home, Baltimore, Md.

Olivia Carney (class of 1917, Augustana Hospital, Chicago), to Mr. Cratty, October 22.

Maud Chapel (class of 1919, Lawrence and Memorial Association Hospital, New London, Conn.), to Louis Dexter, October 3. At home, Hartford, Conn.

Charlotte Comey (class of 1922, J. C. Proctor Hospital, Peoria, Ill.), to Hutson Meyer, August 15. At home, Peoria, Ill.

Ada J. Cornell (St. John's Hospital, Yonkers, N. Y.), to Donald Lainhart, October 24. At home, West Palm Beach, Fla.

Margaret E. Cullen (class of 1914, Massechusetts Homeopathic Hospital, Boston), to Milton J. Quinn, M.D., September 6. At home, Brooklyn, N. Y.

Alice M. Dawson (St. John's Riverside Hospital, Yonkers, N. Y.), to Anton G. Kleine, October 24. At home, Yonkers, N. Y.

Dorothy Diggles (class of 1921, Protestant Episcopal Hospital, Philadelphia), to Lawrence Painter Fessler, October 11. At home, Johnstown, Pa.

Lois Hildegarde Donaldson (class of 1922, French Hospital, New York), to D. C. Barry, September 21. At home, New York.

Helen R. Dooley (class of 1900, Orange Memorial Hospital, Orange, N. J.), to William A. Rowe, November 2. At home, Weehawken, N. J.

Marjorie F. Duggan (class of 1922, House of Mercy, Pittsfield, Mass.), to Thomas J. Donovan, in September. At home, Pittsfield, Mass.

Nora B. Dunlea (class of 1918, St. Vincent's Hospital, Norfolk, Va.), to William Loyd, M.D., October 25. At home, Ferrum, Va.

Adeline DuVal (St. Mary of Nazareth Hospital, Chicago), to W. W. Albers, Jr., November 1. At home, Wausau, Wis.

Lettie C. Dykes (class of 1921, Wyoming General Hospital, Rock Springs, Wyo.), to Oswald S. Adams. At home, Pasadena, Cal.

Dorothy Erdman (class of 1918, Michael Reese Hospital, Chicago), to Elmer Evenson, August 5. At home, Cleveland, O.

Christine Evey (class of 1922, J. C. Proctor Hospital, Peoria, Ill.), to Jack Lonesdale, August 12. At home, Peoria, Ill.

Alma Finke (class of 1915, Luththan Hospital, Fort Wayne, Ind.), to Leslie R. Mason, September 19.

Emma Dewees Foust (class of 1915, Kensington Hospital, for Women, Philadelphia), to W. Harrison Hall, September 14. At home, Glenside, Pa.

Margaret Gates (class of 1918, Providence Hospital, Beaver Falls, Pa.), to Benedict L. Ganz, August 18. At home, New Brighton, Pa.

Susanna George (class of 1916, Youngstown Hospital, Youngstown, O.), to Douglas Hines, November 2. At home, Sidney, Nova Scotia.

Delia Gould (St. Francis Hospital, Peoria, Ill.), to Clifford Paschal, October 5.

Alma Gordon (class of 1919, Long Island College Hospital, Brooklyn, N. Y.), to George H. Roberts, September 18. At home, Brooklyn, N. Y.

Ella S. Greely (class of 1897, Protestant Episcopal Hospital, Philadelphia), to J. Bonsall Taylor, September 6. At home, Merion, Pa.

Gwendolyn Green (class of 1919, Presbyterian Hospital, New York), to W. LeRoy Brown, August 22.

Serena Hankins (class of 1922, Presbyterian Hospital, New York), to Horace Ashburn, M.D., October 18.

Anne Marie Hansen (class of 1921, Greenwich Hospital, Greenwich, Conn.), to Walter Sloat, in August.

Marie O. Hanson (class of 1915, St. John's Hospital, Red Wing, Minn.), to Arthur A. Johnson, October 9. At home, Red Wing, Minn.

Mildred Mary Hiscox (Jewish Hospital,

Cincinnati), to F. Addison Sellery, M.D., November 4. At home, Toronto, Canada.

Belva H. Hudson (class of 1910, Columbia Hospital, Columbia, Pa.), to Ben Atkinson, September 27. At home, Los Angeles, Cal.

Mary L. Hughes (class of 1918, Proctor Hospital, Proctor, Vt.), to James Scott, October 7.

Doris Johnson (class of 1922, St. Luke's Hospital, St. Paul, Minn.), to A. Papke, September 20. At home, St. Paul, Minn.

Helen Johnston (class of 1921, St. Francis Hospital, San Francisco, Cal.), to Richard Todd, September 5.

Ecce Morrison Judd (Harper Hospital, Detroit, Mich.), to Miller Wilmot, October 14.

Lillian M. Kilburn (class of 1922, Massachusetts Homeopathic Hospital, Boston), to James Aiken, October 4.

Ruth King (class of 1921, St. Luke's Hospital, St. Paul, Minn.), to Ray Gooch, September 6. At home, St. Paul.

Mary C. Krepps (class of 1918, J. C. Blair Memorial Hospital, Huntingdon, Pa.), to Samuel Howard Shelley, September 5. At home, Altoona, Pa.

Alma Loeblich (class of 1916, St. John's General Hospital, Pittsburgh, Pa.), to Clarence N. Mardorf, October 7.

Winifred Malone (class of 1921, Mercy Hospital, Hamilton, Ohio), to John Geiser, September 4.

Marion Marsh (class of 1917, Greenwich Hospital, Greenwich, Conn.), to William Walsh, in October.

Mildred McNickle (class of 1920, Presbyterian Hospital, New York), to George A. Fredericksen, September 21.

Margaret Miller (class of 1918, Grant Hospital, Chicago), to Paul Cooper, in November.

Jean Murray (class of 1920, House of Mercy, Pittsfield, Mass.), to Robert W. Wiser, August 12. At home, Chicago.

Sadie Newman (class of 1917, Children's Memorial Hospital, Chicago), to Elmer Strand, in September. At home, Chicago.

Sophie Olson (class of 1915, City and County Hospital, St. Paul), to Frederick Hein, September 24. At home, St. Paul, Minn.

Josephine O'Sullivan (class of 1920, United Hospital, Port Chester, N. Y.), to Lorenzo Gaucher, M.D., September 30.

Irene Owens (class of 1918, Youngstown Hospital, Youngstown, O.), to Ralph Jurey, M.D., August 16. At home, Youngstown, O.

Amanda Palmquist (class of 1918, Wesley Memorial Hospital, Chicago), to Max Erlich, M.D., in September.

Linette A. Parker (class of 1905, Union Hospital, Fall River, Mass.), to Henry LaGier, October 4. At home, Lakewood, N. J.

Florence Parvott (class of 1919, Michael Reese Hospital, Chicago), to Arthur Liebig, in October.

Alice Paul (Mercy Hospital, Des Moines, Ia.), to John Hardiman, October 30.

Effie Savage (class of 1921, Garfield Park Hospital, Chicago), to Fredrick Gates, in October. At home, California.

Alfrieda Schneider (class of 1916, Mercy Hospital, Davenport, Iowa), to Sam Hershal, in October.

Ella Julia Schulze (class of 1921, Jos. Eastman Hospital, Indianapolis), to Harry V. Jones, November 10. At home, Indianapolis, Ind.

Matilda Schwenke (class of 1921, Garfield Park Hospital, Chicago), to Frederick Smith, M. D., in August.

Anna C. Smedley (class of 1919, Broad Street Hospital, Oneida, N. Y.), to Dennis Leroy Mackey, October 23. At home, Oneida, N. Y.

Ada Smith (class of 1920, Danbury Hospital, Danbury, Conn.), to Lester Rutherford, in October.

Charlotte A. Smith (class of 1917, Massachusetts Homeopathic Hospital, Boston), to Ross Harold Varney, September 30. At home, New York.

Edith Josina Spencer (class of 1920, Memorial Hospital, Roxborough, Philadelphia, Pa.), to Harry Dale Stoneburg, October 11.

Frances Spurling (class of 1904, Massachusetts Homeopathic Hospital, Boston), to Albert S. Briggs, M.D., September 23.

Georgia Rebecca Stabley (class of 1909, Lankenau Hospital, Philadelphia), to Harry Shelley, November 11. At home, Wilmington, Del.

Ellen Standard (class of 1921, Saints Mary and Elizabeth Hospital, Louisville, Ky.), to L. W. Langley, October 17. At home, Louisville, Ky.

Viola Stickles, to George Robinson, September 2. At home, Pittsfield, Mass.

Martha Suckert (class of 1920, Methodist Hospital, Peoria, Ill.), to Dr. Fitch, August

Marguerite Frances Sullivan (class of 1917, Lawrence and Memorial Association Hospital, New London, Conn.), to John McGinnis, September 29. At home, Pawtucket, R. I. 2. At home, Tremont, Ill.

Edna Swanson (Iowa Lutheran Hospital, Des Moines, Iowa), to F. Hawlen, in September.

Gertrude Tafel (class of 1912, Biedler-Sellman Hospital, Baltimore, Md.), to Arthur Sennestvedt, September 2. At home, Philadelphia, Pa.

Mildred Todd (class of 1917, Children's Memorial Hospital, Chicago), to Mr. Hansen, August 22. At home, Porto Rico.

Anna L. Trostle (class of 1921, South Side Hospital, Pittsburgh, Pa.), to C. M. Thomas, M.D., October 2. At home, Pittsburgh.

Dorothy Voorhees Watkins (class of 1922, Presbyterian Hospital, New York), to William L. Conrad, September 23.

Edna Mae Wenger (class of 1914, Jewish Hospital, St. Louis), to Clay E. Martin, August 7. At home, Ponco City, Okla.

Harriet Wichard (class of 1921, Mercy Hospital, Hamilton, Ohio), to Russell Zellers, September 6.

Leona A. Wiese, to Walter J. Jones, M.D., November 8. At home, La Crosse, Wis.

Mona Williams, East Aurora, N. Y., to Richard K. Lamb, October 7.

Bessie Yellowfish (class of 1922, Christ's Hospital, Topeka, Kas.), to Clay Williams, September 25.

Lena H. Young (class of 1921, St. John's Hospital, Red Wing, Minn.), to Mautan Vaxland, October 14. At home, near Kengen, Minn.

Belle Ziegler (class of 1903, Long Island College Hospital, Brooklyn, N. Y.), to Arthur Rines, September 9. At home, Cleveland, O.

Agnes Zidek (class of 1919, St. Joseph's Hospital, Chicago, Ill.), to Jean Marchi, October 14.

DEATHS

May Adamson (graduate of Mercy Hospital Training School, Chicago), died at the U. S. Veterans' Hospital No. 68, Minneapolis, following a serious operation. The death of Miss Adamson will be an irreparable loss to her many friends.

Nelle Davies (class of 1916, Ottumwa Hospital, Ottumwa, Iowa), at the Colonial Hospital, Rochester, Minn., October 18, of tumor of the brain. Miss Davies had been taken from Ottumwa to the Mayo Clinic in hope of aid, but the diagnosis of the Ottumwa doctors was confirmed. After graduation, Miss Davies did private nursing until December, 1917, when she enlisted in Unit R of Southeastern Iowa, was sent to Camp McArthur, Waco, Texas, for two months, from there she was sent overseas, where she served fourteen months with Base Hospital 32 at Contrexeville, France. Miss Davies was a member of the O. B. Nelson Post of American Legion, of which she also was historian. Miss Davies was honorably discharged April, 1919, after which she did private nursing until March, 1922, when she entered the Warshman School of Embalming in Chicago, graduating September 1, 1922. Miss Davies was capable and efficient, never avoiding responsibility, and never hesitated in the performance of her duty. She possessed a winning personality and was loved by all who knew her. Miss Davies was buried with military honors, funeral services being held at the First Baptist Church. Col. J. F. Clarke of Fairfield, Iowa, and Major J. F. Herrick of Ottumwa spoke at the services of the good care, the kindness and sympathy she gave to the wounded soldiers while in service in France. The nurses and her friends from far and near came to pay their last tribute.

Bertha Erdman (class of 1900, St. Barnabas Hospital, Minneapolis), at University Hospital, November 5, after an illness of about ten years. Miss Erdman was active in all of the original organization work of Minneapolis and Minnesota, and retained a keen interest in nursing affairs. She was for a time Superintendent of Nurses in the Gen-

eral Hospital, Minneapolis, after which she prepared herself by a year's study at Columbia University, to undertake the superintendency of the newly organized School for Nurses at the University of Minnesota. She remained there several years, and then became organizer of training schools in North Dakota, with headquarters at the University. She was the organizer and the first president of the North Dakota State Nurses' Association. She was the author of the nurses' registration bill of North Dakota. During this time her health failed and she moved to Colorado, where she lived for twelve years, at first very ill, and then against overwhelming odds, she held several positions of responsibility, one of the last being at Glockner Sanitarium. Some weeks ago she returned to the University Hospital, where she spent her last days. Her life was one of concentrated devotion to the promotion of the highest ideals of our profession, and many friends will remember her as a worthy example of the best in nursing.

Mary Gavagan (class of 1898, Hospital of St. Barnabas, Newark, N. J.), suddenly, on October 14, at Newark, N. J. Miss Gavagan had done private nursing since graduation until within the last four years, when she was connected with the Newark City Hospital. She will be greatly missed by her many friends. Services were held at the chapel of the Hospital of St. Barnabas, Newark, and were conducted by the Chaplain.

Jeannette Gillman (class of 1925, Evangelical Deaconess Hospital, Detroit, Michigan), November 9, following an operation. Miss Gillman will be remembered by all who knew her for her unselfish devotion to her work, and to her friends. A short service, attended by the nurses of the training school, the staff doctors, and her immediate family, was held in the chapel of the hospital before the body was taken to her home in Sidney, Ohio, for burial.

Louise Hahn (class of 1886, Indianapolis City Hospital, Indianapolis, Indiana), in Los Angeles, California, on October 8. Miss Hahn and her sister, Anna, also a graduate of the Indianapolis City Hospital, were the first trained nurses in Los Angeles. Anna Hahn had died there some years ago. Miss Hahn had not been in active service for a number of years, but had always kept in touch with her Alumnae Association and her very interesting letters will be greatly missed by the Alumnae members.

Mrs. A. W. Hagan (**Bessie Mina Hunter,** class of 1918, St. Luke's Hospital, Jacksonville, Fla.), at her home in Orlando, Fla., September 21, after an illness of several months. Mrs. Hagan was born in Highland Springs, Fla., May 6, 1897. Attended school in Bevard, N. C. She was night supervisor of nurses in the Warren City Hospital, Warren, O., also of Presbyterian Hospital in New Orleans, La. She entered the U. S. Public Health Service and was assigned to Hospital No. 63 in Lake City, Fla.

Helen Mack (class of 1913, Blodgett Memorial Hospital, Grand Rapids, Mich.), overseas nurse with Unit Q for nearly two years, died recently at the Detroit Tuberculosis Sanitarium. She was superintendent of Belknap Hospital of Greenville from 1913 to 1916. For a year after leaving Greenville, she was night superintendent at Blodgett Hospital before going overseas. She served until the close of the war, taking a postgraduate course at Bellevue, New York, in 1919. Returning to Blodgett Hospital as Instructor, late in 1919, she remained in this capacity and as floor supervisor until taken ill in 1921. Burial was at Fairplains cemetery.

Mabel Noyes (class of 1911, Cooley Dickinson Hospital, Northampton, Mass.), on October 5, at Saranac Lake, N. Y., after a long illness. Miss Noyes joined the Red Cross upon graduation and was sent as an army nurse to Fort Bayard, New Mexico, and the Letterman General Hospital, San Francisco. In 1913, she took a postgraduate course at the New York Eye and Ear Infirmary, and was in charge for some time of the Massachusetts Eye and Ear Infirmary, Boston. In 1915, she went with the Harvard Unit to Belgium, was charge nurse in Dr. Cabot's operating room for some time, doing superhuman work at times. In September, 1916, she was sent home for a six months' rest, returning to Casualty Clearing Camp in February, 1917. The hospital was frequently bombed and many casualties occurred. In

August, 1917, Miss Noyes became ill with pneumonia, complicated with pleural effusion, and was desperately ill for months at St. Omer and Weinnereaux. Upon regaining some degree of health she took a social service course at Simmons College, Boston, and upon completion was established at Newburyport, Mass., where for one year she did faithful, conscientious work, endearing herself to all with whom she came in contact. At the end of the year, with health completely broken down, she went to Saranac Lake, vainly hoping to improve. She made a brave, always cheerful fight. She left no near relatives. The local post of the American Legion placed the Stars and Stripes upon her casket. A nurse accompanied her to Boston. "From Flanders fields to Saranac Lake—from heroism and self-sacrifice to the grasp of the white plague—such was the transition of Mabel Noyes."

Juanita Slauter, of Orlando, Florida, on October 2. The members of the Central Florida Registered Nurses' Club feel that they have lost one of their most faithful and efficient members.

Maleska O. Wood (class of 1873, New England Hospital for Women and Children, Boston, Mass.), at the age of 75 years, at the home of her sister, Mrs. S. H. Clark, Laconia, N. H. Miss Wood was one of the first five nurses to graduate from this hospital. After graduation she took a postgraduate course at Bellevue Hospital, New York.

The Nurses' Club of Teachers College has recorded in formal resolutions its profound sorrow on learning of the death of Vilma Cerna, expressing its belief that the beauty of her character, her steadfastness of purpose, her zeal for service, and her high idealism will long remain an inspiration. (Miss Cerna's death is noted in the Department of Red Cross Nursing, page 206.)

THE 1923 CALENDAR IS READY

You will want this calendar. It is attractive. It is useful. It is inspirational because it carries brief biographical sketches of twelve nurses who were co-workers of the twelve Pioneers pictured in the calendar of 1922. Many nurses will want it because it carries the pictures of well loved friends. Many others will want it for its historical value. It should hang in training school offices and class rooms. It should be used by instructors of history of nursing. It will help busy superintendents develop discussions in classes on ethics, for here are nurses whose lives furnish many examples of self-abnegation, of courage, of heroic and persistent devotion to the upbuilding of our profession. The new calendar is ready for distribution. Single calendars are $1.00. Shipments of 50 or over, delivered to one address, will be 75c per copy. Make checks and money orders payable to the National League of Nursing Education and send your order to Miss R. Inde Albaugh, 370 Seventh Avenue, New York City. The League needs your support and will use the proceeds to maintain and develop its important work.

BOOK REVIEWS

FLORENCE NIGHTINGALE. A PLAY IN THREE ACTS. By Edith Gittings Reid. The Macmillan Company, New York. Price $1.25.

The Florence Nightingale Play Competition, one of the many efforts to commemorate Florence Nightingale's centennial, resulted in twenty-eight plays being submitted to the Committee appointed to study them and award the prize of $500 offered by the Central Council for Nursing Education. This Committee consisted of Mrs. Minnie Maddern Fiske, Marylka Modjeska, granddaughter of the famous actress, Alice Beer, and Lillian D. Wald,—persons whose fitness for the task was unquestionably great. The play submitted by Professor Harold Newcomb Hillebrand, of the University of Illinois, was awarded the first prize. Much as we would like to read this play, it has not been published. A second play, "Florence Nightingale," by Edith Gittings Reid was awarded honorable mention. It is a happy privilege to have this fine study in attractive book form. Far be it from me to question the judgment of the Committee, but it is difficult to conceive of a more sympathetic presentation of Florence Nightingale's character and work than Miss Reid's. It is a clear-cut, vivid picture that does justice to Florence Nightingale's superb qualities and achievements, and shows remarkable insight and understanding of her personality. Through it all runs a strain of dignified restraint that one fancies Florence Nightingale herself would approve.

It is easy and pleasant to picture student nurses presenting this play on various festive occasions, possibly as part of a Christmas programme, or as a new and unique Commencement exercise, and best of all it will help them to catch the spirit of our great leader. The foreword is worth reading many times, in fact it almost challenges memorizing because of its inspirational value.

CAROLYN E. GRAY, R.N.,
Western Reserve University, Cleveland, O.

PERSONAL HYGIENE APPLIED. Jesse Feiring Williams, A.B., M.D., Associate Professor of Physical Education, Teachers College, Columbia University, New York. Illustrated. W. B. Saunders Company, Philadelphia. Price $2.50.

There are times when one is almost tempted to agree with the irritated lecturer who stated that "the world is suffering badly from health fads and faddists," but even a cursory examination shows this book to be free from fads, and convinces one that the author is anything rather than a *faddist*.

Without doubt interest in health today is very great. This is as it should be, for the value of health cannot be overestimated provided it is not made an end and aim in itself, but rather a means to a fuller life of worth-while service. The great value of this extremely readable book is that it aims to set forth the rules of health and to connect them with "the deep and ever-flowing source of human action where ideals, ambitions, attitudes, prejudices, hopes and aspirations are born."

It is planned for college students, not only those whose special interest centers

on the promotion of positive health and the prevention of disease, but also for students of sociology, philosophy and education. It also aims to meet the need of physicians, teachers, nurses, and social workers who so frequently require a book that they may recommend to parents or patients in need of some guide to right living.

The first five chapters present a philosophy of life in terms of aims and goals, and attempts to connect such philosophy with the problems of human living. The remaining nineteen chapters present hygiene from its scientific side, stressing always the unity of mind and body, and the harmony of life. The problem of human living is "to adjust a rather primitive biologic organism to a complex, civilized society, and to shape society to provide for man's essential biologic and social needs."

This book is a very valuable contribution to the solution of this problem; and a careful study of it, carried over into habits of right living, will go far toward helping us to rid ourselves of "health fads and faddists."

Carolyn E. Gray, R.N.,
Western Reserve University, Cleveland, O.

Signs of Sanity and Principles of Mental Hygiene. By Stewart Paton, M.D. Charles Scribner's Sons, New York. Price $1.50.

Like all of Paton's books, the above is impossible to review adequately in a limited space. As its title suggests, "Signs of Sanity" deals with the ingredients of individual organization that make for a well-balanced personality. Mind is not treated as the exclusive product of brain, but as the expressive output in behavior of the whole individual, (somatic, endocrine, psychobiological). "Sanity measures the physical and mental qualities that enable a person to face critical situations in life successfully, and not merely to sit down and think about them."

In language understandable to the laymen, Dr. Paton describes the characteristics of healthy adjustment found in "The Sound Body" and in "Soundness of Mind." These chapters stress a fact which apparently escapes a large number of people, and that is that the final test of a sound mind is sane conduct, not merely intelligent thinking.

The concluding chapter, "The Principles of Mental Hygiene," is devoted to a sketch of various kinds of preventive psychiatric work which is being done in this country by the National Committee for Mental Hygiene, and by other agencies, particularly those which have to do with child problems. The author calls attention fearlessly to the great opportunities for such constructive work which are being missed by our schools and colleges who feed their students to such an extent on "information pie" "that they constantly suffer from mental or other symptoms of intellectual indigestion. * * * The extreme high tension of our American life, combined with the crowded curricula and the variety of extra-academic interests, all tend to produce conditions in our schools and universities that are unfavorable for acquiring the art of sane, as well as original and creative thinking."

This book should be in the library of the teacher, the nurse, the social worker, the physician, and anyone else who has the privilege of contributing a bit toward

the moulding of public opinion. It will prove particularly helpful to those who have been accustomed to think of insanity in terms of brain physiology and inheritance.

ESTHER LORING RICHARDS, M.D.
Associate Professor of Psychiatry, Johns Hopkins University.

ELEMENTS OF SCIENTIFIC PSYCHOLOGY. By Knight Dunlap. C. V. Mosby Company, St. Louis. Price $3.50.

The title is arresting, for do we not expect all psychology to be scientific? Perhaps the author wishes to part company at once with the self styled psychologists who offer to improve your memory one hundred per cent in a single evening, or to heal all manner of troublesome diseases by discovering sex complexes. Dunlap tells us definitely that it is in the objective method of the laboratory preferably to armchair introspection, and in the "world of real objects and real activities" rather than a "peculiar world of psychic objects" that he finds justification for the adjective,—scientific. Indeed, the emphasis upon description of sensation processes and the constant mention of laboratory instruments by name reveal the author's own interests. Occasionally he assumes too detailed a knowledge on the part of his readers, both in the off-hand mention of theories, or apparatus, or in the use of terms which may necessitate the help of a dictionary. True, a nurse may interpret rhigotic, thalpotic, and epicritic sensitivity better than many a college student, but anacusia, anopsia, and sinusoidal curves may discourage both of them.

Six chapters deal with sensory processes and one more with perception. Six more treat the various forms of thinking, acting, and feeling; one is devoted to the mechanisms of the nervous system. Some few investigators are briefly mentioned, for instance, Mrs. Ladd-Franklin, and Cannon, but one is struck with the general absence of citation of any authorities, or even any reference to eminent psychologists. However, a classified list of reference books is given in an appendix, so that their existence is not totally ignored. Another appendix gives an excellent summary of the mental diseases and defects most commonly met.

The reader should not expect more than scant suggestions of applications of psychology to education, to nursing, to industry, etc., for these the author has purposely omitted, preferring to give a preliminary outline treatment, mostly descriptive. As a text for class use it would serve as a "first book" to be very definitely followed by a second along some special or applied line, and to be accompanied and supplemented by class demonstration and the use of many charts and diagrams. As one of several books of reference, it will be welcome on our shelves, valuable for its full and up-to-date information on the simpler psychic processes.

MARY T. WHITLEY,
Teachers College, New York.

BOOKS RECEIVED

GLANDS IN HEALTH AND DISEASE. By Benjamin Harrow, Ph.D. E. P. Dutton and Company, New York. 218 pages. Price $2.50.

NUTRITION AND SPECIFIC THERAPY. By Dorothy E. Lane. The Macmillan Company, New York. 185 pages. Price $1.50.

OFFICIAL DIRECTORY

Headquarters American Nurses' Association.—370 Seventh Avenue, New York City. Office Director, R. Inde Albaugh.

The American Journal of Nursing Company.—President, S. Lillian Clayton, Philadelphia General Hospital, Philadelphia, Pa. Secretary, Elsie M. Lawler, Johns Hopkins Hospital, Baltimore, Md. Main Office, 19 West Main Street, Rochester, N. Y. New York Office, 370 Seventh Avenue.

The American Nurses' Association.—President, Adda Eldredge, Bureau of Nursing Education, Board of Health, Madison, Wis. Secretary, Agnes G. Deans, 4924 Buckingham Court, St. Louis, Mo. Treasurer, V. Lota Lorimer, 1238 West Lake Avenue, Lakewood, Ohio. Sections: **Private Duty,** Chairman, Frances M. Ott, Morocco, Ind. **Mental Hygiene,** Chairman, May Kennedy, Dunning, Ill. **Legislation,** Chairman, Roberta M. West, Room 150, 34 S. 17th Street, Philadelphia, Pa. **Committee on Revision,** Chairman. Sarah E. Sly, Birmingham, Mich. **Relief Fund Committee,** Chairman, Elizabeth E. Golding, 317 West 45th Street, New York, N. Y. Treasurer, V. Lota Lorimer, 1238 West Lake Avenue, Lakewood, O.

The National League of Nursing Education.—President, Laura R. Logan, General Hospital, Cincinnati, O. Secretary, Martha M. Rusell, 317 West 45 Street, New York. Treasurer, Bena M. Henderson, Children's Memorial Hospital, Chicago, Ill.

The National Organization for Public Health Nursing.—President, Elizabeth G. Fox, 3800 14th Street, N. W., Washington, D. C. Director, Anne Stevens, 370 Seventh Avenue, New York.

Isabel Hampton Robb Memorial Fund Committee.—Chairman, Elsie M. Lawler, Johns Hopkins Hospital, Baltimore, Md. Treasurer, Mary M. Riddle, 223 Newbury Street, Boston, Mass.

Director, Department of Nursing, American Red Cross.—Clara D. Noyes, Care American Red Cross, Washington, D. C.

Army Nurse Corps, U. S. A.—Superintendent, Major Julia C. Stimson, Office of the Surgeon General, Army Corps Division, War Department, 19th and B Streets, Washington, D. C.

Navy Nurse Corps, U. S. N.—Superintendent, Lenah S. Higbee, Bureau of Medicine and Surgery, Department of the Navy, Washington, D. C.

U. S. Public Health Service Nurse Corps.—Superintendent, Lucy Minnegerode, Office of the Surgeon General, U. S. Public Health Service, Washington, D. C.

Nursing Service, U. S. Veterans' Bureau.—Superintendent, Mrs. Mary A. Hickey, Hospital Section, U. S. Veterans' Bureau, Washington, D. C.

Department of Nursing and Health, Teachers College, New York.—Director, M. Adelaide Nutting, Teachers College, Columbia University.

STATE ORGANIZATIONS OF NURSES

Alabama.—President, Elizabeth LaForge, 207 City Hall, Birmingham. Secretary, Catherine A. Moultis, 1032 Elm Street, Birmingham. President examining board, Helen MacLean, 2430 North 11th Ave., Birmingham. Secretary, Linna H. Denny, 137 N. 60th St., Birmingham.

Arizona.—President, Rose Benenato, Phoenix. Secretary, Mrs. Regina Hardy, Tucson. President examining board, Edith P. Snowden, Phoenix. Secretary, Gertrude F. Russell, State House, Phoenix.

Arkansas. — President, Frankie Hutchinson, 310 West 12th Street, Little Rock. Secretary, Mrs. Thomas Cheska, Pine Bluff. President examining board, M. D. Ogden, M.D., Little Rock. Secretary-treasurer, Frankie Hutchinson, 310 West 12th Street, Little Rock.

California.—President, Mrs. E. B. Conzelmann, State Hospital, Stockton. Secretary, Mrs. J. H. Taylor, Route A, Galt. Director, Bureau of Registration of Nurses, Anna C. Jamme, 724 Wells Fargo Building, San Francisco.

Colorado.—President, Mrs. Eda M. Pine, 301 West Ormon Avenue, Pueblo. Secretary, Jessie D. Stewart, 220 E. Yampa Street, Colorado Springs. President examining board, Blanche I. Lewis, 1116 East Boulder Street, Colorado Springs. Secretary, Louise Perrin, State House, Denver.

Connecticut. — President, A. Elizabeth Bigelow, 69 East Main Street, Meriden. Secretary, Elizabeth C. Blenkhorn, Hartford Hospital, Hartford. President examining board, Martha P. Wilkinson, 34 Charter Oak Avenue, Hartford. Secretary, Mrs. Winifred A. Hart, 109 Rocton Avenue, Bridgeport.

Delaware.—President, Mary A. Moran, 1313 Clayton Street, Wilmington. Secretary, Anna W. Jones, 911 Delaware Avenue, Wilmington. President examining board, Harold L. Springer, M.D., 1013 Washington Street, Wilmington. Secretary, Mary A. Moran, 1313 Clayton Street, Wilmington.

District of Columbia.—President, Ida F. Butler, American Red Cross, Washington. Secretary, Katherine Holmes, American Red Cross, Washington. President examining board, Margaret Hutchinson, 1337 K Street, N. W., Washington. Secretary-treasurer, Mary E. Graham, 1337 K Street, N. W., Washington.

Florida.—President, Lillian Hollohan, Morton F. Plant Hospital, Clearwater. Secretary, Elizabeth Steil, Riverside Hospital, Jacksonville. President examining board, Anna L. Felting, Box 196, Miami. Secretary-treasurer, Mrs. Louisa B. Benham, Hawthorne.

Georgia.—President, Jane Van De Vrede, 464 North Boulevard, Atlanta. Secretary, Chloe Jackson, 602 Chamber of Commerce, Atlanta. President examining board, Jane Van De Vrede, 464 North Boulevard, Atlanta. Secretary and treasurer, Jean Harrell, 110 Luckie Street,, Atlanta.

Idaho.—President, Mary Brown Lowers, City National Bank Building, Boise. Secretary, Cora W. Palmer, St. Luke's Hospital, Boise. Department of Law Enforcement, Bureau of Licenses, Examiner, Napina Hanley, State Capitol, Boise.

Illinois.—President, Mabel Dunlap, 1531½ Third Avenue, Moline. Secretary, Mae Kennedy, Chicago State Hospital, Chicago. Superintendent of Registration, Addison M. Shelton, State Capitol, Springfield.

Indiana.—President, Ina Gaskill, State Board of Health, Indianapolis. Secretary, Eugenia Kennedy, St. Vincent's Hospital, Indianapolis. President examining board, Elizabeth E. Springer, Huntington County Hospital, Indianapolis. Secretary, Ida J. McCaslin, 501 East Noble Street, Lebanon.

Iowa.—President, Amy Beers, Jefferson County Hospital, Fairfield. Secretary, Nelle Morris, The Summit, D-1, Iowa City. President examining board, C. F. Launder, M.D., Garwin. Secretary, Rodney P. Fagan, M.D., Des Moines.

Kansas. — President, Ethel L. Hastings, Bethany Hospital, Kansas City. Secretary, Caroline E. Barkemeyer, Halstead. President examining board, Sister Catherine Voth, Newton. Secretary-treasurer, Sister Mary Helena, St. Luke's Hospital, El Dorado.

Kentucky.—President, Josephine Meyers, Newport. Corresponding Secretary, Gertrude Bethel, 700 Francis Building, Louisville. President examining board, Sophia F. Steinhauer, Speers Memorial Hospital, Dayton. Secretary, Flora E. Keen, Somerset.

Louisiana.—President, Sara Babb, Charity Hospital, New Orleans. Secretary, Celeste Janvier, 1503 Robert Street, New Orleans. President examining board, J. T. Crebbin, M.D., 27 Cusachs Building, New Orleans. Secretary, J. S. Hebert, M.D., 27 Cusachs Building, New Orleans.

Maine.— President, Margaret Dearness, Maine General Hospital, Portland. Secretary, Louise Hopkins, 246 Essex Street, Bangor. President examining board, Margaret M. Dearness, Maine General Hospital, Portland. Secretary-treasurer, Rachel A. Metcalfe, Central Maine General Hospital, Lewiston.

Maryland. — President, Elsie M. Lawler, Johns Hopkins Hospital, Baltimore. Secretary, Sarah F. Martin, 1211 Cathedral Street, Baltimore. President examining board, Helen C. Bartlett, 04 Reservoir Street, Baltimore. Secretary and treasurer, Mary Cary Packard, 1211 Cathedral Street, Baltimore.

Massachusetts. — President, Carrie M. Hall, Peter Bent Brigham Hospital, Boston. Corresponding secretary, Mary E. P. Davis, 19 Hoyle Street, Norwood. President examining board, Mary M. Riddle, Newton Hospital, Newton Lower Falls. Secretary, Samuel H. Caulderwood, M.D., State House, Boston.

Michigan. — President, Mrs. Barbara H. Bartlett, 329 Science Bldg., Ann Arbor. General secretary, Sarah E. Sly, Birmingham. President examining board, Richard M. Olin, M.D., Lansing. Secretary, Mrs. Helen de Spelder Moore, 206 State Office Building, Lansing.

Minnesota. — President, Irene English, Northern Pacific Hospital, St. Paul. Secretary, Dora Cornelisen, Old State Capitol, St. Paul. President examining board, Jennette M. McLaren, M.D., 803 Lowry Building, St. Paul. Secretary, Dora Cornelisen, Old State Capitol, St. Paul.

Mississippi.—President, Mrs. B. M. Hopper, Mattye Hersey Hospital, Meridian. Secretary, Mrs. James A. Cameron, 511 Bay Street, Hattiesburg. President examining board, Dr. J. H. Fox, Jackson. Secretary-treasurer, Ernestine Bryson, Houston.

Missouri.—President, Mance Taylor, Parker Memorial Hospital, Columbia. Secretary, Bertha Love, Parker Memorial Hospital, Columbia. President examining board, Mrs. Louise K. Ament, Lutheran Hospital, St. Louis. Educational Director-secretary, Harriet L. P. Friend, 620 Chemical Building, St. Louis.

Montana.—President, Margaret Irish, 618 North 23rd Street, Billings. Secretary, Mary Margaret Muckley, Helena. President examining board, E. Augusta Ariss, Deaconess Hospital, Great Falls. Secretary-treasurer, Frances Friederichs, Box 928, Helena.

Nebraska. — President, Lulu Abbot, 847 North 26th Street, Lincoln. Secretary, Cora E. Higgins, 2100 South St., Lincoln, Bureau

of Examining Board, secretary, H. H. Antles, Department of Public Walfare, State House, Lincoln.

Nevada. — President, Mrs. Pearl Prescott, 652 Forest Street, Reno. Secretary, Mrs. Honore M. Donnelley, Box 504, Reno.

New Hampshire. — President, Anna C. Lockerby, Laconia Hospital, Laconia. Secretary, Mrs. Florence M. Knowles, Portsmouth. President examining board, Mae Morrison, Whitefield. Secretary, Ednah Cameron, 8 North State Street, Concord.

New Jersey.—President, Elizabeth J. Higbid, 449 VanHouten Street, Paterson. Secretary, Marie Louis, Muhlenberg Hospital, Plainfield. President examining board, Mary J. Stone, Room 302, McFadden Building, Hackensack. Secretary-treasurer, Elizabeth J. Higbid, Room 302, McFadden Building, Hackensack.

New Mexico. — President, Theresa McMenomin, 417 S. Arno Street, Albuquerque. Secretary, Bertha C. Rowe, 417 S. Arno Street, Albuquerque.

New York.—President, Mrs. Anne L. Hanson, 181 Franklin Street, Buffalo. Secretary, Ella F. Sinsebox, 443 Linwood Avenue, Buffalo. President examining board, Lydia E. Anderson, 461 Washington Avenue, Brooklyn. Secretary, Alice Shepard Gilman, State Education Building, Albany.

North Carolina.—President, Pearle Weaver, Hendersonville. Secretary, Harriet M. Liskoweki, Mary Elizabeth Hospital, Raleigh. President examining borad, Edith A. Kelly, Fayetteville. Secretary-treasurer, Dorothy Hayden, Greensboro.

North Dakota.—President, Sarah Sand, Osgood Flats, Fargo. Corresponding secretary, Esther Teichmann, 720 South 5th Street, Fargo. President examining board, Ethel Stanford, State Sanatorium, Dunseith. Secretary, Mildred Clark, General Hospital, Devils Lake.

Ohio.—President, Grace E. Allison, Lakeside Hospital, Cleveland. Secretary, Grace Bentley, 1299 Ethel Avenue, Lakewood, Chief examiner, Caroline V. McKee, Hartman Hotel Building, Columbus. Secretary, Dr. H. M. Platter, Hartman Hotel Building, Columbus.

Oklahoma.—President, Olive Salmon, Pawhuska. Secretary, Virginia Tolbert, University Hospital, Oklahoma City. President examining board, Mrs. Idora Rose Scroggs, 324 West Grey Street, Norman. Secretary-treasurer, Lela Carr, 915 West 23d Street, Oklahoma City.

Oregon. — President, Grace Phelps, 616 Lovejoy Street, Portland. Secretary, Margaret A. Tynan, St. Vincent's Hospital, Portland. President examining board, Jane V. Doyle, 301 Platt Building, Portland. Secretary-treasurer, Mrs. O. E. Osborne, 512 Oakdale Avenue, Medford.

Pennsylvania. — President, Margaret A. Dunlop, Pennsylvania Hospital, Philadelphia. Secretary-treasurer, Gertrude Heatley, South Side Hospital, Pittsburgh. President examining board, Albert M. Blackburn, M. D., 34 South 17th Street, Philadelphia. Secretary-treasurer, Roberta M. West, Room 150, 34 S. 17 Street, Philadelphia.

Rhode Island. — President, Amy Allison, Rhode Island Hospital, Providence. Corresponding secretary, Edith Barnard, 425 Broadway, Providence. President examining board, Henry C. Hall, M.D., Butler Hospital, Providence. Secretary-treasurer, Lucy C. Ayres, Woonsocket Hospital, Woonsocket.

South Carolina.—President, Frances Bulow, 40 Coming Street, Charleston. Secretary, Annie Meyers, Mercy Hospital, Charleston. Secretary, board of nurse examiners, A. Earl Boozer, M.D., Columbia.

South Dakota.—President, Ellen McArdle, Aberdeen. Corresponding secretary, Carrie E. Clift, Rapid City. President examining board, Clara S. Ingvalson, Flandreau. Secretary-treasurer, Mrs. Elizabeth Drysborough, Rapid City.

Tennessee. — President, Mrs. Dorsey T. Gould, 1305 Edgewood Place, Nashville. Secretary, Annie Feltus, 809 Madison Avenue, Memphis. President examining board, Willie M. McInnis, University of Tennessee, Memphis. Secretary-treasurer, Dr. Reese Patterson, Knoxville.

Texas.—President, Helen Holliday, Baylor Hospital, Dallas. Secretary. A. Louise Dietrich, 1001 E. Nevada Street, El Paso. President examining board, Helen T. Holliday, Baylor Hospital, Dallas. Secretary, Eula Whitehouse, Route 4, Cleburne.

Utah.—President, Daphne Dalton, County Hospital, Salt Lake City. Secretary, Alice Hubbard, Salt Lake County Hospital, Salt Lake City.

Vermont. — President, Elizabeth Van Patten, 433 S. Union Street, Burlington. Secretary, Mrs. Rose A. Lawler, Springfield. President examining board, Donley C. Hawley, M.D., Burlington. Secretary, Mary G. Kane, Montpelier.

Virginia. — President, L. L. Odom, Sarah Leigh Hospital, Norfolk. Secretary, Emily Heard, State Board of Health, Richmond. President examining board, Virginia Thacker, Lewis-Gale Hospital, Roanoke. Secretary-treasurer, Ethel Smith, Craigsville.

Washington. — President, Mrs. W. M.

McKinney, 5502 14th Street, N. E. Seattle. Secretary, Katherine Major, King County Hospital, Seattle. Director of Licenses, Fred J. Dibble, Olympia.

West Virginia. — President, Mrs. Susan Cook, Lock Box 457, Wheeling; home address, Bridgeport, Ohio. Secretary-treasurer, Mrs. R. J. Bullard, Lock Box 457, Wheeling; home address, 510 Catawba Street, Martin's Ferry, Ohio. President examining board, Frank LeMoyne Hupp, M.D., Wheeling. Secretary, Jessie A. Clarke, Ohio Valley General Hospital, Wheeling.

Wisconsin. — President, Agnes W. Reid, Bradley Memorial Hospital, Madison. Secretary, Erna Kowalke, 85 Oneida St., Milwaukee. Director, Bureau of Nursing Education, Adda Eldredge, State Board of Health, Madison.

Wyoming. — President, Ida Mae Stanley, Rock Springs. Secretary, Mrs. Clyde W. Peterson, 2004 Maxwell Street, Cheyenne. President examining board, S. J. McKenzie, St. John's Hospital, Cheyenne. Secretary, Mrs. H. C. Olson, 605 East 21st Street, Cheyenne.

TERRITORIAL ASSOCIATION

Hawaii.—President, Alice M. Yates, 1250 Manumea Avenue, Honolulu. Secretary, Harriet B. Delamere, Queen's Hospital, Honolulu.

HOW DOES YOUR STATE STAND?

The following table shows the rating of each State Association by percentages in a comparison of the membership with Journal subscribers for the month of November:

Over 100%
Oklahoma

Between 70% and 80%
Florida, Alabama, Mississippi, Wisconsin

Between 60% and 70%
South Dakota, Kentucky

Between 50% and 60%
New Mexico, Pennsylvania, West Virginia, Illinois, Ohio, Indiana

Between 40% and 50%
Kansas, Iowa, New Jersey, Virginia, South Carolina, Maine, Delaware, Nebraska, North Carolina

Between 30% and 40%
Arizona, Idaho, Massachusetts, Arkansas, North Dakota, New Hampshire, Georgia, Michigan, Oregon, Minnesota, Texas, District of Columbia

Between 20% and 30%
Wyoming, Nevada, Rhode Island, Connecticut, Washington, Colorado, Missouri, Vermont, New York, Montana, Louisiana, Tennessee, Maryland

Less than 20%
Hawaii, California, Utah

Special Three Months' Offer,—Good Through December Only

To District or Alumnae Associations: We offer you the privilege of soliciting subscriptions for the *Journal* at the regular price,—$3. Retain 50 cents for some special fund of your association and send the balance to the *Journal.* The person appointed to solicit the subscriptions must receive a letter of authorization and subscription blanks from us. *The offer is good only until December 31st.* Act quickly!



THE SPIRIT OF SERVICE

(A description of this painting will be found on page 294)

THE AMERICAN
JOURNAL OF NURSING

VOL. XXIII JANUARY, 1923 No. 4

STIMULUS-RESPONSE BONDS AND STUDY HABITS

BY MAUDE B. MUSE, R.N.
Teachers College, New York City

THE age-old, time-honored shibboleth, "Knowledge is power," weighed in the balance of educational psychology is found wanting. Knowledge is power *only* when it functions in experience. Parrot-like memorizing, routine study of dead languages, and a miserly accumulation of knowledge for knowledge's sake contribute little to the solution of life's problems.

KNOWLEDGE AND NURSING

Mere fact knowledge does not necessarily make a good nurse. Knowledge which functions only upon examination papers is obviously without power to elevate nursing spirit or improve nursing technic. The biggest problem in nursing education today is how to prevent a divorcing of the formal class-room learning from the informal, but equally important, learning afforded daily upon the wards.

The amount and character of the knowledge which should be included in the nursing curriculum has occasioned much discussion recently. Important as this question is, it is even more important to make sure that whatever knowledge the nurse does acquire shall prove usable in the practise of her chosen profession. This will be determined by her *habits of study*, including her habits of supplementing required study on her own initiative.

MERE fact knowledge does not necessarily make a good nurse.

To the extent that a nurse is able to produce and change, to comprehend and control her own and her patient's responses, she may be said to possess the knowledge which is power.

THE MECHANISM OF STUDY HABITS

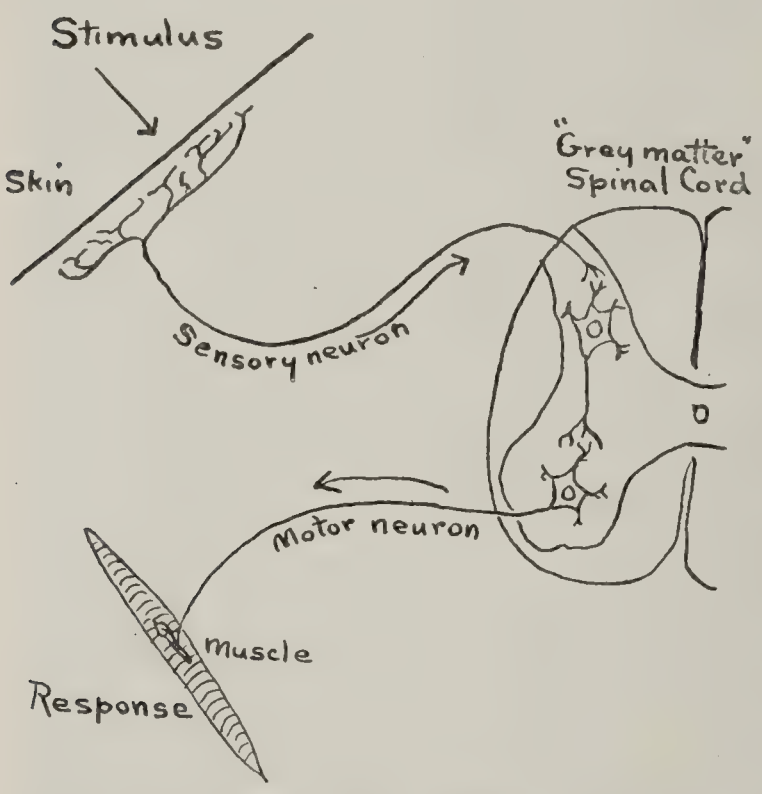
The concept of "the mind" as an intangible something, a separate and self-sufficing entity located somewhere in the human body, is obsolete. A system of habitual reactions resulting from certain physiological changes in the nervous system of man, constitutes what modern psychology designates as "the mind" or the "learning mechanism."

In the study of *mental* reactions in terms of stimulus-response psychology, the nurse is proceeding upon familiar

ground. Mental reactions are practically identical with the motor reactions which she has already studied.

The Reflex Arc

The babe at birth behaves as it does,—breathes, cries, and kicks about,—because of certain *pre-formed* circuits in its nervous system. The nurse is acquainted with these circuits as "reflex arcs." The simplest reflex arc may be represented diagrammatically thus:



When stimulated, these unlearned connections will produce (normally) an unalterable response which can be predicted. For example, a tap on the patellar tendon produces a response known as the knee-jerk, so invariably that its absence is of diagnostic importance.

"S-R Bonds"

Learning is possible because similar *new* connections may be formed by which a given stimulus always tends to produce a given response. These connections both native and acquired are spoken of as stimulus-response bonds, or "S-R bonds."

Human behavior, physical, intellectual, and emotional, is the result of S-R bonds. Such "knowledge" as man acquires is "stored" in his S-R bonds. The names of our friends, our attitudes toward church and state, the solutions of all our former problems, the residue of all our past experience, abide in our S-R bonds.

Plainly the "reflex arc" with its motor or possibly glandular response, is but one form of stimulus-response bond. Perhaps this fact can be made clearer by a familiar illustration. Suppose the nurse pricks her finger on a safety pin in the binder over an infected wound. To the stimulus pin-prick, she makes a characteristic involuntary *motor response,* i. e., jerks her finger away. The stimulus pin-prick is also interpreted as pain, which is a *sensory response.* But since this is by no means her first experience with a pricked finger, she says to herself, "Possibly that pin was infected." She has made an *associative response* to the same stimulus. The response, "infected finger" may in its turn become a stimulus and elicit the response, "Perhaps I should treat the prick with iodine." This is a further association response, and in making the last two responses she has been *thinking.* Should she lie awake all night worrying because she remembers the case of a patient who lost an arm through a pin prick, she has made a *memory response.* This memory response would undoubtedly stimulate an *emotional response* known as fear.

To this possibility of a series of varied and continuous intellectual reactions in response to a single stimulus, is attributed man's superiority over the brute.

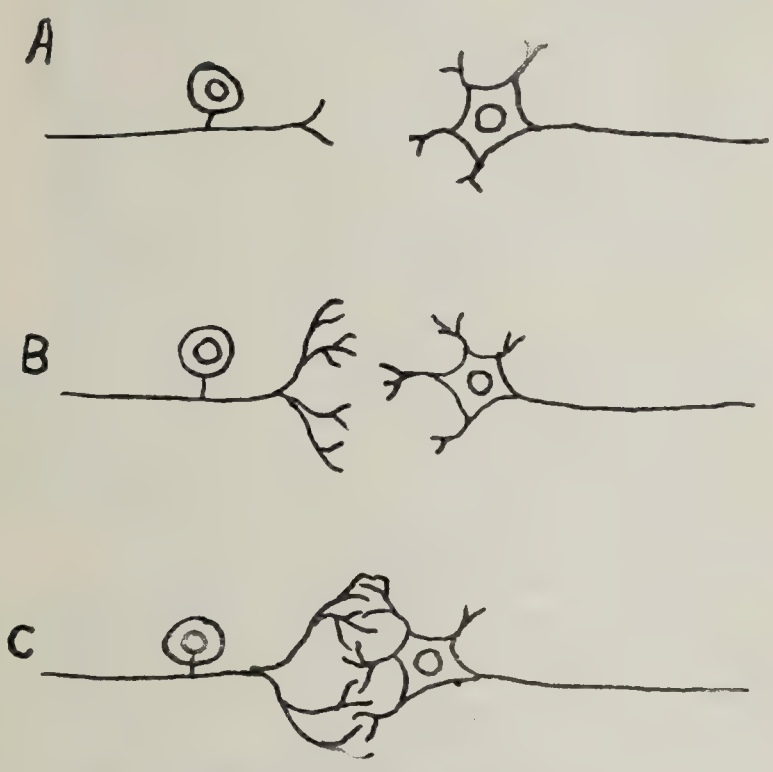
Habits of study which establish stimulus-response bonds between a certain ideational or perceptive response to an external situation so as to make the response serve as a stimulus to awaken a series of useful responses, are our ideal in the learning process.

It may assist the student to understand how habits of study are built up in the nervous system to use the analogy of an electrically equipped dwelling. The house we live in is completely wired at birth, but only a few of its potential circuits are completed; the character of the greater number being left to be determined by the inmate.

Some of the pre-formed "circuits" are modifiable, others are not. Physiological reflexes, like those of digestion, circulation, etc., simple reflexes, like the knee-jerk and cornea reflex and certain ill defined possibilities classed as "general intelligence" appear to be, normally, unalterable. But compound reflexes, known as instincts, and vague potentialities termed "capacities" react with the environment to form *new* circuits. These new circuits are the S-R bonds which constitute learning.

Unlike the inanimate metal wires that carry the enslaved electrical currents which do man's bidding, our protoplasmic nerve wires require no high-priced electrician to tinker up their connections. We perfect our own connections by using them.

As would be expected, the adjustment which completes the circuit takes place *between* the insulated nerve wires which nature laid for us before birth. The point where the non-insulated nerve ends form a potential connection is called a *synapse*. The exact nature of the adjustment which takes place at a synapse to perfect the neural circuit is not known. A popular theory seeks to explain it on a physical basis. It suggests that the "functional contact" necessary to let a nerve impulse pass, results from an increased proximity of the neuron ends as indicated in these diagrammatic drawings:



A. an undeveloped synapse.
B. a well developed synapse, inactive.
C. the same synapse in action, at "attention."

It would be inconvenient if not disastrous, should all of our neural circuits be "connected up" at once, or any of them all the time. Nature has provided against such waste of energy and such hopeless confusion. *Attention* is the switch which completes the circuit. It determines which group, or how many groups, of S-R bonds shall function at one time and to what degree and for how long a period. "Interest" assumes a major responsibility for the regulation of the attention switch.

An electric current may be so regulated as to but slightly stimulate the skin or to electrocute! "Attention" may range from day dreaming to perfect concentration.

An electric current may be directed to produce light, heat, or power. A nerve impulse may also be so directed by attention as to determine the character of the response; therefore it is customary to speak of *sensory attention* and *ideational attention*. The habit of giving ideational attention should be cultivated by students. *Original tendencies* to attend are capitalized in the modern advertisements, the vaudeville houses, cabarets, and moving pictures. A child of three years may give sensory attention to a moving picture and understand very little of what it is all about. Unfortunately much of the boasted attention in the class room is of this character, and yet appears to satisfy both teacher and pupils.

Take a class in Materia Medica where the instructor shows samples of the Nux Vomica flower, fruit, and seeds, and appears to have the absorbed and undivided attention of the entire class. Each student who sees the demonstration makes a *sensory response* to the situation. Probably each student will also notice the resemblance of the fruit to an orange, the seeds to buttons, etc. In which case she has made a *perception response*. Many of the class are likely to cease reacting at this point, but some will recall taking the drug as a tonic and their mouths will pucker at the recollection of its bitter taste. These have added an *affective response*. A few of the students will react still further and, putting two and two together, will make *reasoning responses* and finally a generalization such as: "All tonics are bitter; bitters stimulate the gastric secretions," etc.

In the latter group are the students whose knowledge will prove something besides fodder for examination books. The habit of utilizing the "attention switch" to direct neural activity beyond a mere sensory response is one study habit worth cultivating.

Laws of Habit Formation

Do the "laws of learning" hold good for stimulus-response psychology? They do. The laws of exercise and effect are fundamental and universally accepted.

The Law of Exercise

Exercise should develop a neuron as it does a muscle; which justifies "drill" to fix a mental response as well as a motor reaction. The variations of the law of exercise can only be touched upon here, but the laws of "Primacy," "Recency" and "Intensity" can all be applied to the S-R bond. "Primacy" functions to make certain bonds formed during the period of Probation carry the enduring qualities of some childhood learning. Also, at times, the emotional charge may so increase the intensity of some reactions to hospital environment as to render any repetition unnecessary for learning. For instance, the nurse who once witnesses the prompt treatment of "perforation" in typhoid, will never underestimate the importance of knowing what to look for.

The Law of Effect

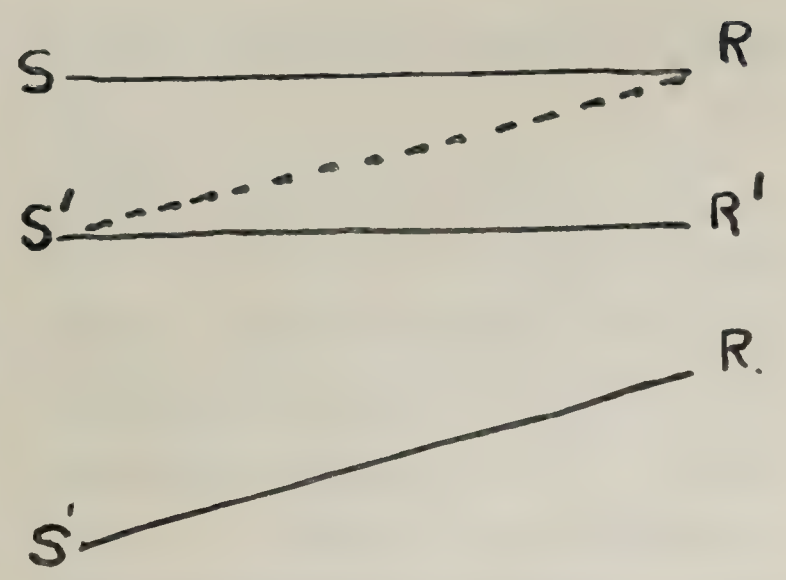
But exercise is not in itself sufficient to account for all learned reactions. It fails to explain why certain existing bonds are exercised and others are not; or to account for the formation of new bonds which connect a given stimulus with a new response, and vice versa. Why does the Probationer who said she "loathed Bacteriology" in college,

soon begin to spend a disproportionate amount of time upon it? To answer these questions we must turn to the *law of effect*. The "original satisfiers and annoyers" which exist in the nervous system at birth are augmented after birth; and that response tends to be made which affords *satisfaction*. Many repetitions with neutral or unpleasant consequences will not fix a habit. But fortunately most people find real satisfaction in a problem solved, a task well done, and therefore continue to think and work. This is especially true when a chosen profession furnishes the "motivating interest." But even these two laws and their numerous corollaries fail to account for all habits.

The Law of Combination

The *law of combination* is suggested as more adequate for stimulus-response psychology than the long popular *laws of association*. Under this law is classed the *conditioned reflex* which proves to be a sort of "change partners" method of re-combining stimuli and responses. It presupposes a strong bond between a given stimulus and a given response occurring simultaneously with another stimulus, linked but weakly with the given response. After a few repetitions the weak stimulus *alone* should produce the given response.

The classic illustration is that of a babe experimented upon by Watson at Johns Hopkins. The infant was "conditioned" to shrink from a rabbit (which originally caused no observable fear) by making a loud noise at the same instant that the rabbit was produced. The process is best illustrated by a simple diagram:



Let. S = situation,—loud noise. R = the innate response, shrinking.

S′ = situation, sight-of-rabbit. R′ = original response, touch-rabbit.

Strangely, this babe was at the same time "conditioned" to other furry animals and even to a fur neck piece.

The nurse will probably find that the *conditioned reflex* will explain some puzzling reactions of her patients. Sick people are hypersensitive to impressions and may be "conditioned" for weal or woe, to a variety of "situations" (including people, treatments, and inanimate objects) and sufficiently to offset their rate of recovery. Even when unavoidable, such reactions should be recognized. Patients who have had an anaesthetic are frequently "conditioned" to the smell of ether for the remainder of their lives.

In Conclusion

Study habits go far towards determining the usefulness of acquired knowledge. Knowledge may be "stored" as isolated S-R bonds in such manner as to appear in response to questions in the Regents' examinations, or like situations, *only*. On the other hand, acquired facts (selected to meet the special needs of the individual and social group) may be so linked up with other relevant facts

as to prove useful in every exigency of life.

The same laws govern the formation of study habits which regulate habitual motor responses.

To the extent that a nurse is able to produce and change, to comprehend and control her own and her patients' responses, she may be said to possess the knowledge which is power.

BIBLIOGRAPHY

Woodworth, Robert S., Psychology, a Study of Mental Life, Henry Holt & Company, 1921, $2.35. (Very good as an elementary text.)

Norsworthy and Whitley. Psychology of Childhood. The Macmillan Company, 1921. $1.80. (Excellent from the standpoint of stimulus-response psychology.

Watson, John B., Psychology from the Standpoint of a Behaviorist. J. B. Lippincott Company, 1919. (The best behaviorist psychology.)

A CLEVER IMPROVISATION

By Helen Hankins, R.N.

St. Joseph, Missouri

IT was a breech delivery and in spite of hard pains and very splendid effort on the part of the mother, the breech would not come down. The mother's age contributed to the rigidity of too small maternal parts. When the baby's left leg was finally brought down it was discovered that the right leg was extended upward across the chest with the foot about the neck. This was brought down with considerable difficulty and the child delivered.

The right femur had sustained a fracture, about midway, and it was the proper care of this which presented a real problem to the doctor and nurse. The physician wished to place the leg in Buck's extension. How to do this, to keep the parts in position, to avoid unnecessary motion, and yet not hinder the child's normal development, was the question.

An ordinary tea table on wheels was utilized for a bed. A frame was built about the top of the table on uprights about eight inches high. Strips of wood, two by two, were used. On the foot of this frame, a little to the right of the center, was placed an inch and a half pulley. Adhesive was placed about the leg in much the same manner as if the patient had been an adult, the cord was passed over the pulley and weights attached to give traction.

For decorative purposes, the frame was covered with blue mull and dotted swiss. The great advantage of the tea cart came in transporting the baby from the nursery to the mother's room. At nursing time, the mother moved to the edge of the bed, the cart was brought close along side, and the baby was able to nurse without being moved or disturbing the dressings in the least.

Some weeks after dismissal, an X-ray showed perfect alignment and the results obtained have proven entirely satisfactory.

LIFE INSURANCE FOR THE NURSE

By Ellen M. Putnam
Rochester, N. Y.

A RECENT issue of *The Survey* contained an article in regard to Life Insurance carried by women in the state of Massachusetts. The percentage of nurses to women in other occupations was small. This, together with the growing demands on the Nurses' Relief Fund, seems to indicate that the nurse could well look into the opportunity afforded by life insurance for a method of saving.

The very greatest reason why the nurse should carry insurance is to protect herself against the time when her earning capacity is decreasing and her physical ability may be impaired. Statistics published by the American Bankers' Association show that out of 100 healthy people at age 25,—64 of these same people will be living at age 65, and only five of that number will be independent. The others will be partially or wholly dependent upon relatives, friends, or charity. This means that you have about two chances out of three of living to age 65 and only one chance in thirteen of being wholly independent.

The reason this appalling number of people are dependent at age 65 is not that they have not made money, but that they have not systematically saved money. There is a new note being sounded in the managing of an income, namely, that of placing savings at the head of the list. The old way was to save what was left over after various whims and fancies had been gratified. To place savings first, is to ask the earner to consider that her income is chargeable first of all, with a duty to the future and that this duty should be met by setting aside a certain proportion of her income each pay day before a cent is spent.

Life insurance as a method of saving for a nurse has many advantages. It is systematic rather than spasmodic. It provides for her last illness and final expenses which might prove a burden to others. It provides as sound an investment as government bonds, and insurance besides. It never depreciates in value as other investments may. It helps her to resist temptations of get-rich-quick schemes. It gives her something to borrow upon in time of need. If she marries, the matured endowment may be used to buy a home, help educate her children, or for a vacation fund. It eliminates worry for the future, thereby increasing her efficiency in her work.

One of the best contracts for a woman is an endowment which will mature at age 55 or 60 when her earning capacity is decreasing. It is now possible with most companies to arrange to have the matured endowment paid as an income for life. This plan is much to be preferred to the lump sum settlement because it eliminates the possibility of loss through unwise investment.

Let us consider an endowment of $5,000 which will mature at age 60, for the nurse 30 years old. This would require a deposit the first year of about $160. Thereafter dividends would be payable which might be used to reduce the deposit each year or left with the

company at interest. If they are used to reduce the deposit the average yearly deposit for the thirty years would be about $117, or a total slightly over $3,500. At age 60 she could then have the $5,000 in cash or a life income of nearly $35 per month. In the meantime she has had the protection of $5,000 payable to her family in the event of her death. She has been building up a reserve fund on which she could borrow for a rainy day. The contract is liberal, so if she were obliged to discontinue deposits she has guaranteed values in it, and would not stand to lose.

It is now possible, for a small additional premium, to have a disability clause added whereby, in the event of a permanent and total disability, all further premiums would be paid by the company and a monthly income paid the insured. The full face amount of the policy would be paid at death or maturity. This is a valuable feature and should be added whenever possible.

The peace of mind which comes from making provision for the old person who, some day, will be you, is many times worth the small sacrifices necessary during the years of good earning power.

PSYCHIATRIC NURSING[1]

By May Kennedy, B.S., R.N.
Superintendent Illinois State Training School of Psychiatric Nursing, Chicago

IF one may be pardoned the paradoxical statement, psychiatric nursing may be called the oldest, the most recent, the most interesting, and the most neglected branch of the nursing profession. Long before the scientific care of any other form of sickness was even thought of, the mentally afflicted were receiving tender and intelligent care from the priestesses in the temples of ancient Greece. There the environment was beautiful, soothing, and attractive; the patients were taught useful occupations, and suitable recreations were planned to bring calm and peace to the troubled minds. No one can fail to recognize in these details many features of modern scientific nursing, thus making psychiatric nursing, the first branch of the profession developed upon scientific lines. On the other hand, it is very recent, as I will point out.

It is the most interesting branch of our profession because it affords the nurse the widest scope for the exercise of the most varied activity. In the care of mental patients, she is thrown almost entirely on her own resources. She must be prepared to meet sudden emergencies with skill and courage and must be so well informed that she can converse intelligently on various subjects, because in this way she will be able to get her patients interested in other subjects than their own ills and misfortunes. She will often have to think for them and direct their activities and at the same time instruct them in adjusting themselves to their environment. Great ingenuity is necessary because each case must be treated individually, and in an institution, these individual cases must be so

[1] Read at the annual meeting of the Illinois State Nurses' Association, Quincy, October, 1921.

combined as to make a harmonious group.

In spite of the fact that there are so many interesting factors in caring for the insane, and that the state has made an earnest effort to enlist trained nurses in its service, psychiatric nursing is the most neglected branch of the profession. In the state hospitals of Illinois, where about twenty thousand insane men and women are being cared for, there are less than twenty registered nurses. Nurses hesitate to enter this service because they are unacquainted with the situation and do not appreciate the great need for their services.

I wish to make an appeal to you in behalf of such unfortunate men and women and also to interest you in those who are on the threshold of state institutions, the border-line cases. The care of the insane and the prevention of insanity are among the greatest and the most important problems of the present time. We who are living a normal life cannot imagine what it would be to lose control of ourselves to such a degree that we would be unable to adjust ourselves to our environment and that it would be necessary to be placed in an institution for the insane, there to remain for weeks, months, or perhaps years. Many of these greatly afflicted persons realize what has happened to them. They have passed through months of the most intense mental agony because they are unable to make people understand them. A word of encouragement, a kind remark, just a little interest and advice at the right moment, might have saved them from a serious mental breakdown. Patients tell many sad stories of days spent in general hospitals where they were misunderstood by the well meaning and kindhearted nurses who did not understand how to care for the mentally afflicted. Many of these people, even in their moments of greatest excitement, and during those periods when they are overcome with the keenest sorrow and depression, appreciate the situation and yearn for assistance.

If nurses in the general hospitals had even a few months' training in psychiatry they would be able to treat all abnormal cases with greater intelligence and much mental misery of the patient might be averted. An insane patient knows when he is properly cared for, appreciates every kindness shown him, and recalls with keen vividness every act of unkindness. Insane patients react to treatment as quickly, perhaps even more quickly, than do sane patients. Since this is true, is it not deplorable that we are unable to get the educated and highly trained nurse interested in them?

About fifteen years ago, Julia Lathrop made an appeal to the Graduate Nurses' Association of Illinois, and as a result, a short course in mental disorders was added to the curriculum of the general hospital training school and graduate nurses entered the state hospital service. Soon schools were organized for the training of nurses and attendants. This meant a better understanding of the peculiar problems involved and the general care showed marked improvement. Only a few of the general hospital graduates remained, but the work was begun, and the state has continued to train its workers for general ward duties.

For some time it was recognized that

a more specialized training was needed for those women who had the proper qualifications and desired to prepare themselves for the executive and teaching positions, and for special psychiatric work in the public health and private duty fields. With this end in view the School of Psychiatric Nursing was organized. It is in direct connection with the Illinois State Psychopathic Institute, which is an organization conducted by the State Department of Public Welfare for the purpose of doing scientific work in psychiatry. The school is located at the Chicago State Hospital which has a capacity of 3600 patients. Certain wards are used as laboratories for the student nurses where they receive practical experience. The school is purely educational and soon will have recognized university affiliation. All the class work is conducted on a college basis. The faculty, hours and methods of instruction conform to college standards. The school offers three courses to women with the proper qualifications. The courses in which I wish to interest this organization are the undergraduate short course and the graduate course.

The theory is as follows:

Anatomy of the Nervous System.—This course deals with the gross and microscopic structure of the nervous system.

Psychology.—This is a short course in dynamic psychology placing special emphasis on the fundamental principles underlying human character. References are frequently made to problems presented in cases of mental disorder and of defective mental development.

Psychiatry.—The various forms of mental diseases and disorders are discussed as to the meaning of symptoms and particular treatment indicated. The differences between structural defect and functional disorder are emphasized. Special attention is given to the importance of directed habits of thought, desirable associations and proper environment.

Psychiatric Nursing.—Lectures and demonstrations in the care of patients suffering with the various forms of mental diseases and disorders. Special training is given in how to approach and secure the attention, interest, and coöperation of the patient.

Amusements.—The psychological principles involved in play and amusements. The history and development of folk dancing, games, music, and reading are discussed.

Hydrotherapy.—The history and development of treatment with water, its value as a therapeutic agent, the effects of temperature and pressure on the skin and nervous system, are discussed and demonstrations are given in the various hydrotherapeutic procedures.

Massage.—The history, development and importance of massage as a form of treatment. The physiological and therapeutic effects, and precautions to be observed are discussed.

Mental Hygiene.—The history and development of the care of the insane is taken up, special attention being given to the organization and function of the various types of insane and psychopathic hospitals, mental hygiene societies, and clinics. An effort is made to show the importance of educating the public regarding mental diseases and to overcome the stigma attached to mental illness and state hospital care. Special attention is given to purely preventive measures.

Social Service.—This course deals exclusively with psychiatric social service.

The theory for graduate students includes all the above and also short courses in ethics, administration, and clinical psychiatric methods. The methods of instruction used are lectures and recitations, laboratory methods and demonstrations. Supervised practice work is required in some courses. The number of hours in each course are so arranged that they are equal to a one or two point course.

The practical experience consists of regular ward duty, when the student is

given every opportunity to observe and study symptoms and to apply treatment. One month is spent in the occupational therapy department where the nurse assists in planning the daily work, prepares the material, and has experience in managing the patients, in trying various types of occupation, and observing the effects.

The course for affiliated students is four months in length; for postgraduate students, six months. All nurses are on duty eight hours daily and have one day off duty each week.

We have had affiliation with five general hospitals and the Army School of Nursing, and are making every effort to get more general hospital affiliation and to interest graduate nurses. The kind of nursing the insane will receive in the future is going to depend largely upon the nurses. The problem of the general hospital was solved by nurses years ago. The problem of the hospital for the insane must be solved in the same manner.

Many nurses have such an erroneous idea of state hospitals, that they will not consider the work. These institutions are no longer places of custody and detention, but are hospitals in every respect, and every effort is being made to treat the patients with the same kindness and consideration that the sick receive in the best general hospitals. The patients are not people to be dreaded. If properly cared for, they are a most appreciative and grateful type of patient. It is because the nurse is ignorant of this great opportunity for service, that we are unable to make her understand and heed this important and urgent call. Knowledge of psychiatry, psychology, and actual contact with the mentally unbalanced are most valuable assets to a nurse's training. There are very few cases of physical illness in which there is no psychiatric strain. The nurse who has had experience with mental cases is better able to understand the personality of the patient and the deviation from the normal, and is thereby better prepared to meet complicated mental situations as they arise.

It is appalling to learn how many competent, sympathetic, and conscientious nurses are registered against mental cases because they have had no training in psychiatry. They do not understand the affliction and are afraid. Is it fair to the community we are serving, to the profession of whose honor we are so jealous, to the individuals so grievously afflicted, to refuse aid when it is so badly needed? Since nurses are going into public health work in such large numbers, the opportunity for meeting the mentally afflicted is enlarged. They meet people in the early stages of nervous and mental disorders, just at the time when their services will be of most value. Large numbers of patients could be prevented from ever getting into hospitals for the insane, if our nurses had more knowledge of psychiatry and mental hygiene, and were prepared to give intelligent advice, at the onset of the disease. Is not the nurse's training very deficient if she does not have a course in this branch of medicine? Are we doing our duty to the public or to the nurses we are training when we do not make every effort to include such an important subject in our curriculum? If the 85 accredited schools in Illinois would affiliate with hospitals for the insane, and send one student a year for the psychiatric

course, what a remarkable improvement there would be in the care of the insane! Will not this association take up the matter and at least make recommendations that this branch of nursing be given due consideration in the schools of nursing? Will not the superintendents make greater effort to give their students an opportunity to have some training and experience in this greatly neglected branch of nursing?

The demand for psychiatric nurses far exceeds the supply. Mental Hygiene Societies are constantly calling for them; state hospitals all over the country have hundreds of vacancies and the public health field is handicapped because nurses lack knowledge in the care and treatment of mental disorders.

We have always considered the mind the most noble, the most delicate, and the most important faculty of a human being. Can there be any service greater, more noble or more perfect than that of serving an unbalanced mind? Is there not reason to fear that frequently, during the course of her professional career, the rebuke of Macbeth may be justly addressed to the nurse who knows nothing about scientific care of mental disorders?

Can'st thou not minister to a mind diseas'd,
Pluck from the memory a rooted sorrow,
Raze out the hidden troubles of the brain
And with some sweet oblivious antidote
Cleanse the stuff'd bosom of that perilous stuff
Which weighs upon the heart?

ADDRESS GIVEN AT THE FIFTIETH ANNIVERSARY OF THE NEW ENGLAND HOSPITAL TRAINING SCHOOL, BOSTON[1]

By Linda Richards
Foxboro, Massachusetts

MY first inspiration was the great need for nurses and the wonderful work of Mrs. Livermore and Clara Barton during the Civil War. Long after, I chanced upon a book entitled "Una and Her Paupers," the history of a nurse trained in Florence Nightingale's school who did court work among the paupers in a work house in Liverpool. It was then that I made up my mind to go to England and enter Florence Nightingale's Training School.

The book settled me in my determination to go to London for training. But I went to Dr. Helen Morton in Boston for advice, and she told me of this training school which was to be opened in the New England Hospital in September. I made application for admission, was accepted, and entered the school, September 1, 1872.

The school was organized by Dr. Susan Dimock, who had spent four years in Europe in the study of medicine and had also made a study of training schools.

The hospital occupied two ordinary dwelling houses, and it was there I began my training, but on September 15th it was moved to the new hospital,

[1] Abridged somewhat from a report of Miss Richards' address.



LINDA RICHARDS

Copyright by the Keystone View Co., Inc., New York

Roxbury, its present site. It consisted of two buildings, only partly completed. One of these, the main building, is part of the main building of today. The other, back of it, the maternity building, is now used as a home for the help.

I was the only pupil nurse to enter at this time, but a month later, a second student entered, and in two months more, the school had five nurses in training, forming the first class of pupil nurses in America.

The hospital was so arranged that each nurse was given two wards,—one with four beds, the other with two, and the nurse's room was between them. For the first six months of the training school, each nurse took care of her two wards of patients, day and night. At the end of six months, a woman from outside was engaged for night nurse. There were no trained nurses at that time. After that, the hours of duty for the pupil nurses were from six in the morning till nine at night, with no hours off duty during the entire day. Every two weeks we had three hours off duty. Although the hours were long, and the work was not systematized as it is today, we were a most contented class of nurses —each one striving, eager to learn, and to alleviate the suffering of the patients.

There was no class instruction, but there were lectures on which notes had to be taken and handed in for correction. When we were off duty we would gather in the sitting room and question one another as to what we had learned that day and also question each other on the notes which we had taken at the lectures, and in that way we improvised our class work. Dr. Dimock was excellent for bedside instruction, and was very particular about the way the work was done; she showed at all times the importance of being gentle with the patients and thorough in caring for them.

As the year drew to a close, the demand for graduate nurses came from all directions, and as I was the only graduate at the time, I of course had the choice of many important posts. I accepted a position at Bellevue Hospital, New York, hoping to learn more about nursing and to become better qualified to enter Florence Nightingale's Training School—for although now a graduate nurse, I still hoped to go to London and meet the "most wonderful person in the world." After one year as night superintendent at Bellevue, my friends advised me to stay in America where my services were so greatly needed. I accepted a position as superintendent of the training school at the Massachusetts General Hospital. On November 1, 1874, when I entered upon my duties, there were but three wards connected with the training school, and at the end of the year, every ward and all the nursing were conducted by the training school.

In the spring of 1877, I went to London and entered Florence Nightingale's Training School as a visitor, as I had been cordially invited by Miss Nightingale. Four days after my arrival, I received an invitation from Miss Nightingale to visit her home. It is with much delight that I recall my interviews with Miss Nightingale—her inspiration. It is useless to describe the impression made upon me, as every one who is interested in nursing has read about Miss Nightingale and the wonderful work of her life.

Miss Nightingale made arrangements

for me to visit other hospitals, and after two months' stay at St. Thomas' I was admitted to the King's College Hospital and then to the Royal Infirmary, Edinburgh. After seven months of study in England, I returned to America better equipped to continue my work.

I entered upon my new duties at the Boston City Hospital, in 1878, as superintendent of the training school, and was in connection with that institution, except for sickness, for eight years.

Then came a call from Japan for a graduate nurse, a nurse to organize a training school there under a mission board. I offered my services, was accepted and went, organizing the first training school for nurses there. I was in Japan for almost five years.

After my return came years spent in organizing schools in both general hospitals and in those for the care of the insane.

A CONSIDERATION OF THE PRESENT STATUS OF NURSING EDUCATION

By Robert A. Kilduffe, A.M., M.D.

Director, Laboratories, Pittsburgh Hospital; Director, Laboratories, McKeesport Hospital; Serologist, Providence Hospital

THAT the training of the modern nurse is incomparably better than ever before is not to be disputed; that it is in every respect thorough, complete, and adequate admits of discussion. A glance at the curriculum required by various registration boards reveals a multiplicity of subjects; whether there is also a superfluity, or whether some subjects should be a part of the equipment necessary to enter training is debatable.

In endeavoring to estimate the qualifications which enter into the making of an efficient nurse, it is of importance to consider, in a general way, what are her duties and functions; what is the purpose for which nursing exists? It has, not infrequently, been broadly expressed as, "To carry out the doctor's orders," assuming that there are many things so implied which necessitate special training for their proper execution. If the writer were to accept—which he does not—such a generalization, it would only be when qualified to state: To carry out the doctor's orders *intelligently*. The writer's conception of the *raison d'etre* of the nurse is very different, much more important, and carries with it a higher responsibility.

Before expressing it let us consider the classifications into which the trained nurse may be grouped: 1. The private duty nurse by whom is meant the special "private" nurse who takes care of individual patients for a weekly wage. 2. The institutional nurse. 3. What might be called the public duty nurse such as those in schools, social service, industrial works, etc. Regardless of the class of nurses under consideration, embracing one as well as another and all with equal force, their

duty is obvious and, it is the writer's contention, may be expressed in the phrase, the *prevention of disease.*

Modern medicine realizes that, in the end, it is, after all, the forces of nature, the mobilization and utilization of the reactive and reparative powers of the patient which effect the cure. The function of the physician—and the nurse—is to assist these efforts of nature and to give them full play and fair play in their endeavors.

Let us consider the application of this conception to the classification of nurses presented above. If, in the case of a private duty nurse, for example, it is a fracture case which she attends, there is little that she can do to influence the formation of callous and the production of new bone whereby the injury is repaired. There is much she can do, however, to prevent the occurrence of untoward happenings which may influence or retard the reparative processes—such as the occurrence of bed-sores, a drain upon the vitality and, consequently, a deterrent to the vigor of reparative efforts; the displacement of the fragments by improper exertion; lowered resistance due to faulty nourishment; local infection through improper conditions about the injured part, and so on.

In an obstetric case the nurse can do little to influence the normal uterine involution. Her real duty is to aid and assist in the prevention of many things which, in the absence of intelligent care, may menace both mother and child.

In an infectious disease her duty is to see that the patient does not become a source of danger to others and to prevent the occurrence of complications likely to embarrass or overwhelm the resisting powers which must be relied upon to conquer the disease process and to repair or compensate for the damage it has wrought.

The institutional nurse has the same relation to the patients under her care as the private duty nurse; in addition, it is her duty to see that the various departments under her supervision are so conducted that infections and the spread of disease shall be prevented—whether this be in the handling of the patients or the sterilization of instruments.

The public duty nurse is mainly and directly interested in disease prevention. In welfare work she acts to assist in the prevention of epidemics; she tries to prevent the occurrence of what used to be called "children's diseases" because so many had them; she argues for vaccination, tonsillectomy, eyeglasses, proper food, and institutional care; she teaches mothers the proper care of infants and so on—all because of their influence in preventing disease; in a word, no matter what her phase of activity or the field in which it is exercised, the nurse exists mainly for the direct or indirect prevention of disease. The question arises, then, If this conception of the duty of the nurse is accepted, is the training of the modern nurse all that could be desired for the efficient performance of this vital function?

Before any intelligent effort at the prevention of disease is possible several things are necessary: the cause, the mechanism by which it acts to produce its effects, and the means of transference must all be known. This knowledge must then be properly transmitted to those concerned in order that their

active coöperation in preventive methods may be attained. One of the most powerful weapons available in the struggle for disease prevention is public education in the means and methods whereby this may be effected so that public coöperation may be obtained in the highest degree. The public must be taught to realize the value, necessity, and efficiency of the various means by which the problem is attacked, and in the peculiarly intimate relation between the nurse and the public lies a great opportunity for the dissemination of this information.

It becomes of interest, therefore, to inquire to what degree the modern nurse is fitted to grasp and expand this opportunity. Can she intelligently and decisively combat the prejudice and arguments of the anti-vaccinationist; can she explain in plain, work-a-day language the rationale of the Schick test and of toxin-antitoxin immunization in the control of diphtheria? for these are questions to which parents demand an answer. Does she know the rationale underlying the use of vaccines and serums; can she make clear to the uninformed why 70 per cent alcohol is a better disinfectant than 95 per cent, or 5 per cent formalin better than full strength; why a vaccine isn't a serum and in what way their actions differ? The list of queries could be indefinitely extended and there are times when a legitimate doubt arises as to their affirmative answer.

The writer has seen, for example, gauze masks religiously worn in an influenza ward in the A. E. F. He has also noted that they continued to be worn long after they were moist with exhaled moisture, with drops expelled by talking, etc., and has, therefore, been forced to the conclusion that they were worn because such orders had been issued and not because the purpose was fully realized,—to prevent droplet infection which a wet mask certainly will not do. He has heard of nurses objecting to taking "serum" to prevent typhoid —a vaccine being meant—because of very hazy ideas as to the result, and he would confidently abide by the results of the interrogation of the first hundred nurses met at random to decide whether the application of immunology to the prevention of disease is intelligently understood by nurses in general.

Assume, however, that the function of the nurse as a factor in disease prevention is specialized and demands specialized training; assume that she is mainly intended to assist in the care of the sick. The first thing necessary in the treatment of any condition is to recognize its existence, in a word, to make a diagnosis. This is the duty of the physician and the modern physician calls to his aid many specialized methods so that, in the examination of a patient, the laboratory plays an important part, often contributing directly toward the formation of a diagnosis, and often, also, vitally affecting the treatment as in presenting indications for the use of antitoxins, vaccines, etc., or in casting a vote for or against the use of operative procedures. For example, no surgeon would think of removing one kidney, no matter what its condition, unless the efficient functioning of the other was established.

The nurse has a direct relation to these facts in that it is often the nurse upon whom falls the duty of collecting

the specimen for examination. For example, in pneumonia it is often of great importance to determine the type of infection in order to know whether serum can be used,—and this holds good in the patient's home as well as in a hospital. A specimen of sputum is, therefore, necessary. Sputum is material *coughed up* from the lung and *not* material *hawked up* from the nasopharyngeal passages, mixed with saliva—yet often it is the latter which is sent to the laboratory. If the nurse had any conception of the means whereby type determination is made, if she realized that the pneumococcus is always present in the mouth and that the pneumococcus from saliva is not necessarily the type of pneumococcus causing disease in the lung, much time would be saved and the interests of the patient advanced that much.

A determination of renal function by the phenolsulphonephthalein test is often of great importance. The writer has seen remarkable and discordant results explained only when it was found that the preliminary injection was given by a graduate nurse with beautiful technic,—except that the ordinary hypodermic needle had been used and the dye, therefore, had been deposited in the lumbar fat instead of in the muscle, of a stout patient; he has seen merely *some* of the hourly specimen, instead of the whole, collected for estimation and the test thereby vitiated. Here, again, an adequate understanding of the principles and mechanism of the procedure would have avoided obvious errors. Numerous examples of this kind affecting the welfare of the patient could be cited but enough has been said to demonstrate the viewpoint taken.

The writer is prepared to contend that in a definite proportion of cases the *average* nurse is not adequately prepared:

1. To satisfactorily assist in the education of the public in the modern conception of the causes and prevention of disease. 2. To decisively combat the arguments of various "antis" opposing preventive measures. 3. To satisfactorily explain to herself or others the whys and wherefores of the practical application of immunology to the control of disease. 4. In many instances, to intelligently carry out the directions of the doctor in regard to the application of modern methods in the handling of disease problems as concerned with her part in the procedure: i. e., the collection of various laboratory specimens.

The root of these deficiencies must lie either in the teaching, in the subjects taught, or in the capacity of the student.

If the deficiency exists, and the writer so contends, then it is a problem meriting the attention and suggestions of the nursing body as a whole.

RELIEF FOR RUSSIAN NURSES

As a response to the Appeal for Russian Nurses, published in the December *Journal,* pages 226-229, contributions have been sent in, amounting to $75. Contributions may still be sent, made payable to the American Nurses' Association, 370 Seventh Avenue, New York.

THE GEORGIA HEALTHMOBILE

By Virginia Gibbes, R.N.
Marietta, Georgia



THERE is a little white church in a leafy green setting and a laughing stream is running by. Back of the little church the convicts are in camp, and the mountains rise all around with golden rod and sumac burning brightly on their sides. Here the big Healthmobile is parked and the little mountain babies are being examined by a baby specialist and nurse.

Picture the same scene at night, only there is a moon in the sky and the greens, yellows, and reds, have turned to soft grey. The convicts are lined up against the white church,—their guards with guns on their arms are holding their lanterns low.

There are a big white bull dog and some blood-hounds in the foreground.

Grouped on the slope are the children and the mountain people; to one side the white covered ox carts stand out in the moonlight and the black mules are stamping, tied to the persimmon trees.

All eyes are turned to the big Healthmobile because there is a screen on its side and on that screen there is a moving picture,—a real health picture and not one-half of the spectators have ever seen a "movie" in all their lives.

Above the picture the mountains ring with the indescribable joy laugh of children witnessing for the first time a moving picture.

This Healthmobile was given to The Division of Child Hygiene, Georgia State Board of Health, by the "Phi Mu Sorority." It works under the Sheppard-Towner Act, and those on board have been busy examining Georgia babies, talking to Georgia mothers, from the sea to the mountains, since June.

EDITORIALS

THE *Journal* wishes its readers a Happy New Year. May it be a year of personal and professional development for each one, a year in which hopes come to fruition and aspirations develop into achievement, a year filled with the satisfactions incident to duty well performed and to a wise use of leisure.

Good Resolutions

The season of good resolutions is upon us but the promises we make will be of little worth unless based on a frank analysis of the achievements and the failures of the passing year. The world presents a picture which is far from cheerful. This country has been torn by industrial strife, events in the Near East are writing a black page in history, and Europe is still rent by misunderstandings, suspicions, and grinding poverty.

In the midst of so much unhappiness what can be said of our profession?

May we not assume that Yale University in designating Miss Nutting one of the most useful women in the world implied that the profession of which she is an acknowledged and brilliant leader is also useful in a high degree? The year has given us the Report of the Committee on Nursing Education of which Dr. Winslow was Chairman—an epochal study the worth of which we are only just beginning to comprehend. The output of professional literature has been large and of an unusually high order. In this connection the rare quality of the first obstetrics for nurses by a nurse comes immediately to mind.

The biennial meeting at Seattle gave to many nurses a dawning conception of positive health as a goal toward which every nurse should be striving, whatever her specialty. The unity of spirit that characterized that great meeting may be taken as evidence of a growing *rapprochement* among nurses, of the sincere desire of each group to understand and intelligently support every other group in its important undertakings, and beyond this, to comprehend the aims of and to coöperate with the other social workers who are specializing in such allied fields as that of nutrition. If, in the past, we have seemed to participate in the general tendency to suspect motives it may now be said that in each group there is a growing appreciation and comprehension of the contribution of other specialists to the work of the world. Only by generous support of the others' programmes can we hope to meet the tremendous opportunities and obligations confronting us. Only by presenting a solid front based on mutual understanding, to the world can we effect a genuine understanding and support of our efforts in the behalf of the public.

We have observed a gradual increase in the number of public health nurses; we know that many of our better schools have a maximum enrollment of students. We know that the increasing number of scholarships made available through Alumnae and other sources is putting postgraduate work within the grasp of many eager and ambitious women, but we know that we constantly fall short of the number of well qualified women required to staff our schools and public health nursing organizations.

The number of nurses prepared to teach continues to fall conspicuously short of the demand.

Despite encouraging evidences of progress, our schools alone, of all educational institutions, are still almost wholly without visible means of support and continue dependent on the bounty of the hospitals in which they have been developed. Surely another year will not go by without some schools, somewhere, being given the means to demonstrate what could really be accomplished by wise use of endowments.

A problem requiring our most thoughtful attention has been long with us: *How is adequate nursing service to be provided for persons of moderate means?* This is far from being wholly a professional problem, it is social and economic as well, and the provision of subsidiary groups of workers is by no means the whole answer to the question. Hourly service is growing, paid visiting nurse service is increasing, but even a wide extension of these services and the provision of trained attendants cannot meet the whole need. The nurse, herself a person of moderate means, must not be expected to pauperize herself in an unsound effort to meet an insistent demand; she should, however, be on the alert to recognize the worth of and to assist in the development of such experiments in group nursing or other coöperative efforts as may offer hope of a solution of this exceedingly important problem. Private duty nurses have here an opportunity for a professional contribution of outstanding worth. Nursing needs community support based on understanding if we are to give a maximum service. Further demonstrable efforts to meet this phase of the community problem would go far to establish the justice of our claim to community support of our schools.

Let us then attempt to advance our programme of suitable and adequate care for all who are sick, the while we extend our health teaching in an effort to implant our ideal of positive health in the mind of every individual. In order that we may insure an ever increasing stream of well prepared nurses into our ranks, nurses prepared to cope with the complexities of preventive as well as curative medicine, we must focus our attention on securing endowments of our schools and thus inaugurate a new era in nursing. 1922 has given us a scientific analysis of nursing. 1923 should provide some of the endowments necessary to meet our clearly presented needs.

In a Mental Hospital

"Of course you realize that these patients will all be well in a few months." Such were the quietly spoken but, to the observer, startling words of the director of the school for nurses in one of our most progressive mental hospitals. The patients had previously been described as very sick, as indeed they were; but most of us would have said crudely and plainly that they were crazy. It was an acute service. On other halls we had seen the quiet cases and the convalescents, happily occupied with games or handicrafts, or visiting with friends; and we had seen the remarkably beautiful occupational therapy department with its fine equipment and artistic products. Here beds in the bare-walled and otherwise empty rooms were bolted to the

floors, windows were carefully protected, nurses and attendants were everywhere in evidence; for the patients were suffering from hysteria, manic conditions and other acute mental illnesses. There were untidy patients, mischievous patients, loquacious patients, and boisterous patients. A newcomer had required the attention of a whole group of workers during the ordeal of her first continuous bath, but she was becoming quiet under their ministrations.

In the midst of it all, the young head nurse remained serene and efficient. When asked about herself, she stated that she had graduated from a famous woman's college, received her training in a good school for nurses, and postgraduate work in the hospital in which she is now serving. Mental nursing has been no haphazard choice with her. She has chosen that field because she has already seen the tremendous worth of skilled nursing to mental patients. Like the observer, she too has been stimulated by the quiet statement "much mental illness is curable" and by curable the staff of that hospital means patients so restored that they return happily to their former occupations. The clear-eyed young head nurse, unlike the observer, is putting her belief into action. She is administering her department in a fashion highly satisfactory to the authorities and with much profit to her patients. The observer is putting hers only into words—would that they were winged—in order that the hundreds of other nurses who are needed may be led to participate in this stimulating and constructive work. Mental nursing is calling not for the poorest but the best that we have to give. Who will be the next to volunteer for this vitally needed service in order that yet other sick minds may be cured?

Shortage of Nurses versus Community Intelligence

A NEWSPAPER clipping calls our attention to the lack of sufficient nurses to meet the demands of an epidemic in a western city, and raises the question of suitable compensation for the nurses who are available. Our sympathy goes out to any individual who needs and does not receive skilled nursing and we trust the nurses under discussion are meeting the situation in so generous, broadminded, and comprehensive a fashion that they will have no regrets when the time of stress is over. We are not so sympathetic with the administrative problems of the official who is reported as having complained of the shortage and of profiteering by nurses.

No community should expect to have a supply of nurses sufficient to meet epidemic needs in exactly the same way that the usual incidence of disease is handled, since communities do not support nurses, as they do firemen, for emergency duty. It is doubly unintelligent to expect to have a sufficient number of nurses to meet individual demands in a smallpox epidemic, for there should be no such incidence of that disease in this enlightened age. We have long known not only that smallpox is a preventable disease, but we have known how to prevent it, for, says Rosenau, "Vaccination was the first specific prophylactic measure given to man, in whom it produces an active immunity to smallpox," and he says further that "to

remain unvaccinated is selfish in that by so doing a person steals a certain measure of protection from the community."

We sincerely hope the nurses in question will see clearly and proceed along the most helpful lines even as we hope that the citizens of that community will awake to the fact that neither medicine nor nursing should be blamed for the hardships of so unwarranted a catastrophe as an epidemic of a disease we have long known how to prevent.

Mrs. Higbee's Resignation

MRS. LENAH S. HIGBEE has served continuously in the Navy Nurse Corps since its organization in 1908. In 1911, Esther V. Hasson, whom she succeeded as Superintendent of the Corps, wrote [1] that Mrs. Higbee had fairly won promotion by the excellence of her work as nurse and chief nurse. In all the years of her service, including the war years that placed an almost intolerable strain on all the Federal services, Mrs. Higbee has consistently and unassumingly imbued the service with her own high ideals of womanhood and of nursing. She will be missed not only by her co-workers, but by all those who have occasion to seek information and advice from her department, but it is safe to assume that a fine tradition will be carried on. Mrs. Higbee is succeeded by Beatrice Bowman, who has also been a member of the Corps since its inception.

A State Association Bulletin

HOW often we have listened to discussions of the worth of annual reports as compared with the expenditure of money and of time involved in getting them out! Even while voting for the publication of the report, because it seemed the democratic thing to do, we have visualized the relatively large number of copies that would be put aside to be read at a less busy time and which would almost inevitably pass on to the limbo of forgotten things.

The Iowa State Association of Registered Nurses has decided to do away with a report this year and to issue, in its stead, three bulletins. The first number, a highly creditable leaflet, is well printed and carries the splendidly stimulating address of the President, Amy Beers. It is filled with the spirit of the annual convention which was held in October, and carries essential information on the business of the meeting. Later numbers are to be devoted to matters of interest to the State and District organizations; in this way, it is believed, every member of the association will be kept up to date on and in close touch with its activities. It is not too much to expect that the plan will be productive of a solidarity of effort, based on understanding, that will cause Iowa to move steadily forward along constructive lines. The Iowa nurses are to be congratulated on the initiative shown and on the admirable quality of the first bulletin. The experiment is one that will be followed with interest by many states.

"The Spirit of Service" Memorial to War Nurses

CLARA D. NOYES, Director of Nursing, American Red Cross, writes as follows of the beautiful memorial painting, a copy of which appears

[1] *American Journal of Nursing*, March, 1911, page 471.

as a frontispiece in this issue of the *Journal:*

It has occasionally been said that the war service of nurses has not been fully appreciated or understood, that they returned from overseas or the cantonment hospitals of this country, not to the sound of beating drums or flying flags, but almost unnoticed. It will therefore be a satisfaction to many of the nurses to know that a large painting by Arthur M. Hazard of Boston, called "The Spirit of Service" has been presented to the Red Cross through private subscriptions from interested friends as a memorial to nurses. This is the first official painting commemorating the Nursing Service of the American Red Cross. It is a large canvas hung on the walls of the beautiful marble stairway at National Headquarters. "The Spirit of Service" depicts a Red Cross Nurse giving attention to a wounded soldier at a First Aid Station. The soldier is still on the stretcher and the stretcher bearers are standing close by, while in the background the ambulance and a group of marching soldiers can be seen. The color scheme is in keeping with the general grayness of the battle field, consequently the vivid lining of the cape, the white cap, and collar of the nurse bring into artistic harmony the high lights supplied by the uniform.

Lenor Field posed for the nurse, and as she had actually participated in such scenes in France she was well able to bring to the picture the requisite inspiration. Miss Field is a graduate of Mount Holyoke College and of the Massachusetts General School of Nursing. She was a member of Base Hospital No. 6, entering service in June, 1917, and was in active service until April, 1919. The model for the wounded soldier was Mr. Paul, a private. He was severely gassed at Chateau Thierry and is still a patient in one of the Veterans Bureau Hospitals. He was detailed by the Hospital to serve as a model for this painting, as were the stretcher bearers, as well.

Photographs of this painting may be secured at National Headquarters of the American Red Cross, in Washington, D. C., or through Headquarters of the American Nurses' Association, at 370 Seventh Avenue, New York City. Post-card size at five cents, and sepia copies, mounted, 8 x 10, fifty cents. An enlarged copy of this painting has been placed by Edwin B. Hale in The Orford Public Library, Orford, New Hampshire, the home town of Miss Field.

NURSES MAY REINSTATE THEIR WAR-TIME INSURANCE

It will be news to many World War nurses to learn that the United States Veterans' Bureau has inaugurated a reinstatement campaign for the benefit of those who, either through misunderstanding or inability to meet premium payments, have permitted their Term (war time) Insurance to lapse. Director Forbes announces that no matter how long a time has passed since the last premium was paid, an ex-service nurse may easily renew his or her Term (war time) Insurance contract, if he or she is in good health, or if disabled, provided the disability is due to service and is not of a total and permanent nature. Nurses will be particularly interested in learning that they may reinstate $1,000 or any higher amount, in multiples of $500, of the amount of insurance they carried while in the service. It will also be of interest to the public to know that over 500,000 of the men and women who applied for insurance during the war have continued their policy in force and that these ex-service men and women are carrying insurance protection amounting to the enormous sum of over three billion dollars.

The reinstatement requirements have been made most liberal; in fact, if a nurse is in good health it is only necessary to furnish medical proof of that fact and pay two monthly premiums on the amount of Term Insurance to be reinstated. Physicians have been appointed in all of the branch offices of the Bureau where the necessary medical examination can be secured without cost. Detailed information may be obtained by writing to the U. S. Veterans' Bureau, Washington, D. C., but in the interest of accurate identification and promptness, the person writing should be sure to give his or her full name, rank and organization when in the service, and, if possible, their serial number.

DEPARTMENT OF NURSING EDUCATION

LAURA R. LOGAN, R.N., DEPARTMENT EDITOR

TEACHING THE CARE AND PREVENTION OF TUBERCULOSIS[1]

BY LILLIAN GITHENS, R.N.
Superintendent, Stillwater Sanatorium, Dayton, Ohio

TUBERCULOSIS has for centuries been recognized as a disease to be dreaded. Hippocrates, 460 to 377 B. C., described it as the disease most difficult to treat and fatal to the greatest number. As early as the fifth century a Greek physician recognized it as a transmissible disease. This view was maintained at intervals throughout the middle ages.

It may be surprising to modern advocates of registration and compulsory segregation to know that in Naples a royal decree was issued September 30, 1782, ordering isolation and disinfection of quarters of patients. The means used were vinegar, brandy, lemon juice, and sea water. Punishment was attached to the violation of this order. During the 19th century little attention was given to the theory of infection until finally a French physician demonstrated its transmissibility seventeen years before Koch discovered the specific germ in 1882. The American campaign against tuberculosis began in 1885 when an Adirondack camp was established by Trudeau at Saranac. In 1904, the National Association for the Study and Prevention of Tuberculosis was organized. Since that time there has been a constant and unremitting warfare waged against the disease. That success has followed this effort is an established fact, to which the declining death rate bears witness.

Stamping out tuberculosis is one of the most important public health issues of the day and our efforts should not slacken or cease until the irreducible minimum death rate has been reached and held. Every state and city, as well as every individual, should be interested. Anti-spitting laws should be placed on the statute books (not as ornaments) but as urgent laws to be enforced for the protection of the public health. Physicians should be held strictly to account for failure to report cases to the local and state authorities. Every municipality should have hospitals for early and advanced cases, dispensaries for the indigent and careless, anti-tuberculosis societies for the education of the public, and open-air schools for the care of tuberculous children. Preventoriums should also be established for the benefit of contact cases. While these are comparatively new, they should become one of the surest factors in controlling the spread of the disease.

The work of individual laymen lies in the voluntary personal aid they render in the raising of funds to help support organized work and in the general interest they help to arouse in the community in educational campaigns. Many years of hard work and sacrifice lie behind the record of some of these voluntary workers. Indeed, a great many sanatoria for the treatment and education of tuberculous patients and for the

[1]Read at a nursing institute, Cincinnati, Ohio, June, 1922.

purpose of scientific research have been erected in the last decade as the result, principally of such educational work. These sanatoria serve a three-fold purpose. First, they aid in segregating the advanced cases of tuberculosis and prevent them from acting as centers of contagion. Second, they instruct the patient so that he may cease to be a menace to himself and others while in the institution and after he returns home. Third, they demand a discipline which if followed out, will arrest the disease in a favorable case. As a rule patients gain more steadily and make a quicker return to health in the sanatorium than in the home of average means.

Until recently, great stress was laid upon climate, and patients who could afford it were sent west and those who could not were often the victims of well meaning friends who would by some means collect sufficient funds for the journey. It is still generally believed that a dry climate is more suitable for the treatment of the disease in the majority of cases. Yet no matter what the climate, the essential thing is that the patient cannot be cured without a prescribed line of treatment. Nurses and physicians are often asked to settle this question of climate for patients. They can always be quite certain that it is best for the patient not to seek another climate unless he has sufficient funds to secure adequate care and comforts away from home. Moreover, to send him away without funds to meet his difficulties and homesickness alone is often disastrous and even cruel. The knowledge necessary to qualify the student nurse to successfully deal with individual tuberculous patients and the problem in general should certainly include such sciences as will enable her to deal with the social, economic, and psychological, as well as medical, sides of the question. One of the most serious difficulties of the sanatoria today is the securing of an adequately prepared nursing service.

Are the general hospitals, especially the smaller ones, giving us the nurse trained to meet the need of the tuberculous?

In answer: There seems to be a genuine fear of the disease among graduate nurses and more particularly do the younger ones seem to fear it, but as we are taught that a "freedom from worry, proper rest, wholesome food and fresh air are the prescribed aids in the battle against tuberculosis," then a nurse who is living under a regime which produces these same aids should cease to fear, because she is secure in the knowledge that she can protect herself while caring for her patient. More important still is the fact that the percentage of those infected caring for the tuberculous patient in a well regulated sanatorium is less than that obtaining in general hospitals.

In the training schools of today there is a far reaching opportunity to make the nursing profession a potent factor against the spread of this dread disease. When we consider that one person in every ten dies with some form of tuberculosis, can we afford not to give our students both theoretical and practical training in this, one of the most prevalent and deadly of diseases?

With the proper fundamental instruction in both precept and practice and by actual contact with the disease the nurse will lose her unreasoning fear and acquire a wholesome one, much the

same as that experienced in caring for any other infectious disease with which she deals. In the average case of tuberculosis the treatment means careful attention to every detail of the patient's life. All adverse circumstances must be removed, as far as possible, and every good influence advanced. In accomplishing this the nurse becomes one of the most potent factors.

Statistics tell us that less than two per cent of the known tuberculous are cared for in sanatoriums and hospitals; this leaves a large number to be cared for in the home by visiting nurses and other agencies. Those remaining uncared for are the foci of infection from which we can expect an unending chain of new cases. The fact that these are often ignorant of spreading the disease does not alter the condition. If all the nurses who leave our training schools were fully alive to this danger we would have twenty thousand earnest educators lined up in this great fight.

Our first duty to either the student, or the attendant, is to teach them prophylactic care of themselves, which of course intimately involves the care of the patient. Lectures covering at least some of the points I have tried to emphasize are an essential part of the training. We teach that a gown covering the entire uniform is an absolute necessity. We provide the gown and enforce the order to wear it. The nurse is taught absolute cleanliness of her hands,—for example, when she leaves the ward to go to the dining room for her lunch it is not enough that she wash her hands in the ward bathroom before leaving, she must cleanse them again when she reaches the Nurses' Home. A swinging door into the washroom is the ideal arrangement, for this she may open with her foot. Doorknobs are always a source of infection and one too often overlooked.

In teaching prophylaxis it is always well to remember the fact that it is not the small and occasional dose of bacilli that does the damage, but the large and frequent ones. Nurses should be taught to cleanse the mouth with a mild antiseptic at least once a day and if caring for particularly virulent cases, before each meal. The theory that tuberculosis gains admittance through the alimentary tract and is conveyed by means of the lymph to the lungs is gaining ground with some recognized authorities. Since our real knowledge is limited and there is room for doubt, even this avenue should be carefully guarded. Nurses should be taught that it is dangerous at all times to eat food, candy, or fruit offered them by patients.

It seems almost superfluous to speak to this group of women concerning the dangers of contaminated foods by means of the house-fly. Yet nurses everywhere are careless concerning this danger. I believe in clearly setting forth the dangers from this pest in the class room and then following it up by presenting each nurse with a goodly supply of swatters for use in her ward, this at least until some better method is devised. The repair of screens should also be looked after by the executives of the institution.

Paper drinking cups should be furnished for the use of the attendants or students and for all other individuals in hospitals where suitable drinking fountains are not provided. Sanitary fountains are always to be avoided for patients in a tuberculosis hospital. All

dishes and other utensils for patients should be kept exclusively for their use and avoided by all others. Attention to every small detail such as I have mentioned is necessary if we would properly impress the student with the fact that they represent the price of her safety. The one source of infection which we are least able to control is the danger from expired air during coughing attacks of the very ill patient. Many are difficult to control in this matter; especially is this true of the patient nearing death, fighting for air, and coughing with every breath. The nurse must be impressed with the importance of having the patient cover the mouth with the paper napkin at such times. Teach her that it is then the germs are most virulent and present in largest numbers. The patience of the nurse is often tried to extinction in her efforts to enforce this simple rule so vital to herself and others.

The moment a student nurse is assigned to the care of a ward filled with tuberculosis patients, she of necessity and by virtue of that assignment becomes a teacher in that ward. The education of her patients becomes a very important part of her work. By helping him to conform to prescribed rules she will teach the three great essentials for the tuberculous, i. e., rest, fresh air, and good food. There is no other known specific for the disease. If he be an active case with rapid pulse, fever, and emaciation or other serious symptoms, rest in bed is absolutely essential, until the fever subsides and active symptoms are in abeyance.

The education of the patient must begin the moment he enters the ward, he is at that time in a receptive state of mind and can be more readily taught to comply with rules regarding his care. Teaching the care of the sputum is of course all important, the first essential is the proper kind of receptacle which is usually the most expensive cup on the market. It should be complete with pasteboard cover, and no other unless it be equally good, should be accepted. This cup has entire space open at the top for the use of the patient; there are no folded-in corners to become soiled. We believe the sputum cup is preferable to the sputum papers used in some hospitals, as there is less danger of the hands being contaminated. The cups are collected twice a day and oftener if necessary. The nurse is taught to wear heavy rubber gloves while doing this work. A small galvanized tray with a handle makes an ideal receptacle for the cups. If the sanatorium is supplied with an incinerator especially constructed for that purpose the cups may be carried directly to it in the tray. If the hospital is not supplied with an incinerator, as is frequently the case, the next best method of disposal is an ordinary suit box into which the cups are placed, carried to the boiler room and burned in the furnace.

Paper napkins are used in lieu of the cambric handkerchief, or in lieu of gauze which is much more expensive. They should be dropped into paper bags which may be pinned to the bed or placed where the patient will have easy access to them. The small bag may be made of newspapers, collected in a large bag such as is used for flour, and burned. A small wire basket is now on the market designed to hold the small bags and surplus napkins. The large paper bag

need not be burned until filled, they are best kept in a large garbage can, and may be carried directly to the incinerator in the can.

The patients should be taught the danger of swallowing the sputum even in small amounts. A mild antiseptic mouth wash should always be provided for their use. Each bedside stand, preferably of the closed type, should be provided with a small pus basin for the individual use of the patient.

It is difficult to impress the patient with the necessity of rest, to teach him that exertion is detrimental, increasing his fever and activating all symptoms. Patients in the earlier stages of the disease resist and resent being put to bed. The nurse who is qualified to meet his objections with intelligent persuasive argument will soon win him to take an intelligent interest in his own care and will find him a great help in training other patients as they come into the ward.

The second essential in the treatment of tuberculosis is fresh air. The nurse must be able to explain why this is necessary, that pure air contains the oxygen which his diseased lungs must have if he is to recover.

The third essential, food, is most important. If the patient is run down, it is absolutely necessary to build him up. This can be done in conjunction with other treatment if he be given the proper kind and amount of food properly prepared and served. Most physicians of repute advise a mixed diet with the addition of milk or other nourishing liquids between meals. Care must be taken not to feed more than the patient can assimilate. The tuberculous patient requires a diet rather high in protein because of the continuous waste going on in his body. The following foods have high nutritive value and are classed in their order as follows: milk, meat, eggs, vegetables, and cereals. The tuberculous patient should, as far as possible, be given at least some of the things which his appetite craves; in doing this his appetite may be stimulated for the more nourishing food which he so sorely needs.

So frequently the diet is left to the care of the nurse, that since it is such an important part of the treatment, she should be thoroughly prepared to advise and direct. Very definite instructions should be given as to the value of foods served, and also that their value is materially increased when served in an attractive and appetizing manner. The value of rest before and after meals should also be stressed. Too often we see a busy nurse who, perhaps, is hungry herself, carry a tray to an ill patient and leave him to his own devices. The tray is then carried out by a maid or a busy relief nurse and no one is able to note or record the amount of food consumed.

The care of the bed linen in the sanatorium is not a difficult problem. The nurse should be taught in handling it to agitate it as little as possible. Soiled linen should be placed in bags when removed from the beds in the wards or rooms and be sent directly to the laundry. If particles of dried sputum are noticed on sheets or pillow slips, it should be subjected to some strong disinfectant, and the patient admonished as to the dangers incurred.

Individual thermometers should be supplied; they may be cleansed in the usual manner for infectious cases.

Patients being cared for in open wards or shacks should be warmly clad. The nurse must be taught how to make an open air bed in such a manner as to insure the comfort of the patient. We cannot expect him to enjoy his open air treatment if he is cold. Contrary to that which is considered good technic in the general hospital, he should be allowed to sleep in warm underwear.

Aside from some of the special points I have tried to emphasize, the bedside care given is much the same as that for any ill patient,—regular baths, evening toilets, with care of the back for prevention of bed sores.

Complications are dealt with as they arise according to the orders of the physician. The most startling of these is, of course, hemorrhage. Many graduate nurses who come into the sanatorium have had no experience in this line, never having had opportunity to care for a patient with pulmonary hemorrhage. Standing orders must always be obtained for the nurse who may at any moment have to meet this dreaded emergency. During severe hemorrhage the nurse must be able to reassure the patient, always remembering that in many instances it is not the loss of blood which kills the patient but pure fright. How important then is her mental attitude at this grave crisis.

Just a word concerning artificial pneumothorax and some of the things the nurse should know concerning this newer treatment for the tuberculous. The type of patient who may be benefitted by this treatment is a selected class and best results seem to have been obtained with patients having one comparatively good lung and an extensive involvement of the other. The pleural cavity is filled with air by means of a needle. This process puts the diseased lung at rest; the patient accustoms himself to breathing with one lung. Some of the results, even with fairly well advanced cases, have been very good. The patient should be kept quiet for twenty-four hours following the treatment. The preparation of the patient and the tray is about the same as for aspirating, using the special needles which come with the apparatus.

To sum up,—all instruction given the student nurse concerning tuberculosis should be prepared and taught with the very definite goal of prevention in mind. Teach that the knowledge acquired must be used to help reach this definite goal. You have taught her how to protect herself, teach her that it then becomes her duty to do the same for others.

Supervision of the nurse will consist of close follow-up work, to see that the theory taught in the class-room is carried out on the wards, for actual practice and observation at the bedside is the only way to complete her education.

The nurse trained in the specific needs of the tuberculous has an unlimited scope for her work. Whether she be in public health service, the sanatorium, or on private duty, the field is always there, just where she is.

Provision should be made to give this training to the student nurse as a part of her general hospital work. Affiliation should be established with responsible county or municipal sanatoria having adequate facilities for teaching the student both theoretical and practical work. Special attention should be given to the housing of the student in selecting the

affiliated institutions. Under no conditions should she be housed in the same building with the patient.

Until all of our students are given this training the phthisiophobia among nurses in general will still exist. In this advanced age of health and hygiene, surely every legitimate nurse should be prepared, at least to become a factor in oiling the machinery which will operate to stamp out tuberculosis whose toll is, as stated above, one death in every ten.

CORRECTIONS

In the December *Journal,* page 200, third line from the bottom, left hand column, read *representation* on the board of trustees, instead of *representatives.*

On page 201, right hand column, the paragraph beginning, "As no school can be better,"—fourth line, change administration to administrators, making it read, "for the preparation of administrators."

SONGS BY A WAR INVALID

"Looking On" is a modest little booklet containing some thirty inspirational poems by Jimmy Howcroft, a British airman who sustained a broken back during the World War and who is still unable to move hand or foot. The poems reveal an amazing optimism in view of the hopeless physical condition of the author. John Oxenham says in the preface, "Some of you may think you could write better verse. How many of us could write anything at all under such conditions?" The little book may be obtained by sending 2/6 ($.75) to—Jimmy Howcroft, Little Forest Cottage, Lipbook, Hants, England.

DOCTORS AND NURSES CLASSIFIED

The profession of medicine is made up of three groups: an upper third—leaders in research, thought and helpful action, self immolating altruists, the flower of civilization; a middle third—strong, able, clear minded men, who follow the lead of the upper third; and a lower third—prejudiced, ignorant, self-centered, whose approbation is undesirable. The sanitarian must have the upper two thirds with him; the lower third against him.

The nurses may be roughly classed as are the doctors: upper, middle and lower thirds. The upper and middle thirds are priceless boons to the community; the lower third almost as pernicious as the corresponding class of doctors. A health department cannot successfully administer without the public health nurse, who, if wisely chosen, will respect the rights of the doctor and add to his honor and influence. If she be of the lower third she will embitter, and justly so, the best men of the profession.—*Edward Martin, M.D., in The American Journal of Public Health.*

DEPARTMENT OF RED CROSS NURSING

CLARA D. NOYES, R.N., DEPARTMENT EDITOR
Director, Nursing Service, American Red Cross

THE RETURN OF BREAD CAST UPON THE WATERS

PERHAPS nothing brings greater satisfaction to the Nursing Service of the American Red Cross in particular and the nurses of America in general, than to learn that work done by a member of this profession in some remote part of the world has lived and borne fruit. A particularly interesting example of this has recently been observed by Mrs. Charlotte M. Heilman, a nurse member of the Italian Commission to Europe during the days of the war.

Upon Mrs. Heilman's return last summer from a vacation spent in Switzerland, she visited Valdobiadene in Italy, a town on the Piave, near Monte Grappa, where she was sent by the American Red Cross shortly after the armistice to establish a small hospital for the refugees who were returning to what was left of their former homes. Before the war this little town was prosperous, lying in the heart of a very productive land, where were silk mills in which the beautiful Italian silks dear to our hearts were made. A hospital dating back to the time of Dante, which accommodated five hundred patients when war was declared, served all the neighboring villages as well as the little town of Valdobiadene, itself. When the war terminated the town was practically gone, little was left but the bare frames of the houses. When Mrs. Heilman arrived only a few families had returned, but the everlasting stream of refugees was beginning to arrive with little or nothing more than a bundle or bag which they carried on their backs.

With the usual patience of the Italian, the men set cheerfully to work to erect some sort of shelter under which a bed of dry leaves or grass was made. Mrs. Heilman states:—

> Their philosophy amazed me. Sometimes I offered sympathy to a family and almost always received a smile and the reply "at any rate we are free and we can build our homes again."

The American Red Cross erected two barracks on the grounds of the old hospital and repaired the end of one of the buildings to serve as a kitchen and storeroom. It also supplied the equipment for a one-hundred bed hospital, including the operating room. The same physician who had charge of the old hospital was secured to take charge of the medical work. The only nurses Mrs. Heilman was able to secure were women of the village, and soldiers. Later when the hospital was well under way and the people were beginning to adjust themselves, the American Red Cross withdrew. Two years have passed since Mrs. Heilman left. During that period, she found, many buildings had been reerected, mills were ready for work, schools going on smoothly, and the hospital in excellent condition. Mrs. Heilman writes:—

> Two barracks are still in use, one of the old buildings has been reconstructed for office, kitchen, dining room, wards, and private rooms for fifty patients, isolation rooms, operating room, drug room, store room for mattresses, etc., also a small chapel, and

living apartments for the Sisters, (who, by the way, were the same as were in the Hospital before the war.) Another building which will accommodate 100 beds is almost completed.

The superintendent and the Sisters were delighted to see me and took me into every nook and corner of the place to show me what use they had made of the gifts of the A. R. C. Some appliances which they did not understand were brought out to have me demonstrate their use.

After we finished our rounds of the hospital, we had tea in the Sisters' apartments which had been made very cozy and homelike with things we left behind, including an old Victrola, a sewing machine, the lamp which I had carried all the way from Padua, dishes, and other things which were familiar to me.

Everything which we had left had been put to the use for which it was intended, and as I have heard many tales of how our gifts in various places have been misappropriated, I felt much gratified.

It was indeed a happy day for me and I was truly sorry when the hour for my departure arrived. I want the A. R. C. to know how appreciative this hospital is for the help we gave, and what it has meant to them to be able to provide hospital care to these people who were accustomed to it in normal times, and needed it more than ever when their homes were in ruins.

This illustration also demonstrates the wisdom of the universal policy which has been followed by the American Red Cross, of developing and assisting, but withdrawing when a community is able to assume the responsibility of direction. The American Red Cross has been exceedingly careful to follow this policy lest its work, instead of proving stimulating to a communlty, might have the opposite effect and create inertia, if not actual pauperism.

The Red Cross Nurse in Greece

The Refugee situation in Greece becomes more overwhelming and perplexing each day. The November 15 reports from the American Red Cross show at least 140,000 in and around Salonica, with more arriving daily. They come from Smyrna, Constantinople and Thrace, the first with practically nothing; the second, with some food and equipment; the last named, with cattle and household goods. There seems to have been no estimate of those from Thrace made, but they don't appear to be as serious, as they are being sent to the farming districts and it is hoped that they will become self-supporting almost immediately. The Smyrna refugees, largely women, children, old men and women, present the greatest problem.

At Salonica the barracks formerly used by the French and British during the war are being utilized and put into order, while many near-by camps accommodating from 2,000 to 1,000 have been established. The same condition exists in and around Athens, and through the Greek Isles. It has been estimated that something over 1,000,000 refugees are now in Greece.

The American Red Cross has established its headquarters in Athens, and in coöperation with the Greek government, Greek Red Cross, and other National Committees such as the International Red Cross, and the League of Nations, is doing all it can to mitigate the suffering. Large quantities of material have been bought in Europe and several shiploads of goods, clothing, food and medical supplies sent from this country. About $1,500,000 has already been spent by the Red Cross for this purpose.

In addition to the nurses who have been assigned to this work, the

following sailed for Greece on December 9: Christine M. Nuno, Alice G. Carr, Mary M. A. Weiss, Eleanor Dove.

Perhaps no one is better known to the Red Cross nurses than Miss Nuno, whose service in the Army and with the Red Cross at 44 East 23rd Street, New York City, has brought her into close association and endeared her to thousands of nurses. She has been particularly concerned with the disabled ex-service nurse and the operation of the Bay Shore Convalescent Home. The nurses of this country will be interested in this assignment and the broader field for service afforded her thereby. Miss Carr, Miss Weiss and Miss Dove are all experienced overseas workers, having served under the banner of the Red Cross in previous assignments to the various countries of Europe in reconstruction work.

The Red Cross Courier

The first year of the life of the Courier will terminate January 1, 1923. About sixteen per cent. of the subscribers are enrolled Red Cross nurses. While the value of this publication as a medium for the transmission of Red Cross news and policies to our large Red Cross family is obvious, some changes, such as the use of better paper, increase in pages from eight to twelve, and a slight reduction in size of page will become effective almost immediately. While such changes will improve the appearance of the Courier, it is also the intention of the Editorial Staff to make the Courier of greater value by using more material of a constructive and interpretative character, thus making it of greater value especially to the nurses who are engaged in Red Cross work as administrators, as committee members, as public health nurses, and as instructors in the Red Cross course of Home Hygiene and Care of the Sick. Occasionally such questions have reached us, as: "Why is there not more Red Cross nursing news?" The Nursing Service is but one of many Red Cross services. The work for the ex-service man, Disaster Relief, Junior Red Cross, Nutrition Activities, First Aid, Production, and General Chapter News all desire and must have space. Therefore, the space must be divided accordingly.

We are proud of the manner in which the Red Cross nurses have responded to the solictations of the Red Cross to subscribe to the Courier, and we feel sure they will desire to renew this subscription promptly.

For backs that are taxing the nurse's ingenuity to keep from a bedsore I find nothing better than the unbeaten white of an egg patted over the area, and left untouched until it has dried. It forms almost a varnish, but a most comfortable and healing one. Stearate of zinc may be dusted on it before it dries to hasten the healing.—*Rose Edna Rogers, California.*

FOREIGN DEPARTMENT

LAVINIA L. DOCK, R.N., DEPARTMENT EDITOR

THE BRITISH REGISTRATION ACT AT WORK

THE endless struggle between reaction and democracy in English nursing affairs has continued and still continues. It has not been possible to record the events as they took place, but in the following excerpts from an address by Mrs. Bedford Fenwick at a meeting in support of independent candidates nominated to the General Nursing Council for England and Wales, our readers may gather the main outlines of that struggle.

As we go to press, we do not know how the elections turned out.

The Council appointed under the Act of 1919 had not worked without differences, considering the elements of which it was composed it would have been almost a miracle if it had. * * * The Council had worked strenuously. As soon as it met she had proposed that the work should be divided up between a series of standing committees, and this course was adopted. Finance, Education and Examination, Registration, and Disciplinary. There was an immense amount of work to be done, especially by the Education and Registration Committees. Nursing education had been allowed to run wild, and when it came to investigating qualifications for registration the sifting of knowledge was a very difficult work to perform.

There was the Disciplinary and Penal Committee. They did not hear anything about that but it was one of the most important of all. This was the committee which would investigate accusations against any registered nurse; it was very important that nurses should be governed by their peers, and that the committee should be formed of registered nurses. Nurses were placed on the Register by the whole Council, and they must be removed by the whole Council, not by any committee. The Rules provided for this safeguard, but it was a provision which had been contested.

During the first eighteen months of its existence, the General Nursing Council had done an immense amount of constructive work. It had drafted the constitution and published the rules for registration and education, and issued pamphlets containing syllabuses for training in general nursing, in mental nursing, in the nursing of sick children, in fever nursing, and for male nurses.

The rules provide for a just constitution, and had they not been tampered with through outside influence there would have been no friction in the General Nursing Council.

The first rift in the lute was the proposal that the Existing and Intermediate Nurses should be deprived of the record of their certificates on the State Register. The result of that disastrous proposition, if it had been carried into effect, would have been that the whole of the nurses at present in practice and holding good certificates of training, would have been deprived of their hard-earned qualifications and unable to compete for promotion with state certificated nurses when the State examination was inaugurated. It was a grossly unfair and illogical proposal. It arose because a limited number of persons in prominent positions had not got certificates of training, and was largely a personal matter. When the issue involved was understood, the minority on the Council felt that they had to make the choice between loyalty to the nurses, and the defence of their rights, and what was termed "disloyalty to the Council." Without hesitation they chose the former course. An agitation to prevent this wrong before it was too late was inaugurated. The attitude of the Ministry of Health was not sympathetic, but the nurses themselves impressed the Ministry with the justice of the demand and eventually this right was won.

The minority on the Council had suffered

The British Journal of Nursing, November 11, 1922, pp. 308-309.

many indignities; their proposals were voted down on nearly every occasion, not on the merits of the case, but by a partisan vote.
* * *

In the Nurses' Registration Act and the Rules framed upon it, great privileges were given to nurses. An excellent syllabus of general training had been framed but it was now suggested that this should be "temporarily withdrawn," and a skeleton examination syllabus adopted as a mean substitute, in spite of the fact that many training schools had adopted the syllabus of general training, and nurses were being prepared for the State examination upon it.

The Rules were simple, and provided for equality for all nurses. It was doubtful if many nurses had studied them. It must be realized that the temperament of large numbers of nurses was apathetic, presumably because their work was so absorbing, and did not leave them with much energy to consider other things.

It would be remembered by those present that after the Nurses' Registration Act was practically won, a new Society was formed to cut across the bows of the organizations of nurses which had worked so steadfastly for a quarter of a century to gain this measure, and took some 17,000 guineas from nurses on the strength of a pledge made in print, that if they were on the College register they would automatically and without further fee be placed upon the State register when the Nurses' Registration Bill was passed. The consequence was that many members of the College of Nursing, when the Act became law, did not place their names on the State register, and declared that they would not pay another guinea, and be bothered to fill in any more papers. The managers of the new body, therefore, became perturbed. Votes would not be there in support of its members when the election of the General Nursing Council took place. But it was known that so long as Mrs. Bedford Fenwick was in the chair of the Registration Committee there would be no preferential treatment for any body of nurses, but impartial treatment for all. It became absolutely necessary, therefore, to remove her from power. So outside the Council plans were set on foot. The majority of members paralyzed the work of the Council by absenting themselves from meetings for ten weeks, when they came back with *carte blanche* from the Minister of Health to draft rules to carry out their policy. A rule (Rule 9 (A) was framed and carried giving permission to the Council to place certain nurses on the register as second-hand entrants without trouble to themselves. Rule 9 (A) constituted an unfair preferential electorate, some persons taking an active part in securing this preferential treatment for one group of nurses through members of the Council amenable to their influence.

What had been the record of the majority of the Council during the last fifteen months?

1. They had attempted to deprive the nurses of the record of their certificates on the State Register.

2. They had wasted an enormous amount of time and money on drafting and printing a syllabus of training the promulgation of which they now proposed should be indefinitely postponed.

3. Doctors monopolized the chairs of important standing committees, which should be filled by registered nurses, and conducted their affairs in a most dictatorial spirit.

4. Silent members from all over the country cost the nurses hundreds of pounds for recording their votes on party lines.

Defining the policy of the group of Independent nominees, Mrs. Bedford Fenwick said:

Our policy is what it has always been.

1. Self-government for the nursing profession upon the basic principles upon which every other profession is organized: Power of self-expression, power of organization.

2. Control of education and of economic conditions.

3. Control of finance.

4. Coöperation with allied societies dealing with the health of the people for the benefit of the people.

If returned, we are prepared to work for an efficient and progressing syllabus of education, a sound system of examination in which registered nurses take a sufficient part. We are prepared to urge constant consultation

between the medical and nursing professions on work mutually beneficial to the health of the people, and between the nurses of the component parts of the Empire.

We are prepared to work for an Act to amend the Constitution of the Council, that it shall be a Council entirely elected by registered nurses, and not, as at present, controlled by the nominees of Government Departments ,a constitution which has proved most inimical to their interests.

That the Standing Committees of the Council shall have registered nurses as executive officers, and not medical men or lay persons.

Discipline.—We claim that a registered nurse accused of felony or misdemeanor, or misconduct, shall, before her name is removed from the register, have the right to be tried by her peers. * * * The Disciplinary Committee shall be composed of nurses.

OUR CONTRIBUTORS

Maud B. Muse, R.N., is a graduate of Lakeside Hospital School for Nurses, Cleveland, Ohio. She has been an instructor at St. Luke's Hospital, New York City, Leland Stanford, Jr., University, and the Vassar Training Camp. Miss Muse is now completing the work for Bachelor of Science degree at Teachers College, Columbia, and is assistant in the Department of Nursing and Health. She will remain at the College after graduation as an Instructor.

Ellen M. Putnam now devotes all of her time to selling insurance. She knows nurses and their problems, because she was for some years a hospital dietitian and served in that capacity with a Base Hospital at Camp Upton and in France.

May Kennedy, B.S., R.N., is a graduate of St. Joseph's Hospital School for Nurses, Chicago, Ill., and of Teachers College, Columbia University. She has been Superintendent of Nurses at the Indianapolis City Hospital, the Anna and the Kankakee State Hospitals, Illinois, served as Chief Nurse with the A. E. F., and is now Superintendent of the Illinois State School of Psychiatric Nursing.

Robert A. Kilduffe, M.A., M.D., is Director of Laboratories, Bureau of Health, McKeesport, Pa. He is the author of many articles on Bacteriology in its relation to Nursing.

David A. Snedden, Ph.D., is Professor of Vocational Education and of Educational Sociology at Teachers College, Columbia University. He is the author of a number of authoritative books in these fields.

Marion Crowe, R.N., graduated from St. Elizabeth's Hospital, School for Nurses, Brighton, Mass. After spending a number of years in Industrial Nursing, she took a public health nursing course at Simmons College and the Boston Instructive District Nursing Association. She is now Superintendent of the Visiting Nurse Association of Portland, Oregon.

Virginia P. Gibbes, R.N., graduated from the Presbyterian Hospital, Atlanta, Ga., and has had postgraduate courses at the New York Eye and Ear Infirmary and the Boston Floating Hospital. She gave about three years in service for her country. Miss Gibbes has done both District and Tuberculosis nursing in Atlanta. She is at present working with the Director of the Division of Child Hygiene, Georgia State Board of Health, and has been with the Healthmobile since June.

Lillian D. Githens, graduated from Miami Valley Hospital, Dayton, Ohio, in 1906. She has held positions as supervising nurse at Miami Valley Hospital, Dayton; chief nurse at Brookside Sanatorium, Dayton, two years; visiting nurse, Dayton, four years; Board of Health Nurse, Dayton, one year (contagion); Superintendent of Nurses, Miami Valley Hospital Dayton, 1911; Social Service Director, Miami Valley Hospital, three years. She has been Superintendent of Stillwater Sanatorium, Dayton, Ohio, for the past four years.

WHO'S WHO IN THE NURSING WORLD



XVII. ELIZABETH GORDON FOX, B.A., R.N.

BIRTHPLACE: Madison, Wisconsin. PARENTAGE: American. COLLEGE: University of Wisconsin, 1907. PROFESSIONAL EDUCATION: Johns Hopkins Hospital, 1910. Awarded the Senior Scholarship. POSITIONS HELD: Head Nurse, Surgical Ward, University Hospital, Minneapolis; Member of the Staff, Visiting Nurse Association, Chicago, Ill.; Superintendent, Public Health Nursing Organization, Dayton, O.; Superintendent, Instructive Visiting Nurse Society, Washington, D. C. PRESENT POSITION: National Director, Red Cross Public Health Nursing Service. OFFICES HELD: Director, Vice-President and President, National Organization for Public Health Nursing; Chairman, Provisional Public Health Nursing Section of the American Public Health Association; Past President, Graduate Nurses' Association and President Board of Nurse Examiners, Washington, D. C. AUTHOR OF: Various articles on Public Health Nursing. ADDRESS: 3800 14th Street, N. W., Washington, D. C.

DEPARTMENT OF PUBLIC HEALTH NURSING

A. M. Carr, R.N., Department Editor
National Organization for Public Health Nursing

"THE TWENTIETH CENTURY PANDORA"

By Marion G. Crowe, R.N.
Superintendent, The Visiting Nurse Association, Portland, Oregon



THE Portland Visiting Nurse Association has discovered her. We confess that our interest in the Health Fairy, and our envy of the nurses who could use her services, sharpened our wits and opened our eyes to an appreciation of our own possibilities.

The Portland Association is fortunate in having on its staff a nurse who has, besides her R.N. and University degree for public health, an added asset, physical culture and dancing.

Children love fairy stories and our Pandora, who can interpret a fairy dance, dressed in her white gown, with silver stars and white wings, is certainly worth seeing. Her district is one of the isolated ones, and oh, there is so much to do with the children in other than the public schools. (Portland has some public school nurses, who welcome any help.)

However, the work has progressed beautifully and we have equipped Pandora with the twentieth century box,—just a box that can easily be carried in the Ford. The outside is covered with paper representing c h i l d r e n gaily dressed, romping, rolling hoops, playing ball, etc., all suggestive of healthy children. And lo! when the box is opened there are found the necessary articles to make these children healthy. The box is lined with gorgeous paper with

pictures of vegetables, fruit, etc., and in place of the contents of the original Pandora's box are found wands tipped with the following articles: an aluminum cup with silver paper cut in strips representing sparkling water; a paper milk bottle; a potato with a face cut on it and a green leaf hat; a small bun with a tissue paper dress and ruffled cap; a bouquet of fluffy spinach and other green vegetables; a basket of eggs; gloves with peas hanging from the fingers; stuffed tomatoes representing dumb bells; a cake of soap, a wash cloth, and a tooth brush.

Pandora, with her knowledge and grace, charms the children to accompany her first in a dumb-bell and then a tooth brush drill. They have then become well acquainted and answer her questions enthusiastically regarding the contents of the box. It is a health lesson that remains in the memory of the children because of the interest which it stimulates, even though they may not be aware of its full significance. She completes her appearance with a beautiful dance. Recently, after watching Pandora, one of the children asked, "Can she really fly?"

Our readers who were interested in the account last month of the Kentucky Mountain Settlements will, we think, like these pictures of "Uncle Bird Owsley" with his load of baskets made by the mountain people, and one of the bridges across Troublesome Creek, now well known through Lucy Furman's "Mothering in Troublesome."

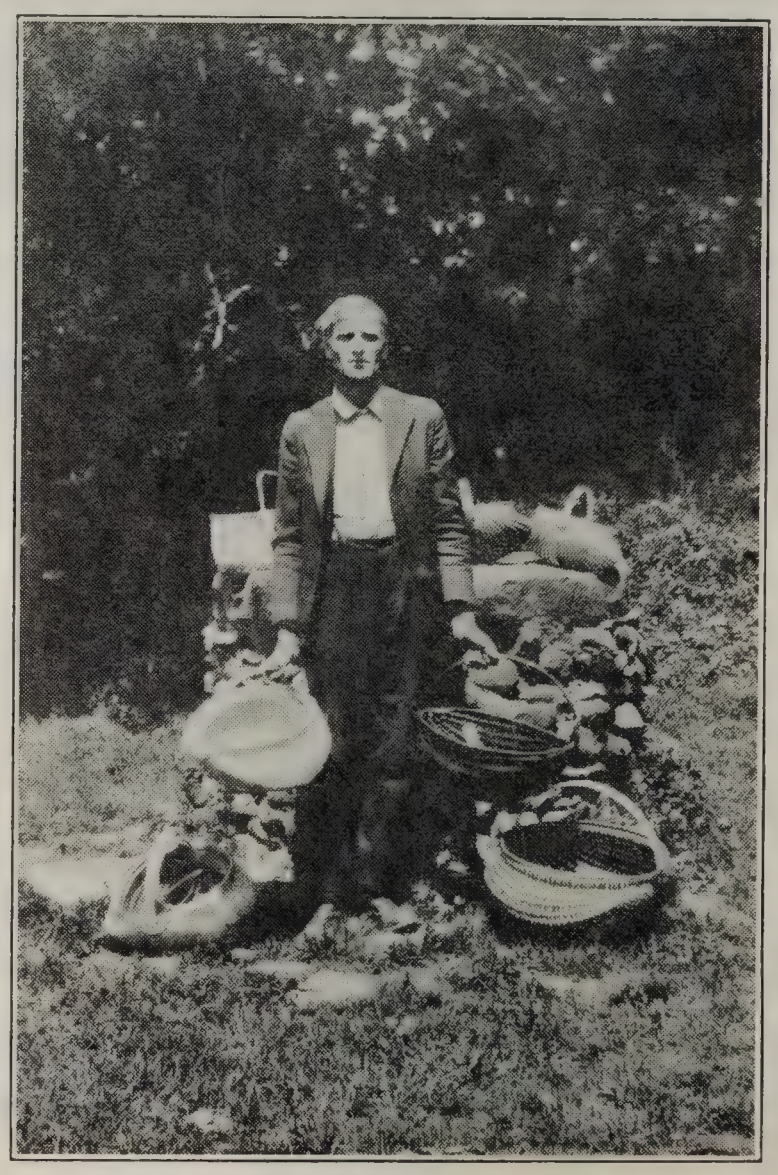
ITEMS

In a recent pamphlet issued by the National Tuberculosis Association, 370 Seventh Avenue, New York City, the title of which is A Sanatorium Home Treatment Programme for Tuberculosis Patients, Dr. H. A. Pattison presents tentative standards for this Home Care. These standards give in detail the way in which the members of a group unit should be cared for, under headings: Home Surroundings, House, Medical Examination and Medical Requirements, Dietetic, Hygienic and Sanitary Measures, Occupational Therapy, Social Service Work, Sanatorium Requirements, Nursing Requirements.

The following are the Nursing Requirements prepared with much thought:

1. The nurse in charge of the group must have had actual experience and training in public health nursing and also in the care of the tuberculous sick, as follows:

(a) She must have had at least a four months' course in public health nursing or, in lieu thereof, practical training under the





supervision of a nurse properly qualified according to the standards of the National Organization for Public Health Nursing.

(b) She must have had not less than two months as nurse in a tuberculosis sanatorium of class *A* or *B*.

(c) Or she must have had not less than six months' practical work in a tuberculosis dispensary. In case the nurse has had no sanatorium experience she shall be required to spend not less than one month in one of the sanatoria where members of the group are being trained.

(d) Every nurse shall be required to make herself fully acquainted with the personnel of the sanatorium staff and routine of treatment where the group members are treated and trained.

2. The nurse shall instruct some member of the family or other person to give such bedside care as is necessary and to carry out any other instructions of the physician which do not require knowledge or skill of a trained nurse, thus leaving her freer to perform her educational and supervising duties as a public health nurse.

It is understood that the several requirements are subject to revision as experience indicates.

In outlining the benefits that may be expected from this proposed experiment in Sanatorium home treatment, Dr. Pattison says:

Such a programme will doubtless lead to an increase in the number of public health nurses, and a wider knowledge of and interest in tuberculosis by nurses. It is possible that such an experiment could be conducted in rural as well as urban homes, with a consequent increase in the number of rural public health nurses.

The programme will be a contribution to the general tuberculosis movement. It will give an opportunity for more intensive family and social study. Almost without the knowledge of the patient or his family, the nurse will be gathering data on the economic cost of tuberculosis. She will be guided in this study by the instructions and blanks prepared and furnished by the National Association. The visiting nurse can secure valuable data of this sort that could be gained in no other way. There will be opportunity to observe the results of home treatment under various climatic conditions, at different altitudes, and among different social conditions. It will give a better opportunity to follow cases right on into industry and to study end results.

It will be interesting to watch the

results from this effort to help toward the solution of present difficulties in connection with the whole problem of sanatorium care of tuberculous patients. The New Jersey Tuberculosis League and the Department of Health of Newark have adopted this programme outlined by Dr. Pattison, and have financed it for one year.

Dr. Eugene R. Kelley, State Commissioner of Public Health, Massachusetts, in writing of the Modern Public Health movement, says there have been three fairly definite eras or periods in its development: First, the Era of Sanitation, roughly, from 1850 to 1880; the key-word of this era was "environment" and its typical exponent in the public health ranks was the sanitary engineer. Second, the Era of Infectious Disease Work, began roughly about 1870 and for about thirty years overshadowed all other public health concepts. The key-word of this era was "the germ." It was principally concerned with bacteriology and its typical exponent was the laboratory research worker. The third era, just beginning, may be called the Era of Hygiene and marks a return to first principles. It is principally concerned with the human machine, and its key-word is "education." Its typical exponent is perhaps the public health nurse.

HEALTH LECTURES FOR CRIMINALS

A curious new departure has been made by the People's League of Health in England. With the approval of the government, it has extended its propaganda to prisons, where it has arranged for lectures on "Health of Mind and Body: How to Obtain and Preserve It." Criminals are generally very ignorant persons, and as ignorant of hygiene as of other things. It is therefore hoped that good results will be obtained from the movement.

From: *The Journal, American Medical Association,* October 14, 1922.

Dr. Haven Emerson, Professor of Public Health Administration at Columbia University, is the new editor of the Health Department of *The Survey*. Dr. Emerson was Commissioner of Health of New York City in Mayor Mitchel's progressive administration. He was director of the Cleveland Hospital and Health Survey and of the Buffalo Hospital Survey. During the war he was in charge of the office of epidemiology of the chief surgeon's office, with the rank of colonel. He has taught on public health and related subjects in Cornell University, the New York School of Social Work, Teachers College, the College of Physicians and Surgeons.

The Survey already shows Dr. Emerson's influence and is of increasing interest to nurses.

HOSPITAL AND TRAINING SCHOOL ADMINISTRATION

ALICE SHEPARD GILMAN, R.N., DEPARTMENT EDITOR

PRINCIPLES EFFECTIVE IN VOCATIONAL EDUCATION APPLIED TO NURSING EDUCATION [1]

BY DAVID SNEDDEN, PH.D.
Columbia University, New York

I SUPPOSE there were some kinds of vocational schools hundreds and possibly thousands of years ago. The only types of ancient vocational schools of which I can find record were those employed to train soldiers.

The soldiers in the Macedonian phalanx were probably trained in a kind of vocational school. The aristocrats of even old Athens and Persia were trained for governing in a kind of vocational school for aristocrats. But down through the middle ages we find the beginnings of what we call professional schools, which of course are simply one kind of vocational schools: schools of medicine, law, theology. Every historic kind of vocational school, however, was promoted or developed as something unique; and very little effort has been made until very recently, as far as I know, to try to derive the common underlying principle of this great field of education that we distinguish as vocational education. But during the last twenty years in the United States there has come to be so widespread an interest in social efficiency, in making out of boys and girls, men and women who can better serve themselves and their people, that we have worked out, with almost amazing speed, a very considerable range of principles underlying such education. And because I have been invited to say a few words to you on that topic this afternoon I shall proceed to make as many practical applications of those principles, as I see them, to your field of work as I know how. I realize perfectly that this is a dangerous undertaking, because I know comparatively little about nursing education, and a person who tries to give concrete application to any theories or principles is always in danger of missing some very essential points.

In order to get a broad basis for our discussion I would like, however, to widen the definition of vocational education a bit by reminding you that in the sociological sense all men and all women, through all the ages of history, have had a kind of vocational education. All men and all women, broadly speaking, have had to learn to work; and where and how they learned to work constituted, of course, for them, their vocational education. When you try to analyze the sixty or seventy million adults now in the United States with a view of finding what kind of vocational education they have had, it becomes very easy to d i v i d e that

[1] Stenographic report of an address given at the annual meeting of the New York State Nurses' Association, New York City, October, 1922.

vocational education into at least three very distinct types. First there are those who have had their vocational education in what we have already called a vocational school. Any type of school is of course an institution whose primary business it is to educate. It is not the primary business of the factory and the farm and the boat and the hotel and the mine to educate its workers. Incidentally, all of these institutions do educate, but that is not their primary function,—whereas the primary function of any type of school is to give some kind of education. And so we find, as nearly as I can compute from the figures of the United States census, that something like five or six per cent of the adult workers in the United States today have been prepared for their vocations in vocational schools. You would easily infer that this number probably includes practically all of the physicians, trained nurses, and lawyers, most of the clergymen, a good many elementary school teachers, a considerable proportion of the stenographers, and nearly all our army officers and other people of that type. So we can put to the credit of vocational school education in the United States some five or six per cent of our qualified workers.

Further analysis will show that another five or six per cent of the people of the United States were educated for their vocations under that ancient form of vocational education that dates back certainly to the times of the Old Testament and that flourished tremendously all through the middle ages, which we designate as apprenticeship. Nearly all the plumbers, locomotive engineers, pattern makers, a good many bricklayers, carpenters, electro-engravers and other people of that kind, have attained to such educational proficiency as they now have by means of apprenticeship in this country—apprenticeship in a country where it has never flourished very well and where, on the whole, it shows signs of decadence rather than of vigorous growth.

This leaves to be accounted for some ninety per cent of the adult workers in the United States who are today in vocations, and who, at anywhere from twenty-five to sixty years of age, exhibit the products of certain kinds of vocational education, yet who were never trained through any vocational schools or under any systematic apprenticeship at all. I have recently adopted the term "pickup" vocational education for them. They have been educated in the "pickup" school, if you want to call it such. That gives recognition to the fact that they have learned a good deal of what they now have by imitation, that they have picked it up in bits from watching other workers and from trial and error processes among themselves. Broadly speaking, nearly all of the farmers, nearly all of the home workers, nearly all the sales people and clerks in stores, nearly all the miners, nearly all the factory hands, nearly all the sailors and large proportions of other workers in the United States, constituting in the total about ninety per cent, were educated in this "pickup" school. And if you want a very simple interpretation of what we sometimes call the American movement for vocational education, you must really interpret it as a movement to transfer certain types of vocational education, perhaps all, from the pickup type either to the apprentice type or to the definite school type.

Now the profession to which you belong is a profession that has had its vocational schools for more than fifty years, and in some ways, as I read the history of nursing education, it has been a peculiarly glorious history. Nursing education has been spared, to a certain extent, one of the afflictions that for a very long time burdened medical education, legal education, engineering education, normal school education and other forms of higher vocational education. All of these other forms that I have named, in their early stages, almost invariably attempted to educate via books and via laboratories only, but not via practical experience at all. The old type of medical college was a college of books and laboratories but involved no direct participation in the healing arts at all. The old time engineering college, and I think we can say with a certain amount of justice, even the present-day engineering college, is still an institution of books and of laboratories, and only in a rare case like Cincinnati University or the Massachusetts Institute of Technology do you find the beginnings of practical participation. Here and there a good many engineering schools insist that the summer vacation shall be spent in practical participation, but they have come to it reluctantly. The old type of law school, built on its foundation of Blackstone, sought to teach not the practice of law, but the principles of law; and they were not doing very satisfactory work until the development of the case method. The case method has succeeded in bringing the law school education very close to the conditions of life, the practical workings of legal practice.

Normal school education was originally a matter largely of books and of theory; but latterly the practice school has grown until more and more the normal school system of vocational training reaches practical participation. The earlier agricultural colleges taught men from books, but brought the student close to the soil or close to domestic animals to a very slight extent indeed. A great deal of that earlier agricultural education itself, therefore, was futile as regards vocational powers.

And so I say the very history of nursing education has been spared through these many years of trial and confusion too great devotion to a theoretical and bookish kind of vocational education. From the start of the nursing school, as I read, perhaps necessity here, perhaps great devotion there, brought it about that nursing education should partake something of the character of an apprenticeship education; that there should be a certain amount of that practical, intimate contact with the realities of work that always, of course, fell to the lot of the apprentice. It has been complained, I am well aware, that some of nursing education has been bound a little too tight to the wheel of practice, that it does not give its candidates a chance to look up into the bigger realms of technical knowledge that have been rapidly growing, and which, in the last analysis, should serve to enrich and enlarge nursing education.

Of course it is characteristic of all types of education to swing now to one extreme a little and now to the other. I have no doubt that in the last few years many corrective tendencies have been applied in the field of nursing education. But I have many times discussed the sound pedagogy of nursing

education to my class of students with whom I have been discussing vocational education. Especially in schools for commercial callings and farming, it has been very difficult to introduce any good vocational education. It has been so difficult for students in these fields to see the necessity of continuous, practical participation as a means of effective vocational education. I have frequently referred to nursing education as having been, in my estimation, from say 1860 to 1900, during which period even law education and medical education were more bookish than practical, the soundest and most effective system of vocational education in schools that the world had ever seen in proportion to the time expended upon it.

So from that basis I want to discuss with you today certain of what seem to me to be the current problems of nursing education, to which we can apply these principles of vocational education that are going to be more and more clearly seen.

One principle that is being quite generally accepted today of vocational education is that there must be a proper compounding, as I have already hinted, of practical participation with the study of the sciences, the fine arts, any other arts, mathematics, foreign language—whatever there is that tends, as it were, to round out a good combination of possibilities of progress for the practitioners of the vocation. But we note the almost inevitable and universal tendency to separate those two factors of education, putting practical participation in one compartment, the technical studies in another, and leaving the student to bring the two together. All our experience with vocational education to date proves that, except for a very small percentage of the most gifted minds, unless the training school will itself take charge of this welding process, the normal average student will not do it. They will not often do it even in that highly selected class of students that we get in our engineering colleges. In other words, a sounder knowledge of vocational education compels an interlacing, a mutual relationship —perhaps the word correlation will suggest it—of practice and theory, and theory and practice, towards practical efficiency. I think it can justly be said of every type of vocational school that we know anything about, even including medicine, and conspicuously including normal schools and engineering, that they have a tendency to teach those two great factors or elements of vocational efficiency, in separate compartments, without taking the proper precautions to bring them together.

The reasons for that are inherent and very difficult to overcome. The first reason for it is that in practical participation in any kind of work, one is able to progress from the simple to the difficult, from one routine to another; but when we come to such fields of related knowledge as chemistry, physiology, bacteriology, physics, foreign language, mathematics, and the rest, each one of those subjects tends inevitably to develop its own inherent logical organization. In other words, you have, as it were, two original schemes here, unrelated to each other, and the tendency of the teachers is to move their pupils along each one separately, hoping that in some kind of way, by and by, the student when he experiences need, will then bring his technical knowledge over

to reinforce practice, or bring his practical experience to a better interpretation through his technical knowledge.

In the light of the best psychology we have at our disposal, it is probable that only about two or three per cent of minds are born with enough ability to make these applications alone. Recognition of that throws upon us the educational and technological problem of achieving better methods. There are two types of methods now used. One is to make the technical knowledge, as it were, the center, and then to dovetail in a little practice here and there and everywhere as we go along. That is the practice today of the engineering colleges, to a large extent. It is also true to a very considerable extent in the normal colleges, notwithstanding the development of practice schools.

The other method, of course, would be to proceed along the line from low to high, from simple to complex, of practice; and then, at successive points, discover the kind of technical knowledge that can properly be incorporated into the practice. And my own very firm belief is that the latter method is the one that is going to prevail. I believe it will eventually prevail even in medicine and in engineering.

It may be that much job analysis is necessary in the nursing profession or nursing education, so far as certain older or historic types of nursing are concerned. The natural course of events has given your profession a very competent grasp upon the requirements of certain of the historic types of nursing education. But the significant thing to the observer today is the multiplication of vocations under the general category of nursing. The situation here, of course, is exactly parallel to what began as far back as the 1860's in the field of engineering education. In 1860 or 1865, when those great engineering colleges of ours in this country were developing so fast, partly under the influence of the so-called Morril Act of Congress, leaders thought in terms of just one engineering profession, civil engineering. They used the term "civil" sometimes only to distinguish it from certain types of war or military engineering. Well, today, a well developed engineering college has fourteen or fifteen types of engineering education; it has mining engineering, mechanical engineering, electrical engineering, chemical engineering. It has been found necessary to build distinctive curricula for each of those new types, even though an inadequate analysis of the job to be done has preceded. Conservatism has often ruled and it has been natural that for a long time the mechanical engineer has had to take very much the same basic studies as the civil engineer.

Now may I use another illustration? There is a rather old vocation in the United States—that is, a vocation that many years ago had developed pretty good vocational schools,—called dentistry. Now the early dentist was perhaps only a high grade mechanic—a mechanic of fillings and pullings. But today the dentist at his best is something very different from that. At his best he is one who is following very intelligently all of his new discoveries about the disturbances to bodily health that emanate from decayed teeth or from decayed bony structure under the teeth. And the result is that from a hundred different directions, one is tempted to say, there are coming pressures to make the dental

profession a higher profession, a profession with better training, better preparation, better selection of personnel at the outset. Universities now want to put their dental schools on the same high professional level as schools of medicine. But in the meantime, if as an accompaniment of this, the prices of dental work go up, it is quite evident that large proportions of our population will not be able to afford dental work on the new basis. And so now we see the beginnings of differentiation within the dental profession. For several years there has been a strenuous effort made in Massachusetts to legalize a certain kind of dental practice by people with comparatively meager professional education: namely, that kind of dental practice that is so simple really as the cleansing of the teeth. It is recognized by people with common sense, I think, that it is a very expensive thing to put to the job of cleaning the teeth a person who had a prolonged and expensive professional training. And the State of Ohio, as some of you know, has now legalized the place or the function or the position or trade, or whatever you call it, of dental assistant. I think in some states they have tried to call it a dental nurse; I doubt if it is called that in Ohio, but I am not well enough informed as to the fact. But this dental assistant is legalized only to cleanse teeth and under the direction of the dentist, and there is to be presumably saved a great deal of the expert's time to concern himself with the more necessary work.

Now in many other professions this differentiation goes on apace, and of course, as I said before, it takes only cursory reading today to realize that in the broad field of nursing there is this differentiation going on. I have been for many years myself very much interested in bringing about in the schools the presence of the so-called school nurse. But when you begin to examine closely into what should be, and what in a given case probably will be, the functions of the school nurse, it is quite manifest that there are certain functions as to which that school nurse may be required to have intimate knowledge, that have nothing whatever to do with historic nursing, just as there are some other of her functions that are close to historic nursing. And so we have in the making, as it were, a new type of job or profession, and we have to differentiate and to make the education the most effective possible; and we have got somehow or other to make readjustments of training for them. These readjustments should involve very considerable amounts of some kind of experience, study about, and training in, the things that have to do with classroom procedure, with schoolroom behavior; and on the other hand, certain portions of that training should resemble that which is now the part of the traditional or historic type of nurse. As far as I can read the signs of the times the same thing is going to be largely true with the public health nurse or municipal nurse, the institutional nurse, the factory nurse, or other jobs of that kind. It may be that we are then in the presence of the developing gradations of this education. It may be that there are some of these coming nursing educations that shall be put on just exactly as high a level in terms of personnel and preparatory training as the medical profession itself; and on the other hand, there may

be some others that may be regarded as more nearly analogous, perhaps, to this dental assistant's position.

What society unquestionably will do in situations of that kind is to recognize the signs of our times, which are towards specialization, and then allocate them on some system of classification of license, so that a person licensed to perform one type of work shall not perform another type of work for which he is not qualified.

Now of course to a certain extent we all resist a tendency of that kind, because it brings with it some suggestion of the degradation of an historic profession. But I want to recognize in that connection what I think can be stated today as a third basic principle of vocational education: namely, that we shall not outrun our sources of supply of material. You have heard a great deal in recent years about intelligence testing and about I. Q.'s and things of that sort. Now the psychologists have brought, as it were, within the realm of a more or less exact science today what in a kind of way we always knew: namely, that people are born into this world with varying endowments; and that the number of people born every year with the highest endowments is unfortunately, in the present state of eugenics of the race, pretty small. There are only a few very able people at any time, and fortunately it is just as equally true that there are only a few very inferior people at any one time. The great majority of people are of the middle grade and average.

Now I doubt personally if there has ever been a time in history when there were so many kinds of work clamoring, competing, fighting each other to get this superior four or five or eight per cent of our boys and girls who have been brought into the world with these very high grade endowments. In the field which I know most, public school teaching, there is not the slightest doubt today that the whole field of secretarial work, from stenographer up, is competing very sharply with education to draw away not merely the superior young women in our cities, but to a large extent the superior young women from our farms as well.

The same thing is happening to nursing more or less. But in the general field of secretarial work, the number of young w o m e n workers more than doubled between 1910 and 1920, reaching a total of 500,000.

In this competition it is always possible to pay more, to make the career more attractive; but there are limits to that, just as there are limits to what we can do with the human mind at the very best. Hence no field of vocational education can afford to outrun its source of supply and, by the way, the vocation of nursing is also one of those professions which the census shows to have doubled in ten years. Perhaps the only way of keeping our feet on solid ground and keeping up with the demand may be differentiation into higher or lower degrees of the vocation itself, so that we have a place for the very few gifted persons who come to us and are willing to remain with us for more than a few years, as well as for the less able.

We do want the vocation to be able to make the best or maximum use of all kinds of material that are properly available. I sometimes think that the shrewdest and wisest man in America for the last fifty years or perhaps the last hundred years has been what might

be called the typical business man in this respect. I remember in England one time talking with Michael Sadler, a prominent leader in English education. He had been visiting in this country and he told me this: "The only great men you have, the great men in America today, are the *entrepreneurs*. They are the only originators, they are the only great. Your *entrepreneur* in America, the man who organizes a gigantic enterprise, employs thousands of people. Here he will pay a person $12 a week and there he will pay a person $50,000 a year, according to his qualifications. He has, as it were, an assortment of positions available; he makes them. Your great big commercial enterprise today has a place of welcome for every type of person, from the moron to the inventive genius." This is one of the principles which no profession can afford completely to ignore. We cannot assume that there is just one standard type of worker for the whole field of elementary education, or for the whole field of practical medicine or dentistry; and I am sure we cannot so assume it, either, for the profession of nursing, remembering that this profession must depend on young women, the large majority of whom will in four or five or six years marry.

I speak in this vein because that broad field of work in the ministry of health that is to be achieved by others than physicians, whether it be the health of school children or the health of poverty stricken mothers reached by visiting nurses, or others,—that field is manifestly expanding, not only with extreme rapidity, but is obviously ready to become a sort of a great field of public work rather than a private enterprise—a great public work like that of public school teaching.

There is every reason why we should want the best service here and the best training for that service. If we can render a larger public service by differentiation of type, one type of training to be offered to those who are not quite so bright or brilliant or enduring, and another type of those who combine perhaps wonderful minds and wonderful enduring powers with some scientific insight; then of course it becomes manifestly the public duty of the profession to make those adaptations.

Do not imagine from what I have just said that I am favoring any lowering of standards in nursing education. I am of the opinion that in this, as well as in some other fields of vocational education, we may effect such reorganization of our methods of professional education as will enable the mentally superior to reach their final high goals by a series of somewhat separated steps rather than all at once.

At Teachers College, the average age of students in the School of Education is probably between twenty-five and thirty-five years. All of those students manifestly have served some years as teachers. What are they in Teachers College for? We have a little word in industrial education that perhaps describes it. They are there to be "up-graded"; they are there seeking advancement to higher stages. Some who have been teachers want now to be principals. People do not become s c h o o l principals until twenty-five to thirty-five years of age. Some want to become superintendents or administrators. Some have been superintendents of small places and they come to us to get some more training

so they may step into more responsible places.

In the field of engineering education there is, as yet, practically none of this up-grading education offered, I think. The attempt is made to finish the job, as it were, at once, while the student is still with them and while he is still young. But I think that method will prove to be wrong from the standpoint, especially, of all such vocations which might be described as vocations of leadership and into which, eventually, so many engineers go. Medicine illustrates a somewhat different tendency. Today the young man graduating from medical college, with his necessary hospital practice, usually spends a number of years as general practitioner. Then if he believes he can serve himself and society better by being a specialist, he returns for a graduate year of work at some central point.

A specialist is, of course, simply one type of leader. It seems to me that for a number of positions of leadership that are likely to emerge in nursing, we s h o u l d establish advanced training courses for those persons of some years experience. Especially should these appeal to those persons who have just made up their minds to make a life career of nursing. There are some beginnings of that sort of thing now; but as a principle of vocational education, the programme of up-grading education for leaders has not yet been very widely accepted by professional schools. The extent to which that system now prevails in the great field of education for leadership which takes place on the "pickup" level in department stores and factories and on railroads is something little realized as yet. In any great bank, department store, railroad system, or factory, it is the rule. Down at the bottom, as operatives, are thousands of young w o r k e r s. The management watches them year by year. Year by year, as they struggle to become more efficient, more conscientious, more informed, the best ones emerge, perhaps after four, or six, or eight years. Naturally these are the gifted ones. We cannot defeat nature's purpose in putting premiums on natural endowments. Those gifted ones succeed who have put their ten talents out at interest. They have attended night school, they have taken correspondence-school courses, they have learned to study by themselves. Here we have self training for leadership. High grade schools will eventually help out all along the line.

I want to thank you for the opportunity to say these few words about one of my hobbies and you will pardon me for making some suggestions as to the "up-grading" of your profession.

One of the most convenient—and certainly the least expensive—bed tables I have ever used was made by knocking out one face and the two long sides of an ordinary packing box. The box was six or eight inches longer than the width across the patient's knees, and something over a foot high. Of course the size of the box would depend on the size of the patient and the use to which it would be put.—*Rose Edna Rogers, California.*

STUDENT NURSES' PAGE

REPORT OF A CASE ADMITTED TO THE HUNAN-YALE HOSPITAL, CHANGSHA, CHINA, SHOWING THE DANGERS OF ASCARIASIS

By Margaret Liu
Senior Student Nurse

T'AN TSAI KUANG, aged 3 years, female, single.

Admitted—August 16, 1922.

Chief Complaint—Vomiting and abdominal pain for two days.

Family History—Negative.

Past History—Negative except that she passed some round worms after taking some Chinese medicine, before admission.

Present Illness—Two days ago the patient complained of some abdominal pain and vomited the food taken. The bowels move once daily, and are normal in consistency. The pain in the abdomen is only relieved by pressure. On the day of admission she had two bowel movements, and passed round worms in the stool.

Physical Examination — Heart and lungs negative. Abdomen—Recti muscles somewhat rigid. Slight tenderness all over the abdomen.

Temperature — On admission 37,[1] pulse 80, resp. 20. In three hours temperature suddenly rose to 38, pulse 140, resp. 40.

Exploratory laparotomy for intestinal obstruction or intussusception advised.

Operation—Showed gangrene of the intestine for about twelve inches, above an obstruction three feet from the cecum. The obstruction consisted of a mass of ascaris two inches in diameter.

The patient died before resection could be done.

[1] Evidently Centigrade thermometers are used in China. The English is entirely Miss Liu's.—Ed.

THE VALUE TO STUDENT NURSES OF EXCURSIONS TO OTHER INSTITUTIONS

By Ruby Lessig, Student Nurse,
Blessing Hospital, Quincy, Ill.

DURING the early period of our training and throughout the entire course, whenever practicable, we are permitted to visit other institutions in the city where activities are carried on which prove interesting and of value to the nursing profession.

This fall our class visited the Milk Pasteurizing plant, where we were shown the entire process of pasteurizing from the point of delivery of milk by the farmers to the plant, to the point where it was ready for delivery to the consumer. The plant having been recently established with all equipment new and clean—was interesting and we felt better informed. We can now tell our patients why pasteurized milk is more healthful than raw milk—especially when raw milk is purchased from the small dealer

and no inspection is made of cows, or the barns which house them.

In our next trip, to the City Waterworks, we were conducted through the establishment by the Superintendent, and we gained much information about how water is pumped from the Mississippi River, filtered, and purified with the various processes. According to their statistics and those of our City Health Board, a safe drinking water for the people is provided, thus checking typhoid fever, and other infections resulting from impure drinking water, which were present in the community before this effective process of water purification was carried on.

Following these, were excursions to the Ice Plant, where we saw pure ice in the making; and to the bakery—an evening tour so we might learn how bread and rolls are prepared in large quantities to supply smaller bake shops and institutions. Both proved not only of interest but profitable in our future work.

An entire afternoon, spent in the Sailors' and Soldiers' Home, including the infirmary, taught us how this immense institution can well be compared to a well organized small community efficiently managed in every detail.

These various excursions followed by the regular lecture and class room course in Hygiene and Sanitation gave us a better understanding of the subject and made us realize the close relationship of these activities to health and why we as nurses should familiarize ourselves with them.

EGG LEMONADE

It is astonishing how very few people have heard of this excellent beverage. It is so useful that I think it should be more widely known.

This is the way to make it: Slightly beat up an egg (white and yolk) in a glass with a pinch of salt. On to it squeeze the juice of a large lemon, or two limes according to taste and the amount of juice in them, you need about two tablespoonfuls of juice. Beat the egg and lemon juice well together till it is thin and not at all stringy. Fill up the glass with cold water and sweeten to taste. It should be served as cold as possible. The important point to remember is to squeeze the lemon juice on to the egg before adding the water. The juice of the lemon partially digests the egg white and makes it easily assimilated.

This simply made drink is very useful in Hospitals, as most patients will take such a palatable beverage, and it is a valuable method of administering nourishment. Being easily digested it does not interfere with ordinary meals.

In Infant Welfare work it is specially useful, as the egg and lemon juice combined is an easy way of adding vitamines to the diet of ill-nourished children, also to expectant mothers.

For growing girls it is excellent, if they are inclined to be anemic, then it could be made with the yolks of two and the white of one egg, when one remembers that the yolk of egg is a good source of iron, the benefit will easily be seen.

It is a good pick-me-up for tired nurses, and is especially nice if some crushed ice is added before filling up the glass with water.

There is absolutely no taste of raw egg. I have given it to patients who could not bear raw eggs in any form, and they have not known it was egg.

Orange lemonade can be made in the same way and is equally nice.—*Nursing Journal of India.*

LETTERS TO THE EDITOR

The editors are not responsible for opinions expressed in this department. Letters should not exceed 250 words in length and should be accompanied by the name and address of the writer.

A FIGHT FOR NURSES

DEAR EDITOR: Mrs. Robert Beattie, a prominent Detroit woman and the wife of one of our well known doctors was telling me of her deep interest in obtaining rank for nurses, in the army. Mrs. Beattie helped equip the nurses of Base Hospital No. 36, Detroit, for their work overseas, and was always deeply interested in their work and welfare. I thought all nurses in Michigan, and other states, too, might be interested in knowing how Mrs. Beattie worked and fought for us in Michigan and Washington. A letter was written by her to Congressman Doremus, and on her way to Florida she stopped off at many places to interest judges and others who were acquainted with the Congressman, so that they might write to him in favor of the proposition. Mr. Doremus replied, stating that he had taken up the matter with the chairman of the proper committee, who had informed him that a group of women was already in Washington, asking for the same reform. Mr. Doremus suggested that all efforts be combined, and said that he would be watchful of the interests of the Detroit women. Then followed a nation-wide bombardment of the Representatives at Washington, with letters, telegrams, and petitions from women's organizations which urged immediate action by Congress. Mrs. Beattie obtained the endorsement of every women's club in the city of Detroit, and the state of Michigan, also the support of the American Legion in city and state. Almost at a moment's notice she started for Minneapolis to seek the endorsement of the national convention of the American Legion, accompanied by Wilhemina Weyhing and Miss McDonald. She haunted the convention hall for several days, bringing all possible pressure to bear on the members, and on the personnel of the committee, to which the proposed bill was referred. Finally the committee reported favorably, and the bill received the sanction of the convention. The New York delegation had opposed the bill, but Theodore Roosevelt, Jr., came to the women's aid and passage became assured from that moment. Mark McKee of Detroit was also of great assistance, placing his long political experience at their service, and three happy, rejoicing women left for Detroit after this significant work for the bill had been accomplished. The scene of the battle was now transferred to Washington, where the measure came up for passage through Senate and House. The committee (Mrs. Beattie's) received a message from Washington, stating that Mrs. H. C. Havemeyer of New York was coming to Detroit in furtherance of the nation-wide campaign for the bill. It was suggested that a banquet be held, so that Mrs. Havemeyer might meet and inspire as great a number of women as possible, to work for the cause. With the aid of the Twentieth Century Club, and with Mrs. Beattie as hostess, a notable banquet was held in the club building. It was attended by the presidents of all the women's clubs in the city, as well as by prominent women of the state, including Mrs. Blodgett of Grand Rapids. Thousands of women were reached by the eloquent talks (and indirectly by the banquet) of Mrs. Havemeyer and Mrs. Blodgett who spurred every woman present to pledge support. A plan of campaign was agreed upon for the organizations represented, and it was arranged to send a shower of night letters when the bill should be in committee. At last came the final moment in the summer of 1920. The bill was before the House, and an emergency signal went out from Washington that all the influence possible be brought to bear on Michigan's representatives. Mrs. Beattie, the chairman of the committee, at once waited upon Mr. Henry Leland and Mr. Frederick Alger, and sought their help. Both promised readily, and both sent telegrams to the state's congressmen, pointing out the advisability of passing the measure. A few days later came word that the measure had gone through, without a single opposing vote. Those Representatives, who had been reported unfavorable, having been "won over" by the telegrams. Another signal came over the wires, that Michigan women would have to concentrate strongly on the Senate. Once more Mr. Leland and Mr.

Alger were applied to, and once more they sent telegrams to Washington and once more there was a unanimous vote, in favor. After that, only President Wilson's signature was needed. It was affixed late in the summer, and a period of keen anxiety thus ended. The much fought-for bill was safe. The committee, however, is not quite satisfied. It is eager to see erected, in Michigan, a home for nurses who served overseas. When this has been secured, they will consider their efforts fully crowned. Another person to whom The Nurses' Aid Committee feels that it owes many thanks is Mrs. Newbro, who helped make the banquet a success. In addition to the persons named, who were responsible for all expenses, numerous other personal friends and members of the general public, whose sympathy had been evoked by newspaper articles, came forward freely with contributions.

Michigan E. C.

A PLEA FOR PEDIATRIC TRAINING

DEAR EDITOR: Baby clinics, child health centers, children's and infants' hospitals exist in all progressive countries, and from these has arisen the great demand for the nurse especially trained in infants' and children's work. Where and how is she to be trained? Some general hospitals have an excellent Pediatric service, while others do not admit children under two years of age. The latter, it is evident, limit the training of the nurses to the under-school age and older children. Now is the opportunity of the Infants' and Children's hospitals with their special equipment and their plentiful and varied supply of material with which to train the nurses both in the wards and the clinics. A nurse from a general hospital should have at least three months training in Pediatrics. The nurse who wishes to specialize in this work, however, should take a postgraduate course for further experience. The fact must not be lost sight of that the affiliating nurse comes as a student and not as an employee of the hospital. Her course must be mapped out and arranged for and instruction given regularly. She must receive the necessary instruction in the special treatments in children's work and a course of lectures by the Pediatrist. The broadening education of going to another institution cannot be underestimated. Students are placed in a strange environment with another class of students and patients, and there they may realize the breadth of the field before them which they are barely touching. In this way students may find themselves, seeds may be sown that will later lead to this special line of work, and what seemed at first to be merely holding a baby's bottle, when she takes an intelligent interest in the formulae and in watching the after-results, seems most absorbing and worth while. There is a tremendous field now for the graduate nurse in Pediatrics. The Pediatrist now demands that the nurse who is assisting him either in children's institutional work or in child welfare work be specially trained for it. He has spent years in special study and it is no small help to him to have the assistance of a nurse who as a result of her training excels in the nursing of sick infants and children. It is obvious that the advantage to the small patients themselves is of tremendous importance, the nurse has learned how to manage the baby and the child, and her work will more perfectly complement that of the physician. Nor does the value of her work end here. There is the Social Service nurse who in doing the follow-up work of the hospital, in educating the mothers in the proper feeding and care of the children in the home, is doing her part in assisting to build up a healthy generation,—no small contribution to the state. What richer heritage could a nurse desire than taking part in a great national undertaking—the Welfare of Children?

New York J. B. G.

COMMENTS ON THE DELANO MEMORIAL

DEAR EDITOR: In my estimation, the way to raise a monument to Jane A. Delano would be the use of her name more in the nurses' recruiting work and at nurses' meetings of all kinds, to keep her good deeds constantly before us and the future generation of nurses. Cold stone cannot speak. Many of our nurses will never have a chance to see the monument. Let us have good biographies written of her. Let us have more said of her in the *Journal,* more quotations from her. Let us become better acquainted with her. Let us teach more of the

cremation of the body, so that in future the bodies of nurses will not be hauled hither and thither over the face of the earth. Let us spend our money in something for future nurses, not the dead. Let us care less for display and more for real actual service.

Indiana A. B. M.

STUDENTS APPRECIATE THEIR OPPORTUNITIES

DEAR EDITOR: Situated in a well known part of the down-town district of Kansas City, Missouri, is a brown stone building known as Junior College. Because of the benefit we have received from it, we want to tell something of our work there. About three years ago, the hospitals of Kansas City worked out a plan to have a centralized school in which to train their probationers. Their course was to cover a period of twenty weeks and was in the nature of an experiment, but it has been such a success that it is now an established part of the college. Under the supervision of such able instructors as Miss Farnsworth, Miss Burke, Professors Phillpot and Longfellow, we have been well instructed in the ministry of the sick. We have learned much about the functions of organs in the body, the mystery of bacteria, and practical nursing methods and procedure. This school is in the lime light since it is one of the very few of its kind. During the past year there were 161 students enrolled, representing nine hospitals. The class in the second semester is never as large as the first. In this school students from various hospitals have opportunity to meet and to coöperate for the advancement of the nursing profession. Nursing procedures become standardized. Now and then we are privileged to hear such women as Miss Friend or Mrs. Key, who received her training in England, spending a year at the Nightingale school at St. Thomas Hospital. Each gave us an inspirational message, especially Mrs. Key when she gave us Miss Nightingale's message, "to always remember that we are taking care of God's sick." At the close of the school year a play, entitled, Nurses in the Making, was presented by the nurses to the assembly of the student body. This play consisted of four acts and took the audience through a period of training from the probationery period through graduation to the different branches of the nursing profession In the last act a group of children from Mercy Hospital took part, demonstrating a feature of the work of that hospital in the form of rhythmic bodily exercises and dances called "corrective play" for the correction of bodily deformities, making it like recreation for the children. The play was voted a success in more ways than one, since it brought before the student body a profession which any young woman might well be proud of entering. At the close of the school year, the class with Miss Farnsworth, the superintendents of various hospitals, and former students, held a picnic at beautiful Swope Park. It was decided to make this picnic an annual affair.

Missouri C. B., M. W., and E. F.

A MIRACLE

DEAR EDITOR: One evening, at nine, I received a call to report at a certain hospital as soon as possible. Realizing that the call was urgent, I lost no time in getting necessary articles together, and when I reported for duty, I found a very dark outlook. My patient was a young married woman, suffering from ectopic pregnancy. The tube had ruptured at 6:30 that evening, and she was taken to the hospital at 8, semi-conscious and in a weakened condition. Her limbs were bandaged tightly to force the blood to the upper part of the body; her bed was elevated; and hypodermoclysis of saline solution was given for four hours. The patient was in a heavy shock and was very cyanotic, but gradually the feeble pulse grew stronger. The religious customs of the family having been observed, the patient was operated upon, shortly after midnight, for the most part under local anaesthesia. A blood transfusion was given,—400 c. c. before operation, and 300 c. c. during operation. The abdominal cavity was found filled with blood and numerous clots; it seemed as though the patient would have bled to death. Hypodermoclysis was started immediately on return to her room, and the life which all had worked so hard to save, was spared. On the third day, temperature and pulse were normal. Every possible modern method was employed, but we realized how small would have been our services, had we not been guided by a Higher Power.

Missouri R. C.

NURSING NEWS AND ANNOUNCEMENTS

NATIONAL

THE AMERICAN NURSES' ASSOCIATION announces that the Programme Committee for the 1924 convention will be composed of the following members: Blanche Pfefferkorn, Cincinnati, Ohio, chairman; Marion A. Vannier, Minneapolis; Jannett Flanagan, St. Louis; Mary E. Myers, Indianapolis; Margaret Montgomery, Philadelphia. The Arrangements Committee has the following members: Emily McLaughlin, chairman, Harper Hospital; Lauria Meader, Grace Hospital; Elba Morse, State Director of Red Cross County Nurses; Grace Ross, Superintendent Public Health Nurses; Katherine Sheehy, private duty nurse.

THE NEW ENGLAND DIVISION OF THE AMERICAN NURSES' ASSOCIATION.—The third biennial convention of the New England Division of the American Nurses' Association will be held in Burlington, Vermont, on May 15, 16, and 17, 1923. Information about hotel rates and program will be given in due time.

NURSES' RELIEF FUND

REPORT FOR NOVEMBER, 1922

Receipts

Previously acknowledged	$6,250.01
Interest on Liberty Loan bonds	65.30
Interest on bonds	65.00
Interest on Liberty Loan bonds, (Gift)	8.50
California: District No. 1, $3; District No. 5, $60; District No. 8, $15; District No. 9, $25; District No. 12, $14	117.00
Florida: District No. 4	46.00
Illinois: District No. 13, $45; one individual, Chicago, $10	55.00
Indiana: St. Vincent's Hosp. Alum., Indianapolis, $95; Union Hospital, Terre Haute, $25; Good Samaritan Hospital, Vincennes, $12; four individuals, $6; District No. 1, general contribution, $41; Home, Hosp. LaFayette, $51; Eastman Hosp., (Indianapolis), Alum., $15; Methodist Hosp., (Indianapolis), Alum., $40; Robert Long (Union School of Medicine), $10; two individuals, $2; Elkhart County Hospital Alumnae, $16; Grant Co. Hospital Alumnae, Marion, $18; Huntington Co. Hospital Alumnae, $12	343.00
Iowa: W. C. Graham Protestant Hosp. Alum., Keokuk	20.00
Maine: One individual, Bangor	5.00
Massachusetts: One individual, Boston, in honor of the work of Mrs. C. V. Twiss, $10; one individual, $10; one individual, in honor of Linda Richards, $5	20.00
Michigan: District No. 3	2.00
Missouri: Six individuals, St. Louis, $7; five individuals, Kansas City, $5; three individuals, Columbia, $3; one individual, Moberly, $1; University Nurses' Alumnae, Kansas City, two individuals, $2; Children's Mercy Hospital Alumnae, six individuals, $6; Kansas City General Hospital Nurses' Alumnae, $58	82.00
Montana: The Silver Bow County Nurses' Association	31.00
Nebraska: One individual, Holmesville	5.00
New Jersey: District No. 1	2.00
New York: Collected cash contributions at New York State Nurses' Convention, $250; District No. 13, Roosevelt Alumnae, $5; eight individuals, $57.25; District 14, Nassau Hospital Alumnae, $25; District 2, St. Mary's Alumnae, $10	347.85
Pennsylvania: Graduate Nurses' Association of the State of Pennsylvania, $500; one individual, Philadelphia, $1; St. Joseph's Hospital Alum. Assn., Pittsburgh, $23	524.00
Utah: State Nurses' Association, $25; one individual, Sunnyside, $1	26.00
Wisconsin: State Nurses' Association, $50; Kenosha Hosp. Alum. Assn., Kenosha, $10	60.00
Total receipts, December 1, 1922	$8,074.66

Disbursements

Paid to 32 applicants for November	$ 485.00
Exchange on checks	.40
Postage	10.00
	$ 495.40
December 1, 1922, Balance	$7,579.26
Invested Funds	$59,167.04
Invested Funds—Bequest of Miss Belle Mackey, Third Liberty Loan, 4¼% Gold Bond—1928, $100.00	59,267.04
	$66,846.30

Contributions for the Relief Fund should be sent to V. Lota Lorimer, Treasurer, 1238 West Lake Avenue, Lakewood, Ohio. For information address E. E. Golding, Chairman, 317 West 45th Street, New York City.

V. Lota Lorimer, *Treasurer.*

ARMY NURSE CORPS

In November, 1922, the following named members of the Army Nurse Corps were ordered transferred to the stations indicated: To Station Hospital, Fort Banks, Mass., 2nd Lieut. Rose E. Offutt; to Station Hospital, Fort Bragg, N. C., 2nd Lieut. Jennie E. Barrett; to Station Hospital, Douglas, Arizona, 2nd Lieuts. Caroline Bennett, Caroline Hutcheck, Clara Moerk; to Letterman General Hospital, San Francisco, Calif., 1st Lieut. Ida E. German, and 2nd Lieuts. Bessie I. Miller, Minnie E. Newell, Etta M. Staub; to Station Hospital, Camp Lewis, Washington, 2nd Lieuts. Sarah M. Tilton, Barbara Ziegler; to Station Hospital, Nogales, Arizona, 1st Lieut. Elsie Neff, Chief Nurse, and 2nd Lieuts. Anna L. Slater, Delila M. Sparks, Anna D. Wight; to Station Hospital, Fort Sam Houston, Texas, 2nd Lieuts. Ella Huey, Elizabeth Hansbrough, Mary Kalouner, Anna F. O'Donnell.

Orders have been issued for the separation from the service of the following named 2nd Lieutenants, Army Nurse Corps:—Ottilie J. Alarid, Cleo Belford, Gladys A. Buckley, Olive J. Burke, Agnes Combs, Kathleen V. Corcoran, Grace B. Cotton, Georgene E. Field, Elizabeth Fisher, Cornelia Galbraith, Mayna Getchell, Mary B. Greenwell, Lillie Harrison, Gladys E. Hocker, Patricia B. Horan, Kathryn R. Jones, Adele Klein, Lucy Lawandowska, Nellie R. McCabe, Florence R. Morrow, Ida Pearl Owen, Lucy Rawson, Helen R. Reed, Jessica Rockwood, Marie K. Strobel, Mattie M. Trent.

By the resignation of Mrs. Lenah S. Higbee, Superintendent of the Navy Nurse Corps, the Army Nurse Corps has lost one of its staunchest allies and co-workers. Few people outside the administrative offices of these corps can realize to the fullest extent the splendid service that Mrs. Higbee has rendered to the Government and to the nursing profession. Shunning publicity and avoiding most occasions that brought her personally before the public, or even before many groups of nurses, she has exerted a quiet, steady influence upon all who came in contact with her, which has revealed her devotion to the finest things of the spirit, and the highest principles of the profession. Her coöperation in all the professional matters pertaining to the Government service, and her gentle, humorous comments on difficult problems have thrown new lights upon them in such a way as often to reveal their solution. Her going will be a great loss to the Superintendent of the Army Nurse Corps, who is being deprived of the constant helpfulness not only of a wise coworker, but a good friend.

The best wishes and congratulations of the Army Nurse Corps are extended to J. Beatrice Bowman, the new Superintendent of the Navy Nurse Corps, and the promise of every possible helpfulness.

Julia C. Stimson,
Major, Superintendent, Army Nurse Corps.

NAVY NURSE CORPS

The Secretary of the Navy has accepted the resignation of Mrs. Lenah S. Higbee, as Superintendent of the Navy Nurse Corps. Mrs. Higbee has served continuously in the capacity of Nurse, Chief Nurse and Superintendent since the Nurse Corps was established in 1908. Those with whom she has come in contact during these years of duty have recognized her unswerving devotion to the best interest of the Service and have appreciated her consistent attitude of meeting the Service requirements in the duties of her office, before considering professional or personal demands for recognition. Mrs. Higbee has desired for some time past to take up other

work and for this reason her request has been approved.

Upon the recommendation of Surgeon General Stitt, the Secretary of the Navy has appointed J. Beatrice Bowman to be Superintendent of the Navy Nurse Corps from December 1, 1922. The selection of Miss Bowman for this important position is a happy choice which will be received with enthusiasm by the Navy Department and also by civilian professional circles. Miss Bowman was born in Iowa and was educated in that state. She received her professional education from the Training School of the Medico-Chirurgical Hospital of Philadelphia from which she was graduated in 1904. She is also a Registered Nurse of the State of Pennsylvania and practised in private duty for five years and in the Spring of 1908 she rendered excellent service with the Red Cross following the disaster in Mississippi. In the early Fall of 1908 she was one of the first Class (which numbered only twenty) able to successfully pass the rigid examination for appointment in the Navy Nurse Corps. Her promotion to the grade of Chief Nurse was effective Feb. 23, 1911.

Miss Bowman was temporarily released from the Navy Nurse Corps to be the Supervisor of one of the "Nurse Units" sent to England on the "Red Cross Ship" in September, 1914. She successfully completed this service and in the Spring of 1915 she returned to her position of Chief Nurse in the U. S. Navy and has served continuously at various Stations and Hospitals with uniform efficiency. It is doubtful if any condition overseas called for greater executive and nursing ability than that required of the Chief Nurse of the large Naval Hospitals in the United States during the war period and following the Armistice. Perhaps Miss Bowman's most conspicuous service in the Navy was that which she gave as Chief Nurse of the Naval Hospital Great Lakes during the years 1918-1920. She met the unusual and difficult situation with a dependable ability and unabating enthusiasm which inspired her co-workers and which was of inestimable value to the officers. Miss Bowman's recent assignment was of Chief Nurse of the U. S. S. Relief (Hospital Ship) from which duty she was ordered to the Bureau of Medicine and Surgery for a preparatory course in her work as Superintendent.

William M. Kerr,
Lieutenant Commander M. C. U. S. Navy,
Editor U. S. Naval Medical Bulletin.

NAVY NURSE CORPS NOTES

The resignation of Mrs. Lenah S. Higbee, Superintendent of the Navy Nurse Corps, has been accepted and her Honorable Discharge was made effective November 30, 1922. Mrs. Higbee served nearly twelve years as Superintendent of the Navy Nurse Corps, giving without a thought to self, of her abundant riches in love, loyalty and strength,—a beautiful character, full of life, love, and humor; having unusual understanding, tact, and sympathy; urging high ideals for the individual as well as for the profession; and making one feel, after an interview or letter, that contact with such beauty of spirit must ever call forth the best within us. To her greatness of purpose, her high ideals, and her love for the service of our Country, does the Corps owe its high status and splendid co-operative spirit.

To Mrs. Higbee goes out from her Corps the best wishes for happiness and success in whatever work she chooses; and though official ties are severed, the spirit she prompted and the loyalty to her ideals will give strength and united effort of purpose.

J. Beatrice Bowman, Chief Nurse, U. S. N., was promoted and appointed Superintendent, Navy Nurse Corps, effective December 1, 1922.

Transfers: To Annapolis, Md., Sophia E. Deaterla, (temporary duty); Chelsea, Mass., Lucia D. Jordan, Chief Nurse; Katherine M. Leary (via U. S. S. Argonne), Lula Shanahan, May Shanahan; League Island, Pa., Mary G. Bieber, Nell L. Disert (Chief Nurse), Elizabeth Shaver, Theresa Weigand; Mare Island, Cal., Ella V. Parrott; New York, N. Y., Georgie E. Ferguson (via U. S. S. Argonne), Mary B. Gainey, Margaret A. Morris; Newport, R. I., Josephine Corbett, Nora B. Frederick, Margaret J. Hickey, Arlene Johnson; Norfolk, Va., Ida E. Brooks, Lillian R. Cornelius, Lydia J. Hennessy; Puget Sound, Wash., Julia T. Johnson; U. S. S. Relief, Minnie D. Stith, Chief Nurse; U. S. S. Henderson, Florence M. Vevia, Chief Nurse (temporary duty); Washington, D. C., Eleanor Gallaher, Emily M. Smaling, Chief Nurse.

Honorable Discharges: Marguerite A. Snyder, Mary Tormey.

Resignations: Marie J. Dillon, Mare Island, Calif.; Mary E. Gonya, New York, N. Y.; Harvia E. Jarrett, League Island, Pa.; Mildred R. Myers, New York, N. Y.; Ethel M. Redden, Washington, D. C.; Charlotte Elizabeth Toddings, Great Lakes, Illinois.

Discharged from Inactive Status: Sadie Guild, Ida Harpley, Ruth H. Wuchter.

J. Beatrice Bowman,
Superintendent, Navy Nurse Corps.

U. S. PUBLIC HEALTH SERVICE NURSE CORPS

Assignments: Julia Crockett, Kathleen Simister, to No. 43, Ellis Island, N. Y.

Transfers: Helen Mahaney, to No. 9, Ft. Stanton, N. M.; Julia Doyle, to No. 2, Boston, Mass.; Adelaide Coyne, Rosalie Manwiller, to No. 43, Ellis Island, N. Y.; Mabel K. Adams, Mary Kiernan, to No. 21, Stapleton, N. Y.; Kate Lovett, to No. 82, Norfolk, Va.;

Reinstatements: May Austin, No. 5, Chicago, Ill.; Della Raibourne, No. 8, Evansville, Ind.; Helma Freeberg, No. 17, Pt. Townsend, Wash.; Mary Small, No. 18, St. Louis, Mo.; Daisy Herbert, Elizabeth McLaughlin, Martha Metzendorf, No. 43, Ellis Island, N. Y.; Adalaide Saltzman, Ethel Manuel, No. 70, Hudson St., N. Y. C.

Lucy Minnigerode,
Superintendent of Nurses, U. S. P. H. S.

UNITED STATES VETERANS BUREAU

The U. S. Veterans' Bureau is preparing to establish a postgraduate course in Psychiatric Nursing to be given at St. Elizabeth's Hospital, Washington, D. C., commencing January 4, 1923. This course is being established that the Bureau may secure the required number of nurses especially trained in nervous and mental diseases, that it may be able to provide expert nursing care for the disabled veterans so that everything may be done to restore them to health. It is an unusual opportunity for nurses, as St. Elizabeth's Hospital, a Government institution for the insane, offers unusual facilities for such work. In this hospital are all classes of nervous and psychotic diseases. Beside the members of the staff at St. Elizabeth's Hospital, there will be lectures from U. S. Army, U. S. Navy, U. S. Public Health Service and other departments of the Government.

That the Nurse Corps may render the best possible nursing care to the disabled ex-service men suffering from tuberculosis, a postgraduate course in Tuberculosis Nursing will be conducted at U. S. Veterans' Hospital No. 41, New Haven, Conn., at an early date. This course in Tuberculosis Nursing is to cover a period of three months. A full time instructor who is familiar with all the different phases of tuberculosis work is to take charge of this school. The nurses taking the postgraduate course must be graduates of accredited schools of nursing. A limited number of nurses not in the U. S. Veterans' Bureau Nursing Service will be admitted to the course.

Reinstatements: Lula Clark, Rosalie M. D. Gay, Eva L. Pease, Margaret A. Hickey, Adah B. Tipton, Hannah Atkinson, Sallie P. Neff, Grace E. Craney, Letha A. Hicks.

Transfers: Eileen Barrett, Alice T. Armstrong, Nellie Cook, to Ft. Bayard, N. M.; Charlotte Macalister, Acting Chief Nurse, to No. 75, Colfax, Iowa; Helen Krause, Acting Chief Nurse, to No. 30 (Annex), Chicago; Mary Conkling, to Washington, No. 32, D. C.; Lillian Greer, Lorraine Setzler, Gladys T. Bachman, Barbara Skidmore, Florence C. Farrell, to No. 35, St. Louis; Beatrice A. M. Kenny, Annie Ferguson, Eva F. Gray, to No. 89, Rutland, Mass.; Mary F. Watson, to No. 79, Dawson Springs, Ky.; Mabel Cadonau, Ruth Knudson, to No. 50, Whipple Barracks; Georgie DeWitt, Bess B. Brown, Charlotte Roensch, Mathilda J. Forst, to No. 51, Tucson, Ariz.; Mary Grant, Margaret Grant, to No. 80, Ft. Lyon, Colo.; Freeda C. Becker, to No. 72, Helena, Montana; Ruby Bracelen, to No. 68, Minneapolis, Minn.; Annie T. Pugh, Mary F. McBlinn, Martha M. Rigge, Mary E. Caffrey, to No. 76, Maywood, Ill.; Vinnie M. Chappell, to No. 79, Dawson Springs, Ky.; Ella M. Bokhof, to District No. 8, Chicago, Elizabeth Heim, to No. 80, Ft. Lyon, Colo.; Emily T. Rouse, Margaret O'Hara, to No. 79, Dawson Springs, Ky.; Mrs. Lenoir P. Moody, to No. 84, New Orleans, La.; Gertrude Vail, to District No. 1, Boston, Mass.; Parthenia E. K. Strelitz, to District No. 14, Dallas, Texas; Blanche Meyers, to District No. 7,

Cincinnati, Ohio; Addie Barton, to District No. 4, Washington, D. C.

MARY A. HICKEY,
Superintendent of Nurses, U. S. Veterans' Bureau.

THE AMERICAN COMMITTEE FOR DEVASTATED FRANCE held its last annual meeting in New York, December 13th. Dr. C. E. A. Winslow presided at the Conference on Public Health Nursing and Training Schools in France. Mrs. Mary Breckinridge discussed with feeling and wealth of illustration the "Beginnings of the Nursing Service of the Committee." Evelyn T. Walker described in some detail the sound organization of the public health nursing service, told stories of the pitiful little patients helped back to normal life and described vividly the changing and appreciative attitude of physicians toward public health nursing. Dr. Winslow, chairman of the Sub-Committee on Nursing, outlined plans for a great school for nurses to be established in Paris. It is hoped to make this a model school for nurses and the recommendations follow closely those of the so-called Rockefeller report on Nursing Education. It is interesting to know that Dr. Anna Hamilton, director of that School at Bordeaux which is the pioneer Nightingale School in France, is a member of the committee. Mlle de Johannis, now a student at Teachers College, will be the Director of the new school. Ella Phillips Crandall paid sincere tribute to the nursing accomplished by the Committee in France and Annie W. Goodrich spoke of the fundamental character of the work with children and of the international influence possible for this great school which is to be established in the very heart of France. Plans are now under way for securing an endowment for the project.

China: *The Quarterly Journal for Chinese Nurses* is just completing its third year. It is printed in both English and Chinese and is a most interesting periodical. Mrs. T. A. Hearn, who has been its editor during these first years, has retired and is succeeded by Margaret Dieter of Luchowfu, a graduate of the Massachusetts General Hospital.

Arizona: THE ARIZONA STATE NURSES' ASSOCIATION held its fourth annual convention at the Hotel Adams, in Phoenix, November 16-18, with an attendance of more than 150, from all parts of the state. Members of District 1 acted as hostesses. One afternoon was devoted to the Public Health Section, and one to the Private Duty Nurses. During this session a most interesting paper was read by Helen Egan, on The Practical Nurse. This was followed by an animated discussion of a problem generally recognized as a difficult one. Other very well written papers were Nursing in a United States Veterans' Hospital, by Alma Wrigley; State Registration, Its Use and Abuse, by Sister M. Evangelista, and a number of others. The address of the President, H. Grace Franklin, entitled "Love, the Keynote of Our Profession," was repeated a second time, by special request, as several of the members did not have the opportunity to hear it when first given. Application for a lot in the mountains near Globe has been made by Miss Franklin in the name of the Arizona State Nurses' Association, and it is planned to build a summer home where all members can spend their vacation in the cool of the mountains. This plan was received with great enthusiasm. A formal banquet was held, and a dinner and theatre party were tendered the guests. The entire convention was voted a success. The closing afternoon was devoted to the election of officers for the coming year, and the choosing of the meeting place for the 1923 meeting. It was decided to hold the convention in Prescott, and to change the date from fall to spring. The newly elected officers are as follows: President, Rose Benenato, Phoenix; vice-presidents, Mary Kelleher, Phoenix, Mrs. Joseph La Fleur, Miami; secretary, Mrs. Regina Hardy, 826 East 2nd Street, Tucson; treasurer, Sister M. Genevieve, Mercy Hospital, Prescott; directors, Sister M. Aloysius and Marilla Williams, Phoenix. THE STATE BOARD OF NURSE EXAMINERS will meet January 2, 1923, to hold its annual election of officers, and to pass on all applications under reciprocity.

California: Lillian L. White has resigned as Director of Nursing, Pacific Division of the American Red Cross, and is at her home in Oakland. **San Francisco.**—STANFORD UNIVERSITY HOSPITAL SCHOOL OF NURSING held a Demonstration Afternoon on November 28,

when the preliminary course was drawing to a close. Staffs and students of the other hospitals were invited, and nursing procedures were demonstrated by Preparatory and Junior students, showing all routine from the admission of a medical patient and a surgical patient to their dismissal. At the close of the exercises, the 41 preparatory students were given their caps, and certificates showing that they had completed satisfactorily the preliminary course.

Colorado: The Colorado State Graduate Nurses' Association will hold the annual meeting in Denver, commencing on the second Thursday in February. Officers for the ensuing year are to be elected. Further programme is under the direction of a special Programme Committee and is not yet completed.

Connecticut: Bridgeport.—Leona Ivers of St. Louis succeeds Miss Kimmick as superintendent of nurses at the Bridgeport Hospital. The Bridgeport Hospital Alumnae Association gave a card party on December 9, at the Stratfield Hotel, proceeds to go to the Free Room Fund.

District of Columbia: The League of Nursing Education held its November meeting at Emergency Hospital, Minnie Goodnow of Children's Hospital, who is President of the League, presiding. The feature of chief interest was the organizing of an Instructors' Section for the study of and exchange of views on nursing procedures as given in the various hospitals. After the business meeting a very interesting address on Social Hygiene was given by Col. C. P. Hutton, followed by a discussion of his subject by Miss Goodnow, Miss Vaughn of St. Elizabeth's and Miss Bolling of The Instructive Visiting Nursing Association.

Florida: The Florida State Nurses' Association held its annual meeting in Orlando, November 20 and 21, with a good attendance. The first day's programme included addresses by several of the doctors and nurses of the state on matters of interest to the nursing profession. Jane Van De Vrede, Director of the Southern Division of the American Red Cross Nursing Service, also gave an address. Several round tables were held on Public Health, Private Duty, Child Welfare. On the second day, the business of the association was conducted and the election took place, resulting in the choice of the following officers: President, Theresa Fremd, Orlando; vice-presidents, Sarah W. Spears, Madge Waters, both of Jacksonville; secretary, Elizabeth Steil, Jacksonville; treasurer, Frances Williams, Jacksonville. Many pleasant social affairs were enjoyed by the nurses, and the citizens of Orlando proved to be most hospitable. Following the annual meeting the Superintendents and Hospital Directors met. **Orlando.**—The Central Florida Reristered Nurses' Club held its regular meeting on November 29 with Mrs. Bradford as hostess. Three amendments were made to the constitution and by-laws to make them conform more closely to those of the State Association.

Illinois: Chicago.—St. Anne's Alumnae Association and the student nurses gave an informal dance on December 30. **Moline.**—The Alumnae Association of Moline Public Hospital had a pencil sale which was a great success. Proceeds are to go toward refurnishing the Alumnae room in the hospital. A float was prettily decorated to represent the Alumnae in the parade on November 2, celebrating the fiftieth anniversary of the City. Nurses, dressed in the uniform of 50 years ago, and the modern nurse of today, were on the float.

Iowa: Des Moines.—The Seventh District Association held its last monthly meeting at a luncheon at Harris Emery's tea room, with an address by Judge Utterback on Juvenile Problems. Helen Scott Hay, recently returned from service abroad, spoke in a most interesting way, on November 12, to a large group of nurses at the Methodist Hospital Nurses' Home. Anna J. Saur has joined the Public Health Nursing staff. The Public Health nurses had a Hard Time party on December 2. A delightfully amusing programme was followed by luncheon. **Iowa City.**—The Iowa League of Nursing Education held a two days institute at the University Hospital, December 8 and 9. Josephine Creelman was chairman of Committee on Arrangements and presented a most instructive programme. About forty were in attendance. The teaching of nursing procedures was in charge of Lola Lindsey and the teaching of theory was

given by Beulah Crawford, instructor at the University School of Nursing. Practical demonstrations were given by Misses Funk, McLaughlin, and Sexauer, supervisors of departments. Groups were taken on tours through the various departments. Lantern slides depicting the History of Nursing were shown with explanations given by Miss Crawford. Sophia Potgetter presented Hospital Social Service. Dr. Lomas, Superintendent of the hospital, conducted a question box and round table on Hospital Administration. Luncheon and tea were greatly enjoyed at the Nurses' Home. **Waterloo.**—District No. 4 held its annual meeting and elected the following officers: President, Nanna Colby; vice-president, Miss Wiennen; secretary, Blanche Edwards; treasurer, Minnie Maeribeaur. The members are most enthusiastic over plans for the State meeting next year.

Massachusetts: The Massachusetts State Nurses' Association will hold its mid-winter meeting on February 17, in the lecture room of the Boston Public Library. **Boston.**—The Alumnae Association of the School of Public Health Nursing held its annual meeting at 561 Massachusetts Avenue, November 14. The business meeting was brief. The following officers were elected: President, Miriam Ames; vice-president, Agnes Murphy; secretary, Marion Rice; treasurer, Margaret Tymon; directors, Anna J. Foley, Ruth Williams, and Jean Hume. Special interest was added to the meeting by the presence of Mary Beard, who gave some impressions of Public Health Nursing abroad. The Alumnae Association is most eager to get in touch with all graduates of the course. Many letters which have been sent to alumnae have been returned. It is, therefore, making a special appeal through the magazines. Those eligible for active membership in the Association are: (a) Nurses who have successfully completed any programme in public health nursing offered by the School of Public Health Nursing; (b) Nurses who have successfully completed any programme in public health nursing of not less than four months' duration offered previous to September, 1918, by the Educational Department of the Instructive District Nursing Association or by said department in affiliation with Simmons College and the School of Social Work or by said department and Simmons College; (c) Nurses who have served as regular members of the teaching staff of the School, or of the courses offered by any of the three organizations mentioned above, previous to 1918. The decision as to who is a regular member of the teaching staff, as opposed to temporary or occasional, shall be left to the Director of the School. Eligible applicants shall become members of this Association as soon as they have filled out the application blank and paid their dues to the treasurer. The Alumnae Association needs the interest and support of every one. Application blanks for active membership may be obtained from the Secretary, Marion Rice, 561 Massachusetts Avenue. The scholarship fund amounts to almost $1000. The Alumnae Association of the Massachusetts Women's Hospital held its annual meeting on December 6, at the Peabody House. The following officers were elected: President, Mrs. Rodney Pratt; vice-presidents, Mary C. McNevin, Mary F. Connolly; secretary, Louise Russell; treasurer, Alice B. Goodrich; auditors, Mrs. Frank Granger, Emily Carlson; board of directors, Mrs. Pratt, Mrs. Horn, Margaret Pickels, Emily Carlson. After the business of the meeting was finished, tea was served, and Lilian M. Spelman, the hostess, gave a most interesting talk on her four years with the Red Cross in the Near East. Florence L. Howe, class of 1910, Massachusetts Homeopathic Hospital, is a head nurse at the Philadelphia General Hospital. Cora M. Johnson, class of 1913, is in charge of a Red Cross health center at Southington, Conn. **Fall River.**—The Nurses' Alumnae Association of the Union Hospital has elected the following officers for the year 1923: President, Mrs. F. B. Albert; vice-president, Mrs. C. Edward Shay; recording secretary and assistant, Katherine Doherty, Mrs. Clifton French; corresponding secretary and assistant, Mrs. James E. Hampston, Mrs. Frank Conway; treasurer, Mrs. Anna E. Duffy; auditor, Helen Kiley; directors, B. J. Hampston, Esther Delaney, Mrs. John Braz.

Minnesota: The Minnesota-North Dakota Conference of the Catholic Hospital Association held its first annual meeting at Rochester, December 5 and 6. Topics of

special interest to nurses were: the address of the President, Sister Madeleine, Minneapolis; The Special Nurse and the Hospital, Sister Margaret, Duluth; History Taking and Record Keeping, Sister John Baptist, St. Paul; The Practice of Economy in Hospitals, Sister Mary Joseph, Rochester; Problems We Meet in Small Hospitals, Sister Gonzaga, Mankato; The Proposed Legislative Bill for Nurses, Sister Domitilla, Rochester. Sister Olivia, Duluth, was elected president, and Sister M. Leona, secretary-treasurer. THE STATE LEAGUE OF NURSING EDUCATION met in Minneapolis, December 9, the guest of the nurses at Northwestern Hospital. The main feature of the programme was a discussion of the recent State Board Examination. Irene English, of the Central School of Nursing, read a paper on the Art of Questioning. Katherine Dougherty, also of the Central School, and Florence Nelson, Instructor at the Swedish Hospital, analyzed and criticised the questions given by the Minnesota Board at the last examinations. Dora M. Cornelisen, secretary of the Examining Board, enumerated some of the weaknesses of the applicants as exemplified in the paper, illustrating her points with erroneous answers. The discussion was of mutual benefit. Dainty refreshments were served. The February meeting will be held at the Swedish Hospital, Minneapolis. **Second District, Duluth.**—An interesting ceremony was performed recently at a meeting of the Board of Directors, held at the Registry. After the regular business, a wedding ceremony was performed. Mrs. Bradford, the registrar, representing the bride, and L. Louise Christensen, president of the District Association, acting as groom. Louise E. Schneller, former president, acted the part of Justice of the Peace. This marked the end of the first year of the registry. The regular monthly meeting of the Second District was held December 1st. Legislation was the all absorbing topic. Refreshments were served. Affiliation of student nurses from St. Luke's Hospital, with Nopeming Sanatorium for two months' tuberculosis training has been tested through the affiliation of two students. The result was most satisfactory and arrangements have been made for an established affiliation. Bertha Brubaker, a graduate of Minnesota University Hospital, has accepted the position of chief school nurse of Duluth. Not only Duluth, but the Second District welcomes Miss Brubaker, for she is one of the Minnesota live wires. Fannie Leskinen, one of St. Louis County's popular nurses, has been granted a leave of abserve for a two months' intensive public health course at the University of Minnesota. **Third District, Minneapolis.**—The Third District held the December meeting at the Minneapolis General Hospital, guests of the Alumnae Association. Refreshments were served by the senior students. Etta Paul is now Acting Registrar, with Louise Kellogg Acting Assistant. Mildred Smith, class 1912, University Hospital, is doing County Public Health work in Stevens County with headquarters at Morris. THE ALUMNAE ASSOCIATION OF THE SWEDISH HOSPITAL gave a bazaar, November 9 and 10, to raise money for the scholarship fund which had been established by the 1920 class. The Alumnae began preparations early in the spring, when Hannah F. Swenson, president, appointed one member from each class, to notify her class-mates to prepare their donations. Later in the summer this large Committee, which consisted of about twenty nurses, met at regular intervals to report progress and discuss the problems which arose. Helen C. Anderson, superintendent of nurses, also met with the committee, and her coöperation was a large factor toward the final success. The gymnasium, swimming pool and class rooms of the new nurses' dormitory were turned over to the Alumnae a few days previous to the bazaar. The gymnasium was fitted up with very attractive booths,—Basketry, Japanese, Drug, Infants', Apron, Candy, Doll, and one large general booth. The basketry was made by a former patient and was sold on commission, netting $20. The Japanese articles were also sold on commission, netting $18. The candy was made by a committee of nurses especially skilled in this art. This committee began work a few days previous and had about 65 pounds of candy on hand, which was all sold during the first day. This committee met again the next morning and made as much more candy as they could, but again the demand was much greater than the supply. Most of the material for the candy was donated. This booth

showed a profit of $85. The dolls were bought at a down-town wholesale house and volunteers were obtained to dress them. This booth netted $25. The articles for the other booths were all contributed by Alumnae members, student nurses, wives of the hospital board members, wives of the staff doctors and other friends of the hospital. There were a group of special attractions such as a fish pond, fortune telling, and side shows, to all of which admission fees were charged. The swimming pool was decorated to represent a Venetian garden and nurses in a canoe sang to the music of a ukelele. Supper was served in the class rooms in cafeteria style. Unsold articles were auctioned. The gross receipts were $1500. **Fourth District, St. Paul.**—The Central Registry has been moved to 326 Cedar Street, telephone, Cedar, 7220. The office has been attractively furnished, and all nurses are cordially invited to visit at any time. The concert given last month netted the Association $540. Ruth Lyons, St. Luke's, has accepted the position of Superintendent of the Montevideo Hospital, at Montevideo, and Faye Tuttle, of the same school, a similar position at the Northwestern Hospital, Princeton. The Institutional Section had a most helpful meeting at the City and County Hospital. Demonstrations by student nurses from the Central School of Nursing —Miller Hospital, and from Mounds Park Hospital, preceded the discussions, which were general. The next meeting, to be held at St. Joseph's Hospital, will be devoted to Medical Nursing. Mounds Park Alumnae Association has had an unusually successful year, and is including in its activities for the coming year the contribution of a page in the paper to be issued by the hospital and school. A prize of $5 is offered for the best suggestion for a name for the new paper, titles to be sent Maud E. Guest, Mounds Park Hospital. **Sixth District, Rochester.**—District No. 6 is showing a new interest in organization work and now boasts a membership of 210, with a large attendance at all meetings. A reaction, perhaps, from the State Convention. The schools of Nursing in connection with the local hospitals, St. Mary's, and the Kahler, enrolled 122 students in September. The nurses of Rochester feel especially favored in having had with them Gertrude Hodgman, Educational Secretary, of the N. O. P. H. N., who spoke at the Mayo Clinic on The Importance of Preventive Health Work, and the relation of this to nursing.

Montana: Miss F. L. Kerlee of Helena has been appointed secretary of the Montana State Association of Graduate Nurses, succeeding Miss Muckley, who has left the state.

New Hampshire: The New Hampshire State Nurses' Accociation held its quarterly meeting at the Memorial Hospital, Nashua, December 13, with the following programme: *Morning,* The League of Nursing Education Section and, at the same time, the Public Health Section. *Afternoon.*—General meeting. A large audience listened to a most interesting report of the Seattle convention given by Mary Nelson of th New England Division of the American Red Cross. After the meeting, luncheon was served by the Superintendent of the Hospital, Martha Wallace, and her nurses. **Laconia.**—Laconia Hospital held graduating exercises for a class of four on November 3, in the Knights of Columbus Auditorium. Hon. Stanton Owen gave the address. The diplomas and pins were presented by William F. Knight. An informal reception and dance followed. **Woodsville.**—The Woodsville "C" Hospital organized an alumnae association on the evening of November 6. Many graduates of the school were present; absent ones sent enthusiastic messages. Plans for development were discussed and officers elected: President, Jean Smith; vice president, Mrs. Omar Ware; secretary, L. M. B. Underhill; treasurer, Grace Shaw. Chairmen of committees are: Entertainment, Mrs. Helen Sweeney; Sick, Mrs. Margaret Mann; Membership, Mrs. Morris Walker. Ednah Cameron, secretary of the State Association, was made an Honorary Member.

New Jersey: Newark.—The Alumnae Association of the Newark City Hospital held a masquerade dance and card party on the evening of December 6 at the Roseville Athletic Club. The Association is trying to raise a scholarship fund which will provide for one member each year a course at Teacher's College. Each member of the association has been asked to raise $5, to be ready

at the February meeting, when each will tell how she earned the money.

New Mexico: THE NEW MEXICO STATE NURSES' ASSOCIATION held its third semi-annual meeting November 29, co-incident with the Teachers' Educational Institute. The morning session was given largely to the discussion of the legislative bill, which was later accepted by the State Nurses' Association. Dr. G. H. Luckett, Director, State Bureau Public Health, gave a most interesting address on Public Health, and the needs of New Mexico. There are about twenty Public Health and School Nurses doing pioneer health work in our "baby" state. At noon the members were entertained by District No. 1 and St. Joseph's Alumnae, with a delightful luncheon at the Y. W. C. A. At the afternoon session U. S. Villars, Director of Junior Red Cross for Colorado and New Mexico, spoke on the Future Red Cross. At 3 P. M. Bessie L. Dickson, a returned missionary nurse from China, gave an interesting address on her work in the Canton Union Missionary Hospital. Miss Dickson displayed many interesting pictures of the natives, her hospital, and nursing staff. The next meeting will be held in April with the State Public Health Association. The following officers were elected: President, Teresa McMinamen, Albuquerque; vice presidents, Mrs. Blanche A. Montgomery, Albuquerque, Azille Coltharp, Clovis; secretary, Bertha C. Rowe, Albuquerque; treasurer, Sister Frances de Chantal, Albuquerque. ALBUQUERQUE DISTRICT No. 1 held a meeting on November 14 with an attendance of twenty-three. The organization of the District was completed, directors elected, and committees appointed. ST. JOSEPH'S ALUMNAE ASSOCIATION held a meeting at the Hospital on November 7. Its members are enthusiastic and voted to hold meetings each month for the study of Parliamentary Law and other nursing interests.

New York: Buffalo.—DISTRICT No. 1 held a regular meeting November 15, at the Y. W. C. A. Laura F. Lewis gave a very interesting report of the meeting in New York. There was also a speaker from the Charity Organization Society. THE ALUMNAE ASSOCIATION of the Buffalo Homeopathic Hospital was entertained by the Training School at a Halllowe'en Party, October 31. **Rochester.**—THE ROCHESTER MEMBERS OF DISTRICT No. 2, entertained the out-of-town members on November 28 by a visit to the Eastman School of Music, dinner at The Sagamore, and a theater party at the Eastman Theater. A CAMPAIGN will be conducted in January for raising money for the three largest hospitals in the city,—the General, the Homeopathic and the Highland. The amount secured will be used for new equipment, improvements and extensions. THE ROCHESTER GENERAL HOSPITAL ALUMNAE ASSOCIATION has received a gift of $500 for its scholarship fund from Edna W. Gorton in memory of her mother. Lucy Bayley, class of 1905, has been appointed registrar for the Nurses' Central Directory. Jessie Harrod, formerly of the University Hospital, Columbus, Ohio, has become superintendent of nurses at the Lee Hospital. **Canandaigua.**—Many friends of the hospital attended the dedication of the Maternity Annex of the Frederick Ferris Thompson Hospital, on November 21. Addresses were given by Addison P. Wilbur, representing Mrs. Thompson, the donor, and by Dr. Robert Cook, on behalf of the trustees. The gift is a memorial to Abigail Clark Williams, a sister of Mrs. Thompson's. Furnishings for various wards and rooms were given by many of the surrounding towns which are served by the hospital. One small ward was furnished by means of donations from babies born in the hospital. The Preventorium for handicapped children, a pavilion donated by the Rotary Club, was formally opened in December. Margaret Bradley is supervisor of the Maternity Annex. **District 4, Auburn.**—THE AUBURN CITY HOSPITAL NURSES' ALUMNAE ASSOCIATION held its regular meeting November 24, when the President, Helen T. O'Hern, gave a most interesting report of the State Meeting. A social hour followed. **Saranac Lake.**—DISTRICT No. 8 held its regular meeting on December 5, with a large attendance of members and guests. Dr. C. C. Trembley gave a very interesting lecture on Malignant Growths. **New York.** THE LENOX HILL ALUMNAE ASSOCIATION has elected the following officers: President, Liba Butler; vice presidents, Dora M. Meyer, Josephine Heide; secretary, Mae V. Stockheimer; treasurer, Mrs. Clyde Green; assistant

treasurer, Emma Lindheimer. Grace Anderson is Director of the East Harlem Nursing and Health Demonstration. This is to be an amalgamation of public health nursing services. Miss Anderson was formerly Superintendent of Municipal Nurses and Director of the Course in Public Health Nursing at the University of Missouri. **Brooklyn.**—The Alumnae Association of St. Mary's Hospital has just suffered the loss of two of its oldest members, who were among the first graduates of the school, Miss MacDonald and Miss Gillan. Both were great favorites among their fellow-members, and to the end, took active interest in the affairs of their Alumnae, and their loss will be felt by all.

North Dakota: The North Dakota State Nurses' Association will hold its next annual meeting in Minot, April 26 and 27. Adda Eldredge, president of the American Nurses' Association, will be the speaker. It is hoped to make this the biggest and best convention the state has had.

Oklahoma: Oklahoma City.—St. Anthony's Hospital has recently opened a fine new nurses' home, costing $90,000.

Oregon: Portland.—A Nurses' Bazaar was held at the Hotel Portland, November 28, netting the sum of $400 which will be used toward the establishment of State Central Headquarters. The Oregon Health Exposition was held at the Auditorium, October 26 to November 4, the first ever held in Oregon. The Exposition covered all phases of the preservation and care of health, and the prevention of disease. There were booths containing all kinds of exhibits of foods, health features, preventive measures from every angle. Monday, Oct. 30, was known as "Nurses' Day." The afternoon's programme began at 2 p. m. Grace Phelps, President of the State Nurses' Association, presided. Just preceding this part of the programme, there was a splendid organ recital. A playlet was given by the student nurses of the Good Samaritan Hospital, "The Daily Life of a Student Nurse," Arvilda Aarnes, director. It showed everything in the life of a student nurse from her probation period, through her daily routine, to her graduation. It was well rendered, through her daily routine, to her graduation. It was well rendered, cleverly acted, and won great praise from those who witnessed it. The musical chorus given by the student nurses of St. Vincent's Hospital was splendidly rendered and given hearty applause by an appreciative audience. The pageant, "The History of Nursing," Elnora Thomson, prophetess, and Marion G. Crowe, director, was shown with much adaptability, the impersonations being thoughtfully studied and carried out. The address of the day was given by Emily Loveridge, superintendent of the Good Samaritan Hospital. She gave a substantial statistical report of the progress and efficiency of the medical, hospital, and nursing professions, practical as well as ethical. At the close of the nurses' programme, they assembled at the Oregon Ex-Service Men's Club for dinner, every district in Oregon being represented. All parts of the state had a splendid representation. The formal opening was on October 26, when the medical profession and nurses, dentists, and druggists, paid their homage to Hygeia, the Goddess of Health. One of the most impressive features of the exhibition was the splendid manifestation of the nurses. The ceremonial could be classed as a solemn demonstration. The State President, Grace Phelps, gave the Florence Nightingale pledge, which was repeated by all the nurses, and was made most impressive. Every hospital in the city contributed generously with their nurses. The slogan of the exposition was "Live a Little Longer."

Pennsylvania: Philadelphia.—The Pennsylvania School of Social and Health Work, in coöperation with the Pennsylvania Hospital for Mental and Nervous Diseases, in order to meet the increasing demand for nurses in the field of Mental Hygiene has effected an arrangement whereby students taking a postgraduate course in Public Health Nursing can specialize in the care and prevention of mental and nervous diseases. While offering unusual opportunities for special training, the Hospital also furnishes part-time employment to a limited group of students while taking the course. The Hahnemann Hospital Nurses' Alumnae Association held a regular meeting on November 7 with a large attendance. The entire association was invited to the amphitheater, preceding the meeting, to witness a moving

picture depicting the making of a doctor and a nurse, in training, the scenes being taken in the College and Hospital. At the business meeting, Miss Entriken, chairman of the Scholarship Fund Committee, gave a glowing account of the money contributed in memory of nurses who had served in the war. The first applicant, Amy Bardens, is now studying at Teachers' College. In order to make the scholarship an assured success, all members are earnestly asked to put forth their utmost efforts to raise the amount needed to establish the fund on a substantial basis. The Association voted to give $100 to the Nurses' Relief Fund, and $25 to the Hospital on Donation Day. Mrs. Anderson, supervisor of the Woman's Building, has resigned to take a course at Johns Hopkins Hospital. THE PHILADELPHIA ORGANIZATION FOR PUBLIC HEALTH NURSING held its annual meeting on November 20 at 1340 Lombard Street, electing the following officers: President, Margaret Paul; vice president, Isabel Cox; secretary, Hannah McGillin; director for one year, Elizabeth Scarborough; director for two years, Katherine Tucker. **York.**—THE GRADUATE NURSES OF YORK raised $100 for the Russian Nurses' Relief Fund. **Allentown.**—THE ALUMNAE ASSOCIATION OF THE ALLENTOWN HOSPITAL NURSES' COLLEGE held a meeting on December 4, with an attendance of 25. An excellent report on the State Convention was given by the delegates, Mrs. Lillian Pickel and Mabel Buss. It was decided to hold the annual alumnae dance some time after Lent. A special programme is being planned for the next meeting which will be held January 2. Following the meeting the entire body attended the regular meeting of the Staff of the Allentown Hospital, where instructive demonstration on modern hospital work was given by the pupil nurses. **Pittsburgh:** MERCY HOSPITAL ALUMNAE ASSOCIATION held an unusually interesting meeting late in November when reports from the State Association and the Legislative Committee were discussed. The annual meeting will be held on January 25, with election of officers. THE SCHOOL OF NURSING OF MERCY HOSPITAL graduated a class of thirteen on Thanksgiving Day when diplomas and medals were bestowed. All had passed their state board examinations. Mae Glotfelty received a special diploma for operating-room technic.

Tennessee: Memphis.—THE ALUMNAE ASSOCIATION OF THE MEMPHIS GENERAL HOSPITAL has sent a subscription to the *Journal* as a Christmas present to one of its members who has gone to New Mexico as a missionary. Two nurses of the city have been seriously injured by automobile accidents within a month,—both were walking and were struck by cars.

Washington: Tacoma.—Jane C. Allen, formerly of Oregon, has been appointed superintendent of the Public Health Nursing Association.

Wisconsin: THE BUREAU OF NURSING EDUCATION will hold an examination for the registration of nurses in Milwaukee, January 9, 10, and 11, at the City Service Rooms, seventh floor of the City Hall. Applicants' complete applications and fees must be in the office of the Bureau of Nursing Education, State Board of Health, Madison, December 31. Adda Eldredge, Director. **Madison.**—THE THIRD DISTRICT held a meeting in the Senate Chamber of the Capitol on November 13. Reports were given from the National Convention by Adda Eldredge and from the State Convention by Elsie Weber. Dr. E. V. Brumbaugh, City Health Officer, gave a talk on Cancer. THE MADISON GENERAL HOSPITAL ALUMNAE ASSOCIATION held a meeting on November 22. The following officers were elected: President, Minnie Rippen; vice president, Olive Qualtrough; secretary, Mrs. Helen B. Lawrence; treasurer, Helen Teasdale. A social gathering will be held at Rest Harrow on January 3. Arline Taylor, class 1922, Madison General Hospital, has completed a special course in anesthesia and has accepted a position with her alma mater. **Milwaukee.**—THE LOCAL LEAGUE OF NURSING EDUCATION held a meeting at the Deaconess Hospital, November 11. Adda Eldredge gave the new rulings of the State Nursing Committee. Miss Baldwin, Domestic Science teacher in West Division High School, spoke on The Teaching of Dietetics in the School for Nurses. The discussion was led by Vivian Brown, dietetian of Columbia Hospital, followed by a general discussion. After the meeting a luncheon was served. THE FOURTH AND FIFTH DISTRICT

Association held its regular monthly meeting at the Nurses' Club, November 14. After the business meeting, Elizabeth Rossburg, professor of German at Milwaukee Downer College, spoke on Applied Psychology for Nurses. A luncheon was served by the refreshment committee. Minnie P. Getts has been appointed superintendent of the Emergency Hospital. Cornelia van Kooy, nursing director of the W. A. T. A., has been elected to associate membership of the Central Council of Social Agencies. Stella Matthews has been called by the Red Cross for the third time in four years to cross the Atlantic. She is now en route to devastated Thrace. The Private Duty Section of the Fourth and Fifth District met December 5 at the Nurses' Club. Anna Rice outlined plans for the new club house, and a social time was enjoyed. **Wisconsin Rapids.**—The Eighth District Nurses' Association held a meeting on November 21. Members were present from Wisconsin Rapids, Medford, Marshfield, Stevens Point, Nekoosa, and Wausau. Reports were given from the State meeting. Emma Long, Industrial Nurse, Nekoosa Paper Mills, read a paper on Industrial Nursing. Ione La Vague from River View Hospital, Wisconsin Rapids, spoke on Private Duty Nursing. Miss Boyce, who is a community nurse in four or five counties, emphasized the great need of rural workers. Resolutions of sympathy were drafted to send to the family of the late Theta Mead, who was a member of the Eighth District. After the meeting the members dined at the Hotel Witter. **Green Bay.**—A special meeting was called of the Ninth District Association at St. Mary Hospital, November 3. General new plans were discussed and later submitted to the State organization. After the meeting, the nurses adjourned to Kap's Tea Room for refreshments. The district association deeply regret the resignation of Bertha Shultz, Outagamie County nurse, who was the organizer of the district, and sincerely hope that the urgent requests that come from all over the county will cause her to reconsider her resignation.

Wyoming: Wheatland.—The Wheatland Hospital Training School for Nurses graduated a class of six the week of November 11. Baccalaureate services were held in one of the local churches. A banquet was given on Tuesday night for the graduates, the staff and the alumnae, who had returned for the occasion. On Wednesday night, the graduating exercises were held before a large audience. The Hon. Robert D. Carey, Governor of the State, was the principal speaker of the evening, and gave a noteworthy address on the History and Ideals of the Nursing Profession.

BIRTHS

(Birth and Marriage notices should be very plainly written or copied on a typewriter. All should be dated and should come within four months of the date of sending.)

To Mrs. Walter Sage, **(Zoe Brittain,** class of 1919, Rochester General Hospital, Rochester, N. Y.), a son, October 28.

To Mrs. Herbert Van Nostrand, **(Florence Brown,** class of 1914, Nassau Hospital, Mineola, N. Y.), a son, Hobart, Jr., October 24.

To Mrs. Bertram Groesbeck, **(Maria Canals,** class of 1915, Johns Hopkins Hospital), a daughter, Jean Elliott, October 9.

To Mrs. Robert Peter, **(Evelyn Clement,** class of 1916, Lankenau Hospital, Philadelphia), a son, David Clement, November 21.

To Mrs. Louis Day, **(Cora E. K. Cornell,** class of 1919, Nassau Hospital, Mineola, N. Y.), a daughter, Jean Eunice, December 2.

To Mrs. H. B. Harden, **(Ana Dickey,** graduate of St. Luke's Hospital, Chicago), a daughter, November 7.

To Mrs. Oliver Payson Rex Kiffe, **(Mary Ann Dietrich,** class of 1917, Abington Memorial Hospital, Abington, Pa.), a daughter, Marianna, October 25.

To Mrs. Anthony B. Kenkel, **(Anne Marie Dutweiler,** class of 1914, Williamsburg Hospital, Brooklyn, N. Y.), a son, Anthony Philip, October 20.

To Mrs. George Muehleck, **(Sari Fairley,** class of 1918, Lenox Hill Hospital, New York), a daughter, October 18.

To Mrs. Fred Steinsberger, Jr., **(Pearl Fergin,** Madison General Hospital, Madison, Wis.), a daughter, November 3.

To Mrs. Herman Kooiker, **(Irma Flinn,** class 1918, University Hospital, Minneapolis), a son, in October.

To Mrs. Grant Augustine, **(Ida Gates,** Council Bluffs, Iowa), a daughter, December 1.

To **Mrs. T. A. Hearn,** Shanghai, China, a daughter, Mary Elizabeth, October 9.

To Mrs. W. S. Perry, **(Jennie Hulse,** class of 1914, Jewish Hospital, St. Louis), a daughter, Polly Maude, October 8.

To Mrs. Arthur Lovedahl, (**Alma Johnson,** class of 1915, University Hospital, Minneapolis), a daughter, in September.

To Mrs. Louis Kinkel, **(Beatrice Kollar,** class of 1920, Bridgeport Hospital, Bridgeport, Conn.), a daughter, October 4.

To Mrs. Gilbert Milburn, **(Ethel LaGuire,** class of 1921, Methodist Episcopal Hospital, Brooklyn, N. Y.), a son, December 9.

To Mrs. Arthur C. Williamson, **(Eleanor M. MacVicar,** class of 1912, Mercy Hospital, Chicago), a son, November 16.

To Mrs. Wilcox, **(Edith Monroe,** class of 1918, Massachusetts Homeopathic Hospital, Boston), a daughter, October 26.

To Mrs. Ernest Prowse, **(Margaret Montague,** class of 1919, Bridgeport Hospital, Bridgeport, Conn.), a daughter, November 16.

To Mrs. M. P. Gerber, **(Helen O'Connell,** class of 1914, St. Mary's Hospital, Duluth), a daughter, Helen Ann, November 11.

To Mrs. Henry Kopp, **(Evelyn Opitz,** class of 1912, Lenox Hill Hospital, New York), a son, Henry, Jr., in November.

To Mrs. Donald Paul, **(Florence Petrie,** class of 1920, Bismarck Hospital, Bismarck, N. D.), a daughter, Jeanne, in September.

To Mrs. Gould Ryder, (**Mildred Rodman,** class of 1918, Lenox Hill Hospital, New York), a son, November 10.

To Mrs. Arthur Stevens, **(Clara Winter,** class 1915, University Hospital, Minneapolis), a son, in October.

MARRIAGES

Edith Anderson (class of 1922, Springfield Hospital, Springfield, Mass.), to Theodore F. Meyers, October 14. At home, West Springfield, Mass.

Hulda Anderson (class of 1920, Springfield Hospital, Springfield, Mass.), to George P. Pendleton, October 13. At home, Springfield, Mass.

Ruth Anderson (class 1915, University Hospital, Minneapolis), to Russell Fley, in October. At home, St. Paul, Minn.

Eleanor Jane Andrews (class of 1920, Johns Hopkins Hospital), to Ralph Emerson Kendall, M. D., September 6.

Elizabeth C. Astin (class of 1920, City Hospital, Fall River, Mass.), to George H. Kershaw, M. D., November 18.

Ruth Bacon (class of 1917, Johns Hopkins Hospital), to William Norris Dunning, September 22.

Pearl Irene Blinco (class of 1920, Springfield Hospital, Springfield, Mass.), to H. J. Marquardt, September 6. At home, South Orange, N. J.

Catharine B. Bonner (graduate of Lewiston Hospital, Lewiston, Pa.), to William H. Sutphin, October 19. Miss Bonner served with Base Hospital 31, and Base Hospital 9, in France. At home, Matawan, N. J.

Mary Elizabeth Buchanan (class of 1918, Craig Colony Training School, Sonyea, N. Y.), to Henry H. Fraser, October 15. At home, Mount Morris, N. Y.

Elsie Carlson (class of 1921, Springfield Hospital, Springfield, Mass.), to Rudolph Freilin, September 30. At home, Agawam, Mass.

Violet Cave (class of 1919, Massachusetts Homeopathic Hospital, Boston), to Edward M. Conners, October 9. At home, Dorchester, Mass.

Cornelia Cook (Memphis, Tenn.), to J. W. Skinner, October 2.

Martha Crumb (class of 1921, Auburn City Hospital, Auburn, N. Y.), to Albert Cleveland. At home, Auburn, N. Y.

Edith Curtiss (class of 1921, Brokaw Hospital, Bloomington, Ill.), to N. L. Beddingfield, December . At home, Orlando, Fla.

Isobel E. Davidson (class of 1920, Johns Hopkins Hospital, Baltimore), to Thomas Owen Gamble, M. D., October 27.

Thelma Divine (Memphis, Tenn.), to Mark Enright, in November. At home, Indianapolis.

Lois H. Donaldson (class of 1922, French Hospital, New York), to Douglas C. Barry, September 21. At home, Newark, N. J.

Pauline Gruninger (class of 1901, Germantown Hospital, Germantown, Philadelphia), to Frank W. Harris, December 2. At home, West Philadelphia.

Dorothy L. Haas (class of 1918, St. Anne's

Hospital, Chicago), to Joseph P. Lafond, December 2. At home, Kankakee, Ill.

Olice Hargraves (class of 1917, Massachusetts Homeopathic Hospital, Boston), to Ned Harold Milliken, November 11. At home, Portland, Maine.

Carolyn E. Boyd (class of 1918, Homeopathic State Hospital, Allentown, Pa.), to Arthur H. Hawke, November 29. At home, Havre de Grace, Md.

Hilda P. Heathie (class of 1918, Methodist Episcopal Hospital, Brooklyn, N. Y.), to A. Osterheld, November 18. At home, Rockville Center, N. Y.

Maud Henderson (class of 1922, Mission Hospital, Asheville, N. C.), to Fred A. Tweed, November 18. At home, Asheville, N. C.

Mae M. Hutchings (class of 1916, Children's Homeopathic Hospital, Philadelphia, Pa.), to Harry Theis, October 3. At home, Germantown, Pa.

Hattie Juedes (class of 1917, Bismarck Hospital, Bismarck, N. D.), to Arthur E. Beyer, September 26. At home, Manley, Iowa.

Agnes Maxwell Keane (class of 1906, Newark City Hospital, Newark, N. J.), to Hugo Fraentzel, November 20. At home, Maplewood, N. J. Miss Keane was night supervisor in the Newark City Hospital and, later, instructor, for seven years.

Minnie N. Keck (class of 1912, Presbyterian Hospital, Philadelphia, Pa.), to Stanley Miles McNees, in September.

Elizabeth Kinney (Eau Claire, Wis.), to Carl Peterson, October 9. At home, Mondovi, Wis.

Mona Mortimer (class of 1918, Claremont General Hospital, Claremont, N. H.), to Andrew J. Blackmore, November 29. At home, Barre, Vermont.

Myra Moulton (class 1916, University Hospital, Minneapolis), to Arthur H. Gould, in September. At home, Malden, Mass.

Mary Isobel Ptolemy (class of 1921, Johns Hopkins Hospital, Baltimore), to William Alexander Ross, September 27.

Mary Reardon (class of 1921 St. Joseph's Hospital, Reading, Pa.), to George Ernst Epp, November 16.

Olive Redpath (class 1921, University Hospital, Minneapolis), to Lester Flint, in September. At home, Chippewa Falls, Wis.

Elizabeth Roepke (Madison General Hospital, Madison, Wis.), to De Forest Lamson, November 16. At home, Milwaukee.

Nelllie Maye Rose (class of 1921, Jewish Hospital, Cincinnati, O.), to F. McKee, M. D., in October. At home, Lexington, Ky.

Eva Schmierer (class of 1921, Bismarck Hospital, Bismarck, N. D.), to Rev. Adolph Schock. At home, Rochester, N. Y.

Ida Mae Schweitzer (class of 1916, St. Luke's Hospital, Chicago), to Reid Allen Edwards, October 26. At home, Albert Lea, Minn.

Signa Sealander (Lutheran Hospital, Des Moines, Iowa), to George Thompson, October 30. At home, Griswold, Iowa.

Elsie Seeman (class of 1915, South Side Hospital, Pittsburgh, Pa.), to Edward W. Jew, M. D., November 30. At home, Pittsburgh, Pa.

Lou Etta Shanabrook (class of 1916, York Hospital, York, Pa.), to Joseph Maclay, M. D., October 14. At home, Chambersburg, Pa.

Edna Sorenson (Jennie Edmundson Memorial Hospital, Council Bluffs, Ia.), to Harold Christianson, November 30. At home, Oakland, California.

Minnie Blake Stephens (class of 1918, Johns Hopkins Hospital, Baltimore, Md.), to Charles F. Ballou, September 23.

Ann E. Toomey (class of 1922, Jewish Hospital, Cincinnati, O.), to Frank Patterson, D.D.S., in September. At home, Cincinnati, O.

Jennie Warner (class 1909, Mounds Park Hospital, St. Paul, Minn.), to Peter Nelson, in November. At home, Stillwater, Minn.

Nancy B. Wayland (class of 1921, Johns Hopkins Hospital, Baltimore, Md.), to Hunter McClung, M. D., October 4.

Margaret M. Weber (class of 1910, Methodist Episcopal Hospital, Brooklyn, N. Y.), to Floyd Wanamaker, in November.

DEATHS

Mary Black (class of 1897, Bridgeport Hospital Training School, Bridgeport, Conn.), at her home in Watertown, Conn. Miss Black was the first nurse to wear the Bridgeport Hospital nurses' uniform. Her work in the alumnae association is worthy of mention.

Katherine M. Gillan (class of 1894, St. Mary's Hospital, Brooklyn), on November 25. For eight years she was house mother

of The Brooklyn Disciplinary Training School for Boys at Borough Hall, and had also served the City as nurse and matron in various City departments.

Lucy B. Jolly (class of 1914, Warren City Hospital, Warren Pa.), at Christ Hospital, Jersey City, N. J., October 26, after a short illness. At the time of her death, Miss Jolly was at the head of the Jersey City territory settlement work under the Home Mission Board of the Mthodist Church. After a year in the Department of Nursing and Health, Teachers' College, Miss Jolly taught for two years in the New Haven Hospital. In the autumn of 1919, she was given a scholarship in the School of Religious Education and Social Science, and in 1921, she graduated with the degree Bachelor of Social Science. She also held a position on the teaching staff during the year there. The executive secretary of the School in writing of Miss Jolly, said: "We held a memorial service in our chapel out of deference to the high regard which we held for her. She was one of the finest personalities in our school and greatly endeared herself to the students and to the faculty because of the bautiful Christlike spirit which she manaifested." Miss Jolly's success was due to her own efforts. Her energy and enthusiasm at all times, under the most trying circumstances, were a constant inspiration to her associates. She was only 28 years of age when she died, but her death is a real loss to her profession.

Dorothy MacMaster MacDonald (class of 1892, St. Mary's Hospial, Brooklyn, N. Y.), on November 26, after a short illness. Miss MacDonald was born in Alexandria, Canada. She had been actively engaged in the field of nursing most of the time since graduation. She was a member of the first Board of Nurse Examiners of New York State and had always used her efforts toward the raising of standards and for nursing ethics.

Theta Mead (St. Luke's Hospital, Marquette, Mich.), November 14, at Rochester, Minn. Miss Mead, whose home was at Merrill, Wisconsin, was one of the pioneer county nurses in Wisconsin and a prominent figure in the development of public health nursing in the middle west. She was a postgraduate of the Boston Floating Hospital and for many years was identified with the Wisconsin Antituberculosis Association. Until her health forced her to abandon the work, this summer, she was State supervising nurse for the northern section of the state for the Wisconsin State Board of Health. It was typical of her spirit that she insisted on attending the state conference of health nurses held in Madison last summer. Her friends urged her not to take her place on the programme as they noted her weakened condition, but she replied: "I must, I'll never see them again." Her talk was on "Posture for Children" and was one of the best of the session. Miss Mead was a charter member of the Wisconsin State Nurses' Association.

Louise Mitchell, on November 27, at Warwick, N. Y. Miss Mitchell was formerly in Brooklyn, but for the past few months she had held a position in the Warwick Hospital.

Louise Naetor (graduate of the Deaconess Hospital, Dayton, Ohio), on August 26, after an illness of six months. Miss Naetor has done institutional and private duty nursing for twenty-nine years. For the past fifteen years she had lived in Austin, Texas. She will be greatly missed in the private duty ranks where she was ever an inspiration. Her work was characterized by unusual integrity, usefulness and generosity. A host of friends mourn her loss.

Mrs. Anna Elizabeth Porter (graduate of the Bridgeport Hospital, Bridgeport, Conn.), suddenly, at her home. Mrs. Porter was a widely known nurse among private families, a nurse loved by all with whom she came in contact. Her death will be a great loss to the nursing profession and to her friends.

Margaret Rooney (class of 1900, St. Luke's Hospital, Davenport, Iowa), on November 2. She assumed superintendency of Moline Public Hospital, Moline, Ill., in 1908 and remained until 1918. Influenza, which she contracted while on duty, made it necessary for her to retire from active duty. She was a most efficient and successful superintendent and teacher and beloved by all of her nurses and patients. Her loss will be an irreparable one.

Juanita Slauter, a graduate nurse of Orlando, Florida, on October 2, at Oteen Hospital, Oteen, N. C. Miss Slauter's death was due to tuberculosis, following influenza, contracted during service. She did private duty nursing until the time of enlistment.

BOOK REVIEWS

ORGANIZING THE COMMUNITY. By B. A. McClenahan, M.A., Assistant Director, Missouri School of Social Economy, St. Louis. The Century Company, New York. Price $1.75.

"This book is an attempt to put into definite form the principles and methods of community organization that have been literally hammered out through actual experience in helping communities work out their social salvation." Miss McClenahan so describes what she has set out to do. She has done her job well.

Life and community problems in the small town and in the rural community, how to conduct a survey to get at the facts bearing on community life and community needs, organizing the small town, organizing the rural district, the county plan of organization, special types of community organization like that of the American Red Cross—these are the main subjects treated. On each one the author presents helpful ideas and suggestions based upon experience and much careful thinking.

The person confronted with the problem of organizing a small community for social work or interested in the general theory of small town and rural community organization will find in this volume many data on the methods, successes and failures of other communities that will help him to a better understanding of his task.

Unfortunately the title is misleading in that it conveys the idea that the book covers community organization in cities as well as in towns and rural districts. The author does not take up the city problem. It has been purposely omitted, she says in her introduction, "as constituting a subject deserving treatment in a separate volume." It would have prevented misunderstanding had this been clearly indicated in the title or on the title page.

The student of organization problems will appreciate the clear and painstaking definition of terms and the logical development which characterize this book and which are too frequently lacking in much that is presented to the public.

Two chapters take up the social survey, its value, purpose and methods. The point is emphasized that an indispensible part of any survey is a plan for insuring the carrying out of its findings. There is a general tendency among social workers today to belittle the value of surveys because they so frequently lead nowhere. Yet it is impossible to build up a practical programme for grappling with any problem without a careful study of the facts in the case, just as it is impossible to guide the orderly development of a city without a plan. The trouble has been that too many surveys have been considered as an end in themselves instead of the stepping stone to an objective. Miss McClenahan presents a good case for the survey. The survey outline she offers may well be open to the criticism that it is too exhaustive and requires more work and more money than the average community can afford. The answer is that one may use his own judgment as to what parts of the suggested survey are essential in his

particular case. The author safeguards herself by saying repeatedly that she is merely suggesting plans and methods which have to be varied and adapted to fit any particular community.

One gets the impression that the work is too long drawn out in parts. For example the discussion of the County Plan of organization describes in detail plans in operation in six different states —all six plans more or less alike, differing only in minor ways. Much of the detail in this chapter could have been omitted with better effect and with less confusion for the reader.

There are minor points that might be questioned. For instance, in the chapter on small-town organization in discussing a plan for a coördinated social welfare agency the statement occurs, "Sometimes the school board, the city council, or the county commissioners will make an appropriation for services rendered in enforcing the school attendance law, in acting as probation officer for the juvenile court, or in investigating applicants for public relief." It would seem that it should have been stated that private agencies should not finance public functions incumbent upon the local government and a proper charge against taxation, unless it could not possibly be avoided. Curiously enough the author herself at another point says that eventually all social work should be supported by taxation. In discussing the approach to the community there is in places too much detail. The author tells the new community secretary, for instance, that "when the date set for his assumption of duties is near, he should write a note to the chairman or secretary of the Executive Board, stating the time of his arrival," and a little further on speaking of the office equipment we read, "Besides the desk, table and chairs, there should be a couch." The discussion of such trifling matters might well have been omitted.

The final pages present rather a severe arraignment of social work. "Social work as organized at the present time is neither democratic nor to any marked degree preventive. On the contrary it is aristocratic, paternalistic, and palliative." No supporting arguments are presented except the fact that social workers object to using volunteer service. The reader is naturally curious to know the author's reasons for this conclusion—but his curiosity is left unsatisfied.

Strangely enough, in over 200 pages devoted to community organization there is little reference to the relation of the development of community interest and community spirit to the problem of politics and good government, except in so far as welfare work goes. It would seem that in a small town or a rural community, the kind of intensive organization suggested by the author ought to be one of the best possible methods of getting rid of back-stair politics and setting up a good type of government service.

Miss McClenahan has presented a book of real value. It has its strong points and its weaknesses, but its good features so far outweigh the bad that the latter are easily overlooked. Anyone interested in community organization outside of the large city will find this work a useful guide.

Bleecker Marquette,
Executive Secretary, Public Health Federation, Cincinnati, O.

THE EVOLUTION OF PUBLIC HEALTH NURSING. By Annie M. Brainerd. W. B. Saunders Company, Philadelphia. Price $3.

In her preface, the author says, "I have tried to show how and why the early deaconess was the progenitor of the modern Public Health Nurse; how the growth of social self-consciousness reacted in the charities of the Middle Ages; how the industrial revolution brought about a readjustment of social conditions; and finally how the advance in preventive medicine and the development of the art of nursing, produced, and made inevitable, the Public Health Nurse. The account of contemporaneous activities must, in the very nature of things, be vague and incomplete."

Says Edna M. Foley, in her introduction, "With an ancient, honorable lineage public health nursing is still in its pioneer stages. Its programme is flexible, its standards capable of infinite elevation. To insure its success, which can be measured only by results in innumerable homes and communities, it must continue to have the support of the best element of every community. It must seek to draw within its standard nurses with a spiritual vision of good to be accomplished, as well as nurses with the best possible technical training available. An ample ancestry is sometimes too diffuse a blessing, but readers of Miss Brainard's history will realize more and more that traditions of honorable service are greater spurs to future work than vague rumors of an untold past can ever be."

HISTORY OF THE MASSACHUSETTS GENERAL HOSPITAL TRAINING SCHOOL FOR NURSES. By Sara E. Parsons, R.N. 222 pages. Whitcomb and Barrows, Boston, Mass. Price, $3.50.

This is a fascinating account of one of our oldest and largest schools. The picture of pre-training-school days gives an excellent background for the history of the school itself which was independently organized as the Boston Training School for Nurses, in 1873, and was taken over by the trustees of the Hospital and re-named the Massachusetts General Hospital Training School for Nurses, in 1896. Says Miss Parsons in her introduction:

> The writer has learned that most of the improvements of later years, which were original when made, were comprehended in the founder's conception of the school; that those ideas were later revived by the Advisory Committee in 1900; and that the Alumnae Association in its effort since 1915 to raise an endowment for the School, has been nurturing unconsciously an expressed need of the Directors of 1879 and of the Advisory Committee of 1900.

The preparation of this story of the growth and achievements of her Alma Mater must have been a true "labor of love" but there is no trace of undue sentimentality in its pages. Source material, such as reports and letters, has been freely quoted. Unpalatable facts, when necessary for the sake of truth, have been set forth as fairly as the splendid records of accomplishment. The spirit of service that has animated lay and professional workers alike is apparent on every page. A valuable part of the book is the chronological list of events beginning with the notation, "School in charge of 'two foul wards in the Brick'."

Proceeds from the sale of the history will be added to the Endowment Fund. The book should find a place in the

libraries of all schools for nurses, for it is a valuable contribution to the literature dealing with the development of nursing in this country. The book will doubtless stimulate other schools to perpetuate their own histories.

M. M. R.

FOOD, HEALTH AND GROWTH. By L. EMMETT HOLT, M.D. The Macmillan Company, New York. 273 pages. Price, $1.50.

Were it possible to place Chapter One—"Nutrition in Relation to Growth, to Progress in School, and to Resistance to Disease" in the hands of every member of every board of education in this country, more would be immediately accomplished for the children of this nation than can come in fifty years of isolated, though intense, interest on the part of the few thousand present-day field workers having to deal with the nutrition of children.

Dr. Holt's newest book is destined to be as widely read and as carefully followed as has been his earlier one, dealing primarily with the infant.

Challenging the interest of the mother who has an appreciation of her need for knowing what she may do to keep her child in the best possible condition, this book will fill a long-felt want. Being unhampered by technicalities, and pointing the way for definite accomplishment, this text should forever dispel, in the lay mind, the bug-a-boo of "Fat Soluable A" and "Water Soluable B." Given the assurance that if well balanced dietaries rather than vitamines are planned, children will not lack food requirements, many a mother will take heart and use the adequate material presented, in working out a "35-50-15" food schedule for her growing family.

General practitioners who have not the time for extensive reading will find much for every day use in this comprehensive hand book.

The two outstanding causes of malnutrition are given as "Improper Food" and "Faulty Hygiene." A nutritionally normal condition for a child under twelve years is defined as the condition in which "the child is less than ten per cent or more below or twenty per cent above average weight for height," and at the same time the subject of the possibilities for wide variations is stressed. Dr. Holt draws a very interesting distinction between average and normal: defining the former as "a line," the latter as "a zone."

Every school teacher would have her interest in the "slow" child very much intrigued were she to give this book a careful reading. The Public Health nurse will find the volume tremendously helpful in the suggested methods for getting a community to think along this line.

Dr. Holt makes possible another bit of armor going into the equipment with which children of this land have their battle to fight—the only equipment which in the last analysis will count, the education of the mother, whoever and wherever she may be.

SARA B. PLACE
Superintendent Infant Welfare Society, Chicago.

HANDBOOK OF ORGANIZATION AND METHOD IN HOSPITAL SOCIAL SERVICE. By Margaret S. Brogden. The Norman, Remington Co., Baltimore, Maryland. 1922. Price, $2.50.

From the able pen and the valuable experience as Chief of Social Service of

the Johns Hopkins Hospital, comes this attractive addition to the literature of Hospital Social Service. The volume outlines the organization of the Johns Hopkins Hospital Social Service Department and its technic can be applied to any institution—with expansion or diminution of its needs as they appear. A foundation upon which may be built further developments of Social Service. It presents in a concise manner the duties of the workers in their varied relations to the work, of the medical staff, and of the patients. Particularly pertinent to the definite study of Hospital Social Service is the inclusion of the report of the committee on the functions of Hospital Social Service Work. It outlines: 1. Case Work, 2. Research, 3. Education.

The simplicity of the language and the ethical principles it establishes should be of especial value to the beginner or to the experienced worker who needs an occasional lesson. The chapter on Case Analysis outlines the structure of Hospital Social Service. Miss Brogden shows in a practical way the value of records correctly made and their contribution to the work at large. Her guide for writing histories circumscribes practically all subjects which should be included in considering the needs of any patient.

The facsimiles of the forms of records with the key to their use has been carefully worked out. All of this important information is presented in a volume of about seventy-seven pages and Hospital Social Service workers will find it in truth a handbook which they can ill afford to omit from their libraries.

Adelaide M. Walsh, R.N.,
Children's Memorial Hospital, Chicago.

BOOKS RECEIVED

Manual of Physio-Therapeutics. Revised Edition. By Thomas Davey Luke, M.D., F.R.C.S. William Wood and Company, New York. Price $6.

Medical Gymnastics and Massage. By J. Arvedson, M.D. (Stockholm). Translated and edited by Mina L. Dobbie, M.D. P. Blakiston's Son and Company, Philadelphia. Price $2.25.

The Healthy Baby. Second Edition, Revised. By Roger H. Dennett, B.S., M.D. The Macmillan Company, New York. Price $1.25.

Handbook of Social Service Resources of Cincinnati and Hamilton County. Issued by the Helen S. Trounstine Foundation, Cincinnati, Ohio. This is the first social service directory which Cincinnati has had since 1919. Price 35 cents.

Physiological and Biological Chemistry in Modern Medicine. By J. J. R. MacLeod, M.B. C. V. Mosby & Co., St. Louis, Mo. Fourth Edition. Price $11.

Physical Diagnosis. By W. D. Rose, M.D. Third Edition. C. V. Mosby & Co., St. Louis, Mo. Price $8.50.

An Outline of the Pirquet System of Nutrition. By Dr. Clemens Pirquet. W. B. Saunders Company. Price $2 net.

Graded Outlines in Hygiene. Book One. By Walter Frank Cobb, M.D., B.P.E. World Book Company, Yonkers-on-Hudson, N. Y. Price $1.36.

PRIMER OF SANITATION. By John W. Ritchie. World Book Company, Yonkers-on-Hudson, N. Y. Price 84 cents.

PRIMER OF HYGIENE. By John W. Ritchie. World Book Company, Yonkers-on-Hudson, N. Y. Price 80 cents.

PRIMER OF PHYSIOLOGY. By John W. Ritchie. World Book Company, Yonkers-on-Hudson, N. Y. Price 88 cents.

LATERAL CURVATURE OF THE SPINE AND ROUND SHOULDERS. By Robert W. Lovett, M.D., Sc.D. P. Blakiston's Son & Co., Philadelphia. Price $2.50.

EXCERPT FROM "UNCOUNTED FACTORS IN INFANT FEEDING"

CLIFFORD G. GRULEE, M.D., Chicago

The Journal of the American Medical Association, Vol. 79, No. 24, December 9, 1922

We have heard so much in the past about hospitalization and so little about what the term really means that it is time we stopped to analyze the situation. The difference between hospitalization of infants and home care is a difference in the amount of individual care given each child. In the average home, this is frequently too much. In the poorly conducted hospital, it is always too little. If the pediatric wards of a hospital are properly conducted, that is, if there are proper facilities for the care of children and a sufficient personnel properly educated and intentioned, a hospital may be a most excellent place for a sick child over many months. In fact, in my opinion, it is the only proper place to care for sick babies, just as it is the only proper place to care for sick adults. With a highly trained and conscientious personnel, the hospital becomes the one place where the physician may eliminate certain accessory sources of error and apply himself more directly to the case in question in respect to its physical needs, and he may leave out of consideration entirely, or to a very great extent, many of the irritating factors that must enter into consideration in the home.

Songs of Health and Joy, including a Marching Song, an Oatmeal Song, and other health motifs, is the latest fascinating production of the Child Health Organization of America. The very modern words are set to the music of Old Songs and Folk Tunes. This attractive booklet can be obtained by sending fifteen cents to the Organization at 370 Seventh Avenue, New York City.

NEAR EAST RELIEF

Relief appropriations of the American Red Cross for the Near East emergency now aggregate close to $1,500,000. The commitments of flour purchased for shipment to Greece now total 5,450 tons. In addition, clothing purchased or made by Red Cross Chapters formed a large part of the cargo of the U. S. Shipping Board steamer *Manhattan Island* which sailed for Greece November 21. Destitution on the Islands in the Aegean Sea is appalling, with scores of thousands actually starving. In the camps on the mainland where more than 1,000,000 men, women and children are herded, the threat of plague is very real.

Dr. Richard M. Taylor, Red Cross medical director in Greece, says conditions point to the immediate need of medical service, hospital supplies, medicine, disinfectants, bathing and delousing plants, etc., and ends by saying, "Money for these needs must come from America or Greece is likely to become a vast cemetery."—*National Health Council—Monthly Digest.*

OFFICIAL DIRECTORY

International Council of Nurses.—Secretary, Christine Reiman, Kronprinsessegade 50, Copenhagen, Denmark.

The American Journal of Nursing Company.—Headquarters, 370 Seventh Avenue, New York. Business Office, 19 West Main Street, Rochester, N. Y. President, S. Lillian Clayton, Philadelphia General Hospital, Philadelphia, Pa. Secretary, Elsie M. Lawler, Johns Hopkins Hospital, Baltimore, Md.

The American Nurses' Association.—Headquarters, 370 Seventh Avenue, New York. President, Adda Eldredge, Bureau of Nursing Education, Board of Health, Madison, Wis. Secretary, Agnes G. Deans, 370 Seventh Avenue, New York. Treasurer, V. Lota Lorimer, 1238 West Lake Avenue, Lakewood, Ohio. Sections: **Private Duty,** Chairman, Frances M. Ott, Morocco, Ind. **Mental Hygiene,** Chairman, May Kennedy, Chicago State Hospital, Chicago, Ill. **Legislation,** Chairman, Roberta M. West, Room 150, 34 S. 17th Street, Philadelphia, Pa. **Committee on Revision,** Chairman, Sarah E. Sly, Birmingham, Mich. **Relief Fund Committee,** Chairman, Elizabeth E. Golding, 317 West 45th Street, New York, N. Y. Treasurer, V. Lota Lorimer, 1238 West Lake Avenue, Lakewood, O.

The National League of Nursing Education.—President, Laura R. Logan, General Hospital, Cincinnati, O. Secretary, Martha M. Russell, 317 West 45th Street, New York. Treasurer, Bena M. Henderson, Children's Memorial Hospital, Chicago, Ill.

The National Organization for Public Health Nursing.—President, Elizabeth G. Fox, 3800 14th Street, N. W., Washington, D. C. Director, Anne Stevens, 370 Seventh Avenue, New York.

Isabel Hampton Robb Memorial Fund Committee.—Chairman, Elsie M. Lawler, Johns Hopkins Hospital, Baltimore, Md. Treasurer, Mary M. Riddle, 223 Newbury Street, Boston, Mass.

Director, Department of Nursing, American Red Cross.—Clara D. Noyes, Care American Red Cross, Washington, D. C.

Army Nurse Corps, U. S. A.—Superintendent, Major Julia C. Stimson, Office of the Surgeon General, Army Corps Division, War Department, 19th and B Streets, Washington, D. C.

Navy Nurse Corps, U. S. N.—Superintendent, J. Beatrice Bowman, Bureau of Medicine and Surgery, Department of the Navy, Washington, D. C.

U. S. Public Health Service Nurse Corps.—Superintendent, Lucy Minnegerode, Office of the Surgeon General, U. S. Public Health Service, Washington, D. C.

Nursing Service, U. S. Veterans' Bureau.—Superintendent, Mrs. Mary A. Hickey, Hospital Section, U. S. Veterans' Bureau, Washington, D. C.

Department of Nursing and Health, Teachers College, New York.—Director, M. Adelaide Nutting, Teachers College, Columbia University.

STATE ORGANIZATIONS OF NURSES

Alabama.—President, Elizabeth LaForge, 207 City Hall, Birmingham. Secretary, Catherine A. Moultis, 1032 Elm Street, Birmingham. President examining board, Helen MacLean, 2430 North 11th Ave., Birmingham. Secretary, Linna H. Denny, 137 N. 60th St., Birmingham.

Arizona.—President, Rose Benenato, 221 East Polk Street, Phoenix. Secretary, Mrs. Regina Hardy, 826 East Second Street, Tucson. President examining board, Edith P. Snowden, Phoenix. Secretary, Gertrude F. Russell, State House, Phoenix.

Arkansas. — President, Frankie Hutchinson, 2716 W. 6th St., Little Rock. Secretary, Blanche Tomaszewska, 815 Laurel St., Pine Bluff. President examining board, M. D. Ogden, M.D., Little Rock. Secretary-treasurer, Frankie Hutchinson, 2716 W. 6th St., Little Rock.

California.—President, Mrs. E. B. Conzelmann, State Hospital, Stockton. Secretary, Mrs. J. H. Taylor, Route A, Galt. Director, Bureau of Registration of Nurses, Anna C. Jamme, 724 Wells Fargo Building, San Francisco.

Colorado.—President, Mrs. Eda M. Pine, 301 West Ormon Avenue, Pueblo. Secretary, Jessie D. Stewart, 220 E. Yampa Street, Colorado Springs. President examining board, Blanche I. Lewis, 1116 East Boulder Street, Colorado Springs. Secretary, Louise Perrin, State House, Denver.

Connecticut. — President, A. Elizabeth Bigelow, 69 East Main Street, Meriden. Secretary, Elizabeth C. Blenkhorn, Hartford Hospital, Hartford. President examining board, Martha P. Wilkinson, 34 Charter Oak Avenue, Hartford. Secretary, Mrs. Winifred A. Hart, 109 Rocton Avenue, Bridgeport.

Delaware.—President, Mary A. Moran, 1313 Clayton Street, Wilmington. Secretary, Anna W. Jones, 911 Delaware Avenue, Wilmington. President examining board, Harold L. Springer, M.D., 1013 Washington Street, Wilmington. Secretary, Mary A. Moran, 1313 Clayton Street, Wilmington.

District of Columbia.—President, Ida F. Butler, American Red Cross, Washington. Secretary, Katherine Holmes, American Red Cross, Washington. President examining board, Margaret Hutchinson, 1337 K Street, N. W., Washington. Secretary-treasurer, Mary E. Graham, 1337 K Street, N. W., Washington.

Florida.—President, Theresa P. Fremd, Orange General Hospital, Orlando. Secretary, Elizabeth Steil, Riverside Hospital, Jacksonville. President examining board, Anna L. Felting, Box 196, Miami. Secretary-treasurer, Mrs. Louisa B. Benham, Hawthorne.

Georgia.—President, Jane Van De Vrede, 464 North Boulevard, Atlanta. Secretary, Chloe Jackson, 602 Chamber of Commerce, Atlanta. President examining board, Jane Van De Vrede, 464 North Boulevard, Atlanta. Secretary and treasurer, Jean Harrell, 110 Luckie Street, Atlanta.

Idaho.—President, Mary Brown Lowers, City National Bank Building, Boise. Secretary, Cora W. Palmer, St. Luke's Hospital, Boise. Department of Law Enforcement, Bureau of Licenses, Examiner, Napina Hanley, State Capitol, Boise.

Illinois.—President, Mabel Dunlap, 1531½ Third Avenue, Moline. Secretary, May Kennedy, Chicago State Hospital, Chicago. Superintendent of Registration, Addison M. Shelton, State Capitol, Springfield.

Indiana.—President, Ina Gaskill, State Board of Health, Indianapolis. Secretary, Eugenia Kennedy, St. Vincent's Hospital, Indianapolis. President examining board, Elizabeth E. Springer, Huntington County Hospital, Indianapolis. Secretary, Ida J. McCaslin, 501 East Noble Street, Lebanon.

Iowa.—President, Amy Beers, Jefferson County Hospital, Fairfield. Secretary, Nelle Morris, The Summit, D-1, Iowa City. President examining board, C. F. Launder, M.D., Garwin. Secretary, Rodney P. Fagan, M.D., Des Moines.

Kansas. — President, Ethel L. Hastings, Bethany Hospital, Kansas City. Secretary, Caroline E. Barkemeyer, Halstead. President examining board, Sister Catherine Voth, Newton. Secretary-treasurer, Sister Mary Helena, St. Luke's Hospital, El Dorado.

Kentucky.—President, Josephine Meyers, Newport. Corresponding Secretary, Gertrude Bethel, 700 Francis Building, Louisville. President examining board, Sophia F. Steinhauer, Speers Memorial Hospital, Dayton. Secretary, Flora E. Keen, Somerset.

Louisiana.—President, Sara Babb, Charity Hospital, New Orleans. Secretary, Celeste Janvier, 1503 Robert Street, New Orleans. President examining board, J. T. Crebbin, M.D., 27 Cusachs Building, New Orleans. Secretary, J. S. Hebert, M.D., 27 Cusachs Building, New Orleans.

Maine.— President, Margaret Dearness, Maine General Hospital, Portland. Secretary, Louise Hopkins, 246 Essex Street, Bangor. President examining board, Margaret M. Dearness, Maine General Hospital, Portland. Secretary-treasurer, Rachel A. Metcalfe, Central Maine General Hospital, Lewiston.

Maryland. — President, Elsie M. Lawler, Johns Hopkins Hospital, Baltimore. Secretary, Sarah F. Martin, 1211 Cathedral Street, Baltimore. President examining board, Helen C. Bartlett, 604 Reservoir Street, Baltimore. Secretary and treasurer, Mary Cary Packard, 1211 Cathedral Street, Baltimore.

Massachusetts. — President, Carrie M. Hall, Peter Bent Brigham Hospital, Boston. Corresponding secretary, Mary E. P. Davis, 19 Hoyle Street, Norwood. President examining board, Mary M. Riddle, Newton Hospital, Newton Lower Falls. Secretary, Samuel H. Caulderwood, M.D., State House, Boston.

Michigan. — President, Mrs. Barbara H. Bartlett, 329 Science Bldg., Ann Arbor. General secretary, Sarah E. Sly, Birmingham. President examining board, Richard M. Olin, M.D., Lansing. Secretary, Mrs. Helen de Spelder Moore, 206 State Office Building, Lansing.

Minnesota. — President, Irene English, Northern Pacific Hospital, St. Paul. Secretary, Dora Cornelisen, Old State Capitol, St. Paul. President examining board, Jennette M. McLaren, M.D., 803 Lowry Building, St. Paul. Secretary, Dora Cornelisen, Old State Capitol, St. Paul.

Mississippi.—President, Mrs. B. M. Hopper, Mattye Hersey Hospital, Meridian. Secretary, Mrs. James A. Cameron, 511 Bay Street, Hattiesburg. President examining board, Dr. J. H. Fox, Jackson. Secretary-treasurer, Ernestine Bryson, Houston.

Missouri.—President, Mance Taylor, Parker Memorial Hospital, Columbia. Secretary, Bertha Love, Parker Memorial Hospital, Columbia. President examining board, Mrs. Louise K. Ament, Lutheran Hospital, St. Louis. Educational director-secretary, Harriet L. P. Friend, 620 Chemical Building, St. Louis.

Montana.—President, Margaret Irish, 618 North 23rd Street, Billings. Secretary, F. L. Kerlee, Box 742, Billings. President examining board, E. Augusta Ariss, Deaconess Hospital, Great Falls. Secretary-treasurer, Frances Friederichs, Box 928, Helena.

Nebraska. — President, Lulu F. Abbot, 847 North 26th Street, Lincoln. Secretary, Cora E. Higgins, 2100 South St., Lincoln, Bureau

of Examining Board, secretary, H. H. Antles, Department of Public Welfare, State House, Lincoln.

Nevada. — President, Mrs. Pearl Prescott, 652 Forest Street, Reno. Secretary, Mrs. Honore M. Donnelley, Box 504, Reno.

New Hampshire. — President, Anna C. Lockerby, Laconia Hospital, Laconia. Secretary, Mrs. Florence M. Knowles, Portsmouth. President examining board, Mae Morrison, Whitefield. Secretary, Ednah Cameron, 8 North State Street, Concord.

New Jersey.—President, Elizabeth J. Higbid, 449 VanHouten Street, Paterson. Secretary, Marie Louis, Muhlenberg Hospital, Plainfield. President examining board, Mary J. Stone, Room 302, McFadden Building, Hackensack. Secretary-treasurer, Elizabeth J. Higbid, Room 302, McFadden Building, Hackensack.

New Mexico. — President, Theresa McMinamen, 417 S. Arno Street, Albuquerque. Secretary, Bertha C. Rowe, 417 S. Arno Street, Albuquerque.

New York.—President, Mrs. Anne L. Hansen, 181 Franklin Street, Buffalo. Secretary, Ella F. Sinsebox, 443 Linwood Avenue, Buffalo. President examining board, Lydia E. Anderson, 461 Washington Avenue, Brooklyn. Secretary, Alice Shepard Gilman, State Education Building, Albany.

North Carolina.—President, Pearle Weaver, Hendersonville. Secretary, Harriet M. Lisowski, Mary Elizabeth Hospital, Raleigh. President examining board, Mary P. Laxton, Biltmore. Secretary-treasurer, Dorothy Hayden, Greensboro.

North Dakota.—President, Sarah Sand, Osgood Flats, Fargo. Corresponding secretary, Esther Teichmann, 720 South 5th Street, Fargo. President examining board, Ethel Stanford, State Sanatorium, Dunseith. Secretary, Mildred Clark, General Hospital, Devils Lake.

Ohio.—President, Grace E. Allison, Lakeside Hospital, Cleveland. Secretary, Grace Bentley, 1299 Ethel Avenue, Lakewood, Chief examiner, Caroline V. McKee, Hartman Hotel Building, Columbus. Secretary, Dr. H. M. Platter, Hartman Hotel Building, Columbus.

Oklahoma.—President, Olive Salmon, Pawhuska. Secretary, Virginia Tolbert, University Hospital, Oklahoma City. President examining board, Mrs. Idora Rose Scroggs, 324 West Grey Street, Norman. Secretary-treasurer, Lela Carr, 915 West 23d Street, Oklahoma City.

Oregon. — President, Grace Phelps, 616 Lovejoy Street, Portland. Secretary, Margaret A. Tynan, St. Vincent's Hospital, Portland. President examining board, Jane V. Doyle, 301 Platt Building, Portland. Secretary-treasurer, Mrs. O. E. Osborne, 512 Oakdale Avenue, Medford.

Pennsylvania. — President, Margaret A. Dunlop, Pennsylvania Hospital, Philadelphia. Secretary-treasurer, Gertrude Heatley, South Side Hospital, Pittsburgh. President examining board, Albert M. Blackburn, M. D., 34 South 17th Street, Philadelphia. Secretary-treasurer, Roberta M. West, Room 150, 34 S. 17 Street, Philadelphia.

Rhode Island. — President, Amy Allison, Rhode Island Hospital, Providence. Corresponding secretary, Edith Barnard, 425 Broadway, Providence. President examining board, Henry C. Hall, M.D., Butler Hospital, Providence. Secretary-treasurer, Lucy C. Ayres, Woonsocket Hospital, Woonsocket.

South Carolina.—President, Frances Bulow, 40 Coming Street, Charleston. Secretary, Annie Meyers, Mercy Hospital, Charleston. Secretary, board of nurse examiners, A. Earl Boozer, M.D., Columbia.

South Dakota.—President, Ellen McArdle, Aberdeen. Corresponding secretary, Carrie E. Clift, Rapid City. President examining board, Clara S. Ingvalson, Flandreau. Secretary-treasurer, Mrs. Elizabeth Drysborough, Rapid City.

Tennessee. — President, Mrs. Dorsey T. Gould, 1305 Edgewood Place, Nashville. Secretary, Annie Feltus, 809 Madison Avenue, Memphis. President examining board, Willie M. McInnis, University of Tennessee, Memphis. Secretary-treasurer, Dr. Reese Patterson, Knoxville.

Texas.—President, Helen Holliday, Baylor Hospital, Dallas. Secretary, A. Louise Dietrich, 1001 E. Nevada Street, El Paso. President examining board, Helen T. Holliday, Baylor Hospital, Dallas. Secretary, Eula Whitehouse, Route 4, Cleburne.

Utah.—President, Daphne Dalton, County Hospital, Salt Lake City. Secretary, Alice Hubbard, Salt Lake County Hospital, Salt Lake City.

Vermont. — President, Elizabeth Van Patten, 433 S. Union Street, Burlington. Secretary, Mrs. Rose A. Lawler, Springfield. President examining board, Donley C. Hawley, M.D., Burlington. Secretary, Mary G. Kane, Montpelier.

Virginia. — President, L. L. Odom, Sarah Leigh Hospital, Norfolk. Secretary, Blanche Webb, King's Daughters' Home, Norfolk. President examining board, Virginia Thacker, Lewis-Gale Hospital, Roanoke. Secretary-treasurer, Ethel Smith, Craigsville.

Washington. — President, Mrs. W. M.

McKinney, 5502 14th Street, N. E. Seattle. Secretary, Katherine Major, King County Hospital, Seattle. Director of Licenses, Fred J. Dibble, Olympia.

West Virginia. — President, Mrs. Susan Cook, Lock Box 457, Wheeling; home address, Bridgeport, Ohio. Secretary-treasurer, Mrs. R. J. Bullard, Lock Box 457, Wheeling; home address, 510 Catawba Street, Martin's Ferry, Ohio. President examining board, Frank LeMoyne Hupp, M.D., Wheeling. Secretary, Jessie A. Clarke, Ohio Valley General Hospital, Wheeling.

Wisconsin. — President, Agnes W. Reid, Bradley Memorial Hospital, Madison. Secretary, Erna Kowalke, 85 Oneida St., Milwaukee. Director, Bureau of Nursing Education, Adda Eldredge, State Board of Health, Madison.

Wyoming. — President, Ida Mae Stanley, Rock Springs. Secretary, Mrs. Clyde W. Peterson, 2004 Maxwell Street, Cheyenne. President examining board, S. J. McKenzie, St. John's Hospital, Cheyenne. Secretary, Mrs. H. C. Olson, 605 East 21st Street, Cheyenne.

TERRITORIAL ASSOCIATION

Hawaii.—President, Alice M. Yates, 1250 Manumea Avenue, Honolulu. Secretary, Harriet B. Delamere, Queen's Hospital, Honolulu.

HOW DOES YOUR STATE STAND?

The following table shows the rating of each State Association by percentages in a comparison of the membership with Journal subscribers for the month of December:

Over 100%
Oklahoma

Between 70% and 80%
Florida

Between 60% and 70%
Mississippi, Wisconsin, Kentucky, South Dakota

Between 50% and 60%
West Virginia, New Mexico, Pennsylvania, Wyoming, Ohio, Indiana, Kansas

Between 40% and 50%
Illinois, Iowa, Alabama, New Jersey, North Dakota, Virginia, South Carolina, North Carolina

Between 30% and 40%
Maine, Delaware, New Hampshire, Massachusetts, Idaho, Nebraska, Arizona, Michigan, Georgia, Arkansas, Minnesota, Oregon, Texas

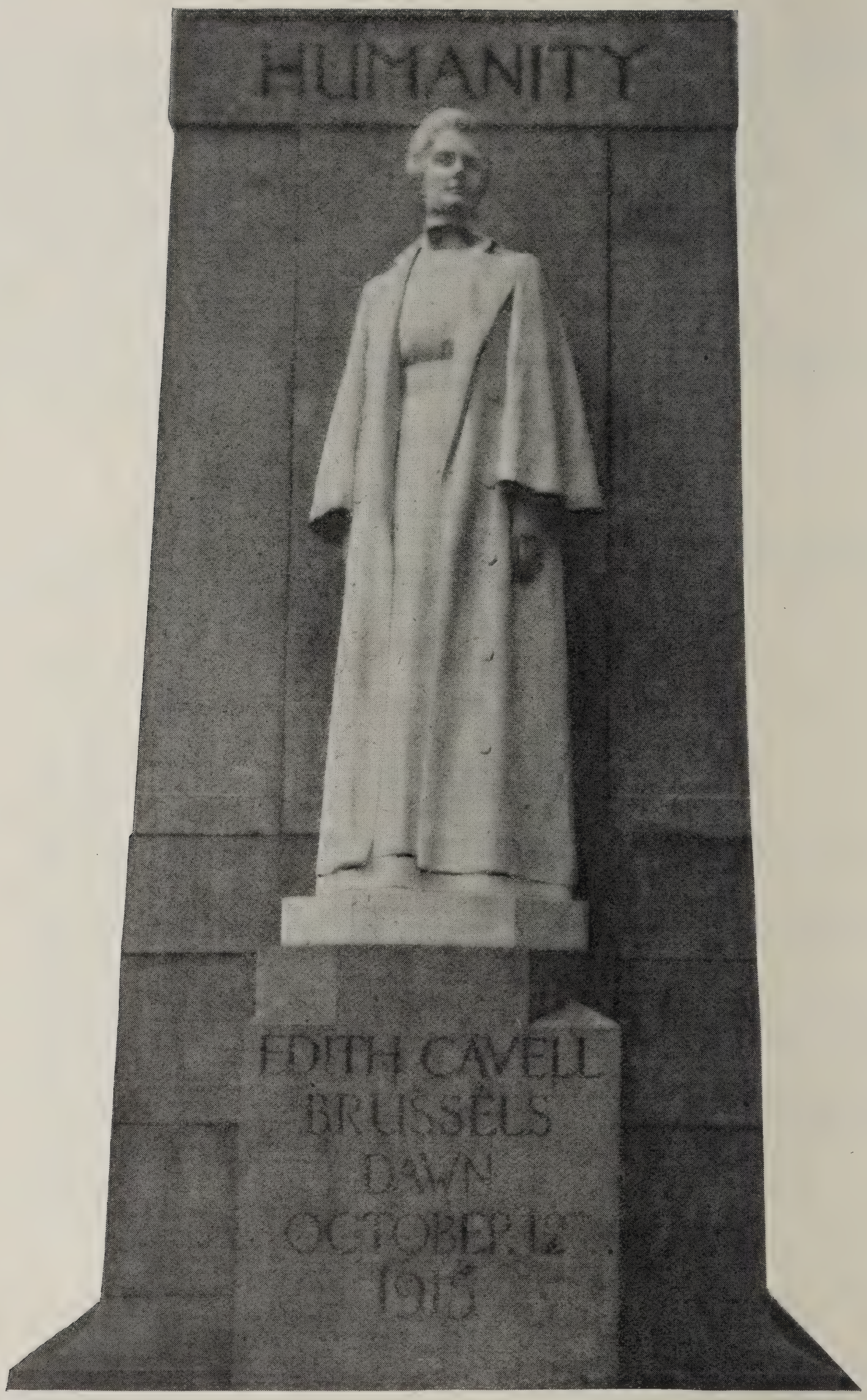
Between 20% and 30%
Rhode Island, District of Columbia, Connecticut, Washington, Nevada, Colorado, Missouri, Tennessee, New York, Montana, Vermont, Maryland, Louisiana

Less than 20%
Hawaii, California, Utah

WHERE TO SEND MATERIAL FOR THE JOURNAL

Send all news items, notices and reports of meetings, subscriptions, changes of address, Want advertisements all other advertisements and all business correspondence to the Rochester office, 19 West Main Street, Rochester, N. Y.

Send articles for publication, books for review, and editorial correspondence to the New York office, 370 Seventh Avenue, New York.



Published by Courtesy "Mother and Child."

THE AMERICAN
JOURNAL OF NURSING

VOL. XXIII FEBRUARY, 1923 No. 5

THE HEALTH GAME

BY MARIE L. ROSE, R.N.

Associate Director, Child Health Organization of America

THE subject of nutrition today is an all engrossing one perhaps because it has been translated in terms understandable by the veriest man in the street. For that reason and because nurses are expected to and must know of all recent advances in science affecting the physical welfare of humans, it behooves us to be in the vanguard in our understanding of this newer knowledge of nutrition.

The elusive and fascinating vitamine has come to stay in our vocabulary of essentials and we eagerly scan the pages of new articles upon this and kindred subjects to note the earliest hint of a possible addition to the family now composed of Vitamines A, B, and C. Before we arrived at the stage where vitamines form the subject of daily conversation, we had somewhat familiarized ourselves with the number of calories of food required to maintain health under varying conditions. Have we, I wonder, applied all or any of the above to our own regime and that of the individuals for whom we are responsible or with whom we have daily contact?

THESE ARE THE RULES OF THE GAME

A full bath more than once in a week.

Brushing the teeth at least once a day.

Sleeping long hours with windows open.

Drinking as much milk as possible, but no coffee or tea.

Eating some vegetables or fruit every day.

Drinking at least four glasses of water a day.

Playing part of every day out of doors.

A bowel movement every day.

To those nurses to whom, heretofore, nutrition has been a subject of only passing interest, it will no longer suffice to admit or to say: "I am not concerned with that matter—that can be left to the specialists in that field" *because,* the chemistry of food and nutrition has been extensively interpreted in such simple language that its application is equally simple.

We cannot afford to be confronted with such queries from a small brother, sister, or patient as "Who are the

FOOTNOTE—This is the first of a series of articles on Nutrition now being prepared for the *Journal.*

vitamine triplets?" or "What do they mean when they say green vegetables and fruits are *friends* of little children?" Adult patients or friends, too, *will* ask such staggering and persistent questions about their own particular dietary problems that we who are expected to, *must* know the answer.

Graduate nurses can more or less pursue the study of nutrition as an avocation, if for no more serious reason, and be comforted with Dr. Caroline Hedger's experience with music as a diversion. The student nurse in training must, on the other hand, depend upon what the curriculum offers in this as well as other subjects in preparation for her future. The course of study in Dietetics will not, it is certain, give her a clear conception of this important field *unless* such courses have been rejuvenated. Unfortunately Dietetics has in the past been presented in such fashion as to be practically lacking of application to condition or treatment of patients. So much so that it has rarely been a popular subject with nurses in training and there have been few who did not welcome release from the theoretical discussion. The practical part, while decidedly more interesting, quite generally led to the making of endless loaves of bread (particularly if one proved an adept) or an equally endless procession of cream soups or white sauces with an occasional bright spot when one was allowed the preparation of a delectable and dainty dessert to renew one's interest. Very little connection indeed did there seem to be between theory and practice. Take, for example, one's introduction to the children's ward and the deficiency diseases or intestinal disturbances commonly met with there and the milk formulae and carefully adjusted diets prescribed.

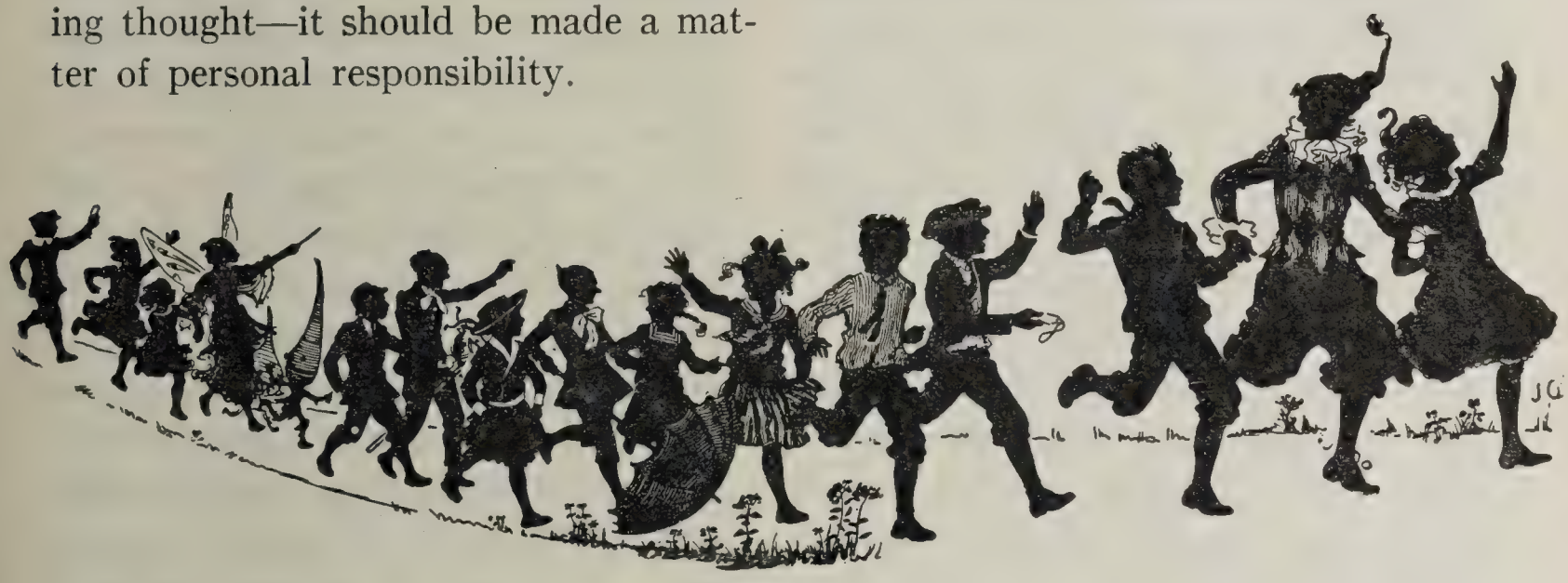
However, the student nurse of today stands a fairer chance of understanding the importance of nutrition and has greater respect for the specialists who can give a clear exposition of this subject. Fortunate indeed is the training school which through its proximity to a well known nutrition laboratory may extend to its student body the opportunity of lectures by the scientist in charge of the Department of Chemical Hygiene there and the rare privilege of seeing this research work applied to colonies of rats. And such a picture as that rat laboratory presents! Each family living within its own little unit and each one's history, past, present and probable future, so well known by the skilled Associate in charge that one grasps at once the story presented in words, in typed dietary, and the appearance of the rats themselves! A certain Mrs. Rat we feel sure stands a slim chance indeed of raising her progeny or indeed of bearing young at all unless she is allowed to mend her ways and be given a well balanced and adequate diet. To see this skilled interpreter of rat nutrition handle the rodents with a long slender pair of tongs, expatiate on the beauty of a coat, show the development of a peculiar eye disease, or even do an autopsy to disclose a well defined "rosary" lends deep significance to the need of information on this subject. Not all training schools are so forunate but there is hardly one which does not now provide in its curriculum, some consideration of and time for this important subject.

Dr. McCollum's emphatic reminder that a wise choice of food is the most important factor influencing the welfare

of human beings or the lower animals, we would do well to consider. It is, however, one among other important hygienic factors all of which we, as a profession, should be the first to put in practice. It is doubtful whether partaking of the wisest selection of food would suffice to conserve health without due regard to the hours of sleep, rest and recreation required. Without sunshine and air and freedom from dust, we would hardly expect a plant to survive, even though its soil be ever so well nourished and watered. That we must think in terms of general health and not confine our attention wholly to the subject of foods is on the whole a comforting thought—it should be made a matter of personal responsibility.

The normal growth and development of the child was given thoughtful emphasis by Dr. William Palmer Lucas long before he presented that subject in such a masterful fashion at the Seattle convention last summer. That address renewed our faith that the goal we are all striving for, whether for ourselves or others, is an ideal to which we are justified in clinging. There was a challenge flung to the breeze there, however, which *must* be met. Just talking health won't do,—we must look and act that part.

Little children today are all over the world playing the "Game of Health,"—a buoyant, stirring game. It behooves us to enter that charmed circle.



PRIVATE DUTY AND THE PUBLIC SERVED[1]

By Mrs. J. C. Parrish

WHEN I was asked to read this paper, I accepted the honor you bestowed upon me without many qualms, but as I began to study the subject I realized more and more what a disadvantageous position I really was in, because unless I spent the time in flattery you might put me down as the "choleric" patient when ill and I would be forever shunned by the nurses of the State. However, being in excellent health at present, I am going to take chances and tell you a few things that have been bothering me and the rest of the innocent public for some time.

In everything that I have to say, I am assuming that the fundamental principle

[1] Read at the annual meeting of the Missouri State Nurses' Association, Columbia, October, 1922.

in nursing is service, and the first logical question is, "How can the nurse put herself in a position to serve?"

First, she must have a desire to serve, and with such a desire she will seek an education, which is a necessary factor in this connection. I have been extremely interested to find in reading the Department of Nursing Education in the *American Journal of Nursing,* the pamphlet containing a List of Schools of Nursing Accredited by the State Boards of Nurse Examiners, and the various articles such as Dr. Beard's, "The Education of the Nurse." I found that the requirements for entrance to nursing schools have steadily increased and that great progress has been made in training and in education in those schools. That is splendid, for it is impossible for anyone to have too much education or too much training. To a thoroughly educated person, no detail of housekeeping or nursing is drudgery because she sees the small and insignificant deed as a vital part in the larger scheme. Many times nurses have failed in their private duty and have brought the whole group into disfavor because they have said that certain things were for them to do and other things must be done for them; this sometimes leads to such complications in a home that it is regretted a trained nurse ever entered it. A broad outlook on life also makes it possible for a nurse to give and receive more, in her relation with her patient.

Another important factor in serving the public is experience. The lack of experience is probably the weakest point in the calling as it is judged today by the public. Lawyers, doctors, dentists, teachers,—in fact, all professional men and women after years of preparation gained at a great expense are compelled to spend a long time in barely eking out a livelihood while they are proving to the public their ability to serve them. On the other hand, a recently graduated nurse starts off with the maximum remuneration that any nurse with years of experience may hope to get. The public demands experience in nursing as in any other service which is rendered to it. It is the lack of experience on the part of recently graduated nurses which has often caused the public to look to the practical nurse who has nothing to recommend her except her experience.

So far in my discussion I have been thinking of homes where conditions are normal. A new factor is necessary when we consider homes where conditions are not ideal, and yet for that reason a trained nurse might find her greatest field of usefulness. Under such conditions she must have a willingness to adapt herself to trying circumstances in a home where perhaps all the servants have suddenly left or where there are none. It is not the easiest matter in the world to keep servants in a home where disease has entered. They usually see the situation as so much additional drudgery and yet the poor mother or father, as the case may be, is less able to cope with the situation than if he had a servant to help. Undying gratitude and prestige would be won by the person who, being first a woman with great adaptability and native talent, and second with training and a genuine cheerfulness, brings order out of chaos. Often times this is the great factor in the restoration of the ill person. The nurse might well ask herself, "Am I

willing to face such possibilities perhaps over and over again and still be cheerful and optimistic?" and if she cannot answer in the affirmative then consider whether she has not missed her calling.

Recently I have had an opportunity of observing a first class hospital at very close range, as I was not the patient. Since I had this paper in mind I watched every detail. I was not allowed to bathe my baby nor to take her temperature, but to let the particular nurse do it caused much crying and consequent harm to the baby's throat which had just been operated upon. After an hour of patient effort to soothe the irritable and suffering child to sleep, the nurse rushed in brusquely, threw back the covers and proceeded to take her temperature, because "it must be taken every four hours," thus undoing all that I had done. After these experiences and many more, I came to the conclusion that hospital rules are often too lacking in flexibility to be of any real benefit to the patient and I wondered if the continued observance of very rigid rules during impressionable years might not render nurses less efficient in dealing with the complex conditions of the outside world. It may also account for the autocratic attitude some nurses assume when they in turn are put in authority.

The question now arises, How can those conditions of training be improved and how can the standards be raised? I should think that the most important means would be found in just such a convention as you are now holding, where you feel free to discuss all problems, pro and con. Another means would be found in trying to force your conclusions upon hospitals and training schools through those nurses who are on the hospital staffs and faculty or through those influential with such persons. It has seemed to me unwise to force too much by way of legislation. I have in mind Senate Bill No. 380 referred to in a magazine sent to me by your President. As long as you raise your standards and increase your ability by means of education, you will find your efforts and successes lauded by the public, and whenever it is possible the public will seek you, but a shadow passes over your influence with the public when you tell them that they can have only you and you have not convinced them that you are in every way superior to the practical nurse whom they have learned to trust and who can be found at a much less price.

I hold no brief for the practical nurse although I have known many who were past masters in meeting difficulties that arose. The discrimination of this law against them will cause them to leave the work and when they are gone, unless you fill their places the public will suffer. We have had to depend upon them in small towns and in the rural districts because such places are not attractive to graduate nurses and in an emergency it is almost impossible to get them through city registration bureaus. If we do succeed we run the risk of getting one who is not capable of meeting home emergencies in a small town. We have had to depend upon nurses who, although they had little technical training, had a great native ability and adaptability and except in very serious illnesses and acute stages of disease, common sense, adaptability, and willingness to follow instructions count for more than a certain technical training. Since the law was passed, I haven't seen a great

inroad of trained nurses to take their places.

I do not want to leave you with the impression that I am prejudiced against the trained nurse, I am far from it. To my mind, there is no woman superior to her, when she adds to rich natural talents, technical training and a broad outlook upon life. From my own personal experience I know that you have many such among you in this State, and I shall watch in the future with great interest for the development of many more because of your determination to have a broader foundation and better conditions of training.

THE REPORT OF THE ROCKEFELLER FOUNDATION ON NURSING EDUCATION: A REVIEW AND CRITIQUE[1]

By Richard Olding Beard, M.D.
University of Minnesota

NO more significant event is recorded in the history of the nursing profession in America than the Report of the Rockefeller Foundation, through its appointed committee, upon nursing education. In the annals of professional progress it stands beside the Report of the Carnegie Foundation, of a few years ago, upon medical education.

It was peculiarly fitting that the preliminary report of this three years' survey should be submitted as it was last June, in Seattle, to the joint session of the American Nurses' Association, the National League of Nursing Education and the National Organization for Public Health Nursing. Manifestly, it was impossible that action, which requires study and deliberation over the substance and conclusions of the Report, should be taken at that time. It is unfortunate that while we have here the argument and the conclusions, doubtless the meat of the Committee's Report, the statistical body of it is still lacking and that some time will yet elapse before it is off the press. Discussion of the Report in its present form is permissible but deliberative action should await the appearance of the detailed Survey. It will be further unfortunate, I think, if such action is postponed until the next biennial meeting of the great nursing organizations of the country. Would it not be fitting that in each state, the State Association, the League of Nursing Education and the Public Health Nursing Organization, if there be one, should appoint joint committees to undertake the study of the full report and to submit recommendations to their next annual meetings. The members of the profession in each State would be educated thereby and would mold, in turn, the final judgment of the national bodies. Surely we should not fail of the largest attainable results of the Survey.

I would reiterate once more the belief that it is not the medical profession, not the administrators of hospitals, nor

[1] Read at the annual meetings of the Iowa, Minnesota, and Missouri State Associations of Graduate Nurses and before a joint session of the Medical, Hospital, and Nursing Associations of Manitoba and Western Canada.

the associations representing either, that must eventually settle the issues and control the policies of nursing education. It is the great body of the nursing profession in America. This body is answerable to but one tribunal, the court of public welfare. As you are, and must ever remain, a profession of service, you must finally hold yourselves responsible to the people "whose you are and whom you serve."

In the review and critique of the Rockefeller Foundation's Report upon which I have ventured, I have tried to keep constantly in sight but one objective,—the social good.

The Rockefeller Foundation Committee

Greatly as I honor the men and the women who have given themselves to the work and the worth of their names to the results of the Survey, I could wish, in a way, that the Rockefeller Foundation had seen fit to appoint to this Committee neither nurses nor physicians, but to allow these to serve as witnesses before a lay council. Here and there one gets in the course of the Report a suggestion of compromise between the conflicting views of the two professions, into which the third party in interest,—the public good—does not definitely enter. Perhaps this is inevitable under existing conditions and perhaps we should congratulate ourselves that compromise is possible.

Into so voluminous a report of a survey of so large a field as that of nursing education, it is to be expected that possible errors of fact, and perchance erroneous conclusions of fact, may creep. It is remarkable that one finds so little in the preliminary report to call in question.

One of the first impressions one gets, in the reading of it, is that it is so clearly an echo of many of the things we have been hearing and saying in the years since the Survey began. One of the great values it has for us lies in this,—that it is a composite of the pictures of possible progress we have been roughly painting for ourselves. One wonders that it should have so faithfully presented the mind of the profession.

It gives, at many points, an effective answer to the prejudiced critics of nursing and nursing education. It should lay at rest some of the more unfortunate and unfounded charges that have been brought against the profession of nursing.

The Conclusions of the Rockefeller Report

It does not appear that in such a review and critique of the Report as this it is desirable to discuss seriatim the conclusions to which it comes; but rather to consider these in a sequence in which the conditions found to exist in nursing practice and nursing education today shall come first and may then be followed by the recognition of existing needs and by the suggestion of means and methods by which these needs may be met. In doing this, I shall try to observe a certain order of succession in the several types of nursing service discussed or proposed.

I would caution you not to concentrate your attention too closely upon the conclusions of the Report. Some of its most valuable suggestions are to be found in the context. We may profit by free quotation from its pages.

The Present Status of Nursing Practice

The economic and the social status of nursing practice are discussed in the Survey at a number of different points which we may gather together and upon which we may comment as we go.

It is stated that we have in America "practical" or "experienced" nurses, by which we understand nurses who have had no formal education in nursing, to the number of 151,996; that we have trained and registered nurses in almost equal numbers, 149,128; and that student nurses to the number of 54,953 were registered in Schools of Nursing at the conclusion of the Survey. These, apparently, are census figures and of a good degree of accuracy so far as the last two groups are concerned, because the members of these groups naturally report to the census-taker their definite status. Of very doubtful accuracy are the figures for the first group, because, as anyone at all familiar with census methods knows, there are always mixed or mongrel groups of the statedly employed, among whom are many of nominal or occasional occupation in a given field. This is particularly true of women of this practical nursing group. If we accept the figures, however, at their face value they represent a supply of one nurse, of one sort or another, to 294 people; and a supply of one educated or graduate nurse to 700 people, in the country at large. Putting these figures side by side with available morbidity statistics one is compelled to the conclusion of the Survey that there is no shortage of nurses. To quote from the Report:

> This would seem to give an adequate supply of nurses if numbers alone are considered, provided a proper distribution could be secured.

And again:

> The majority of trained nurses are concentrated in the larger cities, so that the rural districts in many states are wholly lacking in service of this kind. The evidence is that at present, in the cities, the supply of trained nurses is adequate to existing demands in normal times. The reason why many persons who need nursing care in hospitals or in the homes of the poor fail to receive it is to be sought in economic factors, rather than in a shortage of nurses.

There are several considerations tied up in these statements and perhaps they have not fully entered into the account. Faulty distribution of nurses, as of doctors, makes for apparent rather than real shortage, and there is no suggested remedy by which it may be reached. Too great concentration of nurses in the cities makes for uncertain employment in times of prevailing health. Removal of nurses to the country districts means still more irregular and deficient employ. Neither nurses nor doctors can be blamed for their avoidance of rural locations which offer no prospect of steady service and but meagre social or recreational advantages. Only public employ of nurses and physicians in rural districts can meet the ever present needs of these communities and that suggestion borders upon state nursing or state medicine.

It is equally true that no economic provision can be made for a surplus supply of nurses to cover the nursing needs of abnormal times. Epidemics must forever remain a cause of stress and strain upon the communities they invade. The training of all women in the simple details of home nursing suggests a measure of relief in the care of minor cases.

The hospital nursing service presents another angle from which the alleged shortage of nurses must be viewed. Private-duty nurses may be numerous enough to meet the social need in most communities and certainly in the large cities. Student nurses may not be numerous enough to fill the nursing service of the hospitals. Hospitals have multiplied. The public is being educated to resort to them as the suitable homes of the sick. Private-duty nurses are in process of transfer to hospital service, but in no wise proportionally to the increase of hospital patients. One of the arguments for hospital care is the lesser cost of nursing at the hands of student nurses, but these cannot be multiplied beyond the demand for them after they have graduated into private practice. The only possible remedy is the larger employment of graduate nurses for general duty in the hospitals, and hospital administrators do not find the adjustment economically easy. Nothing else will equalize the demands of hospital service and of private practice and, at the same time, put a premium upon gradually increased registration in the schools. The operation of the law of demand and supply has become well-nigh autonomic. It is so quickly sensitive in these days to the need of readjustment.

In one particular, the census total of trained and registered nurses is revised by the Report. It includes 11,000 public health nurses and in the field of public health nursing there is a very real shortage. The Survey says that 50,000 nurses are needed in the public health activities of the country. The deficiency is the more serious because women of the type and preparation for this service are not now to be had in any considerable numbers. Graduate nurses have been striving to answer the demand, but most of them lack the graduate study and the field training they need to fitly undertake this work.

At one point, touching further upon numbers, the Report is conspicuously in error. The poor, by grace of Visiting Nurses in their homes and of both student and graduate nurses in public hospitals, *do not* lack nursing service of *satisfactory quality*. It is rather that large class of people who stand continually in danger of economic disablement by sickness for whom the problem of fit nursing service is an economic one.

Naturally at this point the question of a less highly educated and a lesser salaried nurse, as one of the mooted suggestions of remedy for existing conditions, comes in. The alleged prohibitive cost of the graduate nurse has been the one outstanding argument for the creation of the "sub-nurse." In the view of the Survey Committee, however, it is clearly not a solution of the economic problem presenting itself in the existing status of nursing practice. May I quote from the Report?

> It seems clear to the Committee, however, that *if* two types of nursing service are desirable,

—and the "ifs" and "ands" thrown about this question are significant,—

> the distinction should be drawn, *not* on economic grounds, but according to the types of illness involved. We are even somewhat doubtful as to the possibility of attaining very substantial economies by the introduction of a subsidiary type of private-duty nurse. Our survey of the situation does not indicate that the income of the private-duty nurse is at present a generally exorbitant one, when we take into account the extent of her unemployment,

amounting, the Survey shows, to one-fourth of total time.

If this factor be allowed for, the margin between the average annual income of the private-duty nurse and that of the domestic servant *is not so great as to permit of the existence of an intermediate grade on a salary level very much lower than that of the present registered nurse.*

This statement is really a body-blow to the spectre of the highly unionized and over-paid labor of the nurse. But its implication goes farther. If graduate nurses are under-employed, the argument for a shortage of nursing service again falls to the ground. And if the production of the "sub-nurse" is not an economic factor, upon what argument does it rest?

The Report turns to the question of the nature of the graduate nurse's employment or, expressed in other terms, the forms of her service to society.

The number employed in various phases of public health nursing we have already cited; but in the field of private-duty nursing the Survey takes a new departure. It attempts to differentiate between the nursing of those who are acutely and seriously ill and the nursing of those who are mildly, chronically or convalescently sick. Of course, no such distinction exists in the actual practice of today and it is doubtful if any safe line can ever be drawn between the two groups. It serves as a tentative basis for the discussion of the two types of nurses, to which we shall presently recur.

The Present Status of Nursing Education

First, let us consider the Survey's estimate, to which still greater interest attaches, of the present status of nursing education. To its statement of facts and its findings, no exception can be taken. Certain of its conclusions of fact are open to discussion. Its note of warning against any diminution of educational standards rings clear. It puts its stamp of emphatic approval upon the preliminary requirements of the high school diploma, or its equivalent, which is understood to mean the usual substitutive examination in high school subjects. It says nothing about an intelligence test. It recommends the general adoption of the preliminary course, devoted to the study of the basic sciences and of elementary nursing procedures, but not as a period of hospital service.

It recognizes clearly the present existence of two types of schools of nursing: (a) the hospital training school, and (b) the University School of Nursing.

Its treatment of the difficult problem of present nursing education in the hospital or institutional school is masterly. Its analysis of the type and its origin; its appreciation of its difficulties and of the measure of their overcoming; its unsparing judgment upon its defects,—combine to present the most interesting and absorbing section of the Report and prove the Committee's strong grasp of this, the gravest feature of the Survey.

At the risk of wearying you by a repetition of passages which some of you may have already read, I shall quote at length. I cannot otherwise, or in shorter space, present the findings both for good and ill of the Survey on this subject. Only a clear view of existing conditions can provide the impetus and energize the mechanism of reform.

The development of the hospital training

school for nurses constitutes a unique chapter in the history of education. In almost all fields of professional life, education has begun on a basis of apprentice training. The first law schools and the first medical schools were the outgrowth of the lawyer's and physician's offices. In nearly all other fields than that of nursing, however, even in such relatively new professions as journalism and business and advertising, education has outgrown the apprentice stage and leadership has passed into the hands of independent institutions, organized and endowed for a specifically educational purpose. The training of nurses, on the other hand, is still in the main, actually if not technically, directed by organizations created and maintained for the care of diseases rather than for professional education.

The progress which has been accomplished in nursing education under such anomalous conditions, is such as to reflect high credit upon both hospital administrators and the leaders of the nursing profession. The hospitals have in many instances been inspired by a broad and constructive vision of training school possibilities; while the devotion with which nursing directors have labored for high standards, often against almost insuperable obstacles, calls for the warmest admiration. Yet the conflict of interests between a policy of hospital administration, which properly aims to care for the sick at a minimum cost, and a policy of nursing education which with equal propriety aims to concentrate a maximum of rewarding training into a minimum time, is a real and vital one.

The fact that a field so tempting as that of modern nursing, with its remarkable possibilities of service in public health, in institutional management, and in teaching, fails to attract students in the number and of the quality we should desire, strongly suggests that there is some shortcoming in the established avenues of approach to the nursing profession. The hospitals themselves, depending as they do so largely upon student nurses for their routine operation, have in past years found themselves seriously handicapped by the small number of applicants, and many a superintendent will testify to the fact that the difficulty of securing a high quality of nursing is one of the gravest he has to meet. The phenomenally rapid growth in the number of hospitals has created within a brief period of time a demand for a large number of students and the requirements for admission have therefore been kept at a very low level, resulting in a reduction in the proportion of well educated applicants. For the good of the hospital, as well as for that of the nursing profession and of the public at large, a careful and dispassionate appraisal of the adequacy of the present day training school would seem to be urgently desired.

The Survey, it may be noted, includes an intensive study of 23 schools conducted in hospitals, large and small, public and private, general and special, located in various sections of the United States. The results of this study follow:

The training of the nurse involves a certain basic knowledge of the fundamental chemical and biological sciences, theoretical instruction in the principles of nursing and, above all, supervised practical training in nursing procedures. In all three phases of this work Miss Goldmark's report reveals conspicuous successes and equally conspicuous failures; and the remarkable thing is that successes and failures so often appear side by side in the same institution.

Thus, we may find in a training school with a good ward service that the fundamental science courses fail because of wholly inadequate laboratory equipment. In another school, the theoretical instructor may show a hopeless lack of teaching ability, (as in the case of a class recitation which consisted in the dictation of questions and answers from a prehistoric note-book); or she may be so handicapped by other duties as to leave no time for the proper conduct of her classes. Lectures by physicians may be informative and inspiring in one department of the hospital, irregular in delivery, careless and dull in content in another. Ward assignments are in many cases largely dictated by the need for hospital service rather than by the educational requirements of the students. This is clearly evidenced by the astonishing irregularity of the time spent on different services by individual students and by the marked deviation between the time assignments actually performed

and those scheduled in the official programme of the course. Thus in one school where 7½ months were assigned to surgical service, the members of the class had actually worked on this service for from 7 to 13¾ months. Of the 23 schools surveyed by us, one made no adequate provision for obstetrical training, while 5 gave no training in pediatrics, 7 no experience in communicable diseases and 18 none in mental diseases. In view of the difficulties in making affiliations in some of these subjects, notably in communicable and mental disease, some of these omissions are scarcely to be wondered at.

The supervision of the work on the wards was in certain instances notably inadequate. In only a few brilliantly exceptional cases was the ward work purposefully correlated with the theoretical instruction. The lack of an intelligently planned progressive training was obvious in a large number of the hospitals studied; first year students often being found in positions of responsibility for which they were wholly unprepared, while seniors in other wards were repeating an educationally idle and profitless routine. Most striking of all, was the factor of time wasted in procedures essential to the conduct of the hospital, but of no educational value to the student concerned. Hours and days spent in performing the work of a ward maid, in putting away linen, in sterilizing apparatus, in mending rubber gloves, in running errands, long after any important technic involved had become second nature, accounted in one typical hospital where this problem was specially studied for a clear wastage of between one-fourth to one-fifth of the student's working day.

The total amount of time assigned to ward service under the conditions which obtain in many hospitals is, in itself, a fairly complete obstacle to educational achievement. Our selected group of hospitals, surely in this respect far above the general average, shows a median day of 8.5 hours on ward duty alone, exclusive of all class room instruction. Irregular and excessive and unproductive night duty is the rule rather than the exception. Crowded and unattractive living conditions tend, in certain hospitals, to impair the morale of the student body; and an atmosphere of autocratic discipline frequently prevents the development of a psychological atmosphere favorable to effective coöperative effort.

The foregoing paragraphs present, we are aware, a somewhat gloomy picture. In presenting them, we would emphasize two points of major importance. In the first place, such shortcomings as have been pointed out are not fairly chargeable to deliberate neglect on the part of hospital authorities or nursing superintendents. In so far as they exist, they are due to the inherent difficulty of adjusting the conflicting claims of hospital management and nursing education, under a system in which nursing education is provided with no independent financial endowments for its specific ends. The difficulties involved in the task of resolving this conflict are perhaps illustrated by the fact that out of 144 registered training schools in New York State, 60 changed superintendents during a single recent year.

In the second place, it is encouraging to note, by reference to Miss Goldmark's report, that every one of the shortcomings in hospital training discussed above has been corrected, with substantially complete success, in one or more of the training schools studied by our investigators. The difficulties are not insuperable. Each of them has been overcome in some schools and most of them in some of the best schools. Training schools exist today in which the student receives a sound and an inspiring education, with a minimum of sacrifice to the exigencies of hospital administration. Yet such schools are still the exception; and we are convinced that the progress we desire can only come through a frank facing of the truth. The following statement is, we believe, thoroughly justified by such facts as we have been able to obtain.

CONCLUSION 5. THAT, WHILE TRAINING SCHOOLS FOR NURSES HAVE MADE REMARKABLE PROGRESS, AND WHILE THE BEST SCHOOLS OF TODAY IN MANY RESPECTS REACH A HIGH LEVEL OF EDUCATIONAL ATTAINMENT, THE AVERAGE HOSPITAL TRAINING SCHOOL IS NOT ORGANIZED ON SUCH A BASIS AS TO CONFORM TO THE STANDARDS ACCEPTED IN OTHER EDUCATIONAL FIELDS; THAT THE INSTRUCTION IN SUCH SCHOOLS IS FREQUENTLY CASUAL

AND UNCORRELATED, THAT THE EDUCATIONAL NEEDS AND THE HEALTH AND STRENGTH OF STUDENTS ARE FREQUENTLY SACRIFICED TO PRACTICAL HOSPITAL EXIGENCIES; THAT SUCH SHORTCOMINGS ARE PRIMARILY DUE TO THE LACK OF INDEPENDENT ENDOWMENTS FOR NURSING EDUCATION; THAT EXISTING FACILITIES ARE ON THE WHOLE IN THE MAJORITY OF SCHOOLS INADEQUATE FOR THE PREPARATION OF THE HIGH GRADE OF NURSES REQUIRED FOR PUBLIC HEALTH NURSING AND NURSING EDUCATION AND FOR SERVICE REQUIRED IN THE CARE OF SERIOUS ILLNESS, AND THAT ONE OF THE CHIEF REASONS FOR THE LACK OF SUFFICIENT RECRUITS, OF A HIGH TYPE, TO MEET SUCH NEEDS LIES PRECISELY IN THE FACT THAT THE AVERAGE HOSPITAL TRAINING SCHOOL DOES NOT OFFER A SUFFICIENTLY ATTRACTIVE AVENUE OF ENTRANCE TO THIS FIELD.

Comment on these extended statements is unnecessary. We recognize in them the replica of our experiences. We hear the echo in this Report of the plea we ourselves have been making to the institutional schools in the recent past. The hopeful thing about it is that they can come up! The chief question to solve, in them and for them, is: *How* shall they come up? They must come up, or they will inevitably go down. The real danger of their depreciation is sensed by the Committee when it recognizes that

there have been persistent and vigorous efforts in certain quarters to break down the standards of nursing education laboriously built up during the past 20 years

and, recognizing this fact, it says in Conclusion 5:

THAT THE CARE OF PERSONS SUFFERING FROM SERIOUS AND ACUTE DISEASE, THE SAFETY OF THE PATIENT, AND THE RESPONSIBILITY OF THE MEDICAL AND NURSING PROFESSIONS, DEMAND THE MAINTENANCE OF THE STANDARDS OF EDUCATIONAL ATTAINMENT NOW GENERALLY ACCEPTED BY THE BEST SENTIMENT OF BOTH PROFESSIONS AND EMBODIED IN THE LEGISLATION OF THE MORE PROGRESSIVE STATES; AND THAT ANY ATTEMPT TO LOWER THESE STANDARDS WOULD BE FRAUGHT WITH REAL DANGER TO THE PUBLIC.

(To be continued)

The maintenance of productivity and the advancement of the things of the spirit depend upon the ever-renewed supply from the mass of those who can rise to leadership. Our social, economic and intellectual progress is almost solely dependent upon the creative minds of those individuals with imaginative and administrative intelligence who create or who carry discoveries to widespread application.—*American Individualism,* Herbert Hoover.

NURSING INTERPRETED TO THE PUBLIC

THROUGH their Nurses' Day programme at the Oregon Health Exposition (October 26 to November 4) and by means of exhibits, Oregon nurses presented many facets of the nursing jewel to the public. The programme included "The Daily Life of a Student Nurse," a playlet presented by the Students of the Good Samaritan School; a pageant, the History of Nursing, in which Elnora Thomson played the part of prophetess; and an address by Emily Loveredge.

The State Association arranged an attractive exhibit showing how hospitals help people to "Live a Little Longer." Dolls in uniform carried pennants indicating the many types of nurses prepared by our schools.

The Oregon League of Nursing Education used the model of a Central School of Nursing, prepared last year by the Indiana League, as the focussing point of an interesting exhibit which also included a map showing the many places where Red Cross nurses are on duty throughout the world.

THE CALIFORNIA LAW

The California Bureau of Registration of Nurses is being flooded with applications for registration from nurses all over the country who have misinterpreted the California nurse practice act and who believe that no nurse who is not a Californian, can be registered in that State after July first, without examination.

Section 8 of the law as amended in 1921 is very clear on this point. It reads as follows:

> The Board upon written application, and upon receipt of fifteen dollars ($15.00) as registration fee, shall issue a certificate of registration without examination to any applicant who has been duly registered as a registered nurse under the laws of another state or foreign country, provided the applicant meets the requirements for certification as provided for in this act.


OREGON STATE GRADUATE
NURSES ASSOCIATION,
Hospitals

THE VALUE TO THE STUDENT NURSE OF EXPERIENCE IN PUBLIC HEALTH NURSING[1]

By Mabel Binner, R.N.

IN considering the question of the value of public health experience to the student nurse, we must think first of the rapid development of public health work and the demands it is at present making on the training school. Twenty years ago there were 130 public health nurses in the United States; today there are over 13,000, and many positions are unfilled because of the difficulty of obtaining the right women for the positions. Twenty years ago there was no literature available for public health work; today it is difficult for the nurse to keep up with even a part of what is written.

There were formerly but two fields open to the graduate nurse. She had a choice between private duty and institutional work. That an especially trained woman would be needed for public health work was unheard of, one hospital superintendent remarking: "A good nurse should not be wasted in district work; what those people need is a sort of charwoman to clean things up."

The graduate who enters the public health field, fresh from her hospital training, finds herself bewildered by the complexity of the problems which crowd her on all sides. She usually appreciates that her training has not given her an adequate preparation for the job at hand. Her training has made of her an individual technician; she has been taught to do things herself. She has not learned how to get the assistance of others; she has not learned the necessity of teaching others to help her, or to help themselves.

In the hospital, the patient has come into her environment; most of the adjustment to the surroundings must be made by the patient. The nurse is working under familiar conditions, under close supervision with nurses having the same training, with a limited number of physicians and with adequate equipment. The points of contact are few in number, and shift little from day to day. The patient's background literally and figuratively is the hospital bed; anything more does not exist or is very vague. Often it does not occur to the nurse to ask where the patient came from before he reached the admitting desk, or where he is going when he is dismissed.

In the field, the situation changes. The nurse must work with nurses from many hospitals; the closest supervision leaves her on her own responsibility the greater part of the time; she must work with many types of doctors, often a different one for every patient; her ingenuity is taxed to the utmost to improvise the necessary equipment. When the nurse enters the district home the tables are turned. She is now in unfamiliar surroundings. She must adjust herself to the patient's environment. She finds that the dressing so easily done and over with in the hospital, is a different matter here. The patient's background, missing in the hospital, suddenly becomes a vivid reality.

She finds the fire out because there is

---

[1] Paper read at the annual meeting of the Illinois State Nurses' Association, Chicago, October, 1922.

no money for coal, the water pipes frozen, the baby crying and neglected, while the mother is out looking for a job. The surgical dressing becomes only one of many problems. Invariably the original call, the dressing or maternity care, as the case may be, serves as an entering wedge, giving the nurse the opportunity to enter the home with her message of public health.

In a home of this type there are children needing orthopedic treatment, tonsils and adenoids to be removed, instruction to be given in nutrition and hygiene, the mental defective to be examined and planned for, pre-natal and post-natal instruction, the many social problems to be treated; the juvenile delinquent, the deserting husband, the unmarried mother.

It is obvious that the nurse cannot attempt all this alone. She must understand the functions of other agencies and individuals in her community, in order to get them to work with her; the relatives and friends, churches, dispensaries, hospitals, the Board of Health, the Associated Charities,—in fact, the normal surroundings of the patient, as well as such organizations as fill the need when the normal surroundings fail.

For this reason a two months' experience for students, such as that planned by the Visiting Nurse Association of Chicago, while not intended to prepare the student nurse adequately for the public health field, will show her the scope of the work. She will appreciate how much she needs to know about the baby after it leaves the hospital, how much she must know to be able to give good pre-natal instruction, to be able to advise the mother regarding the care and training of normal children; how little she knows about preventive work.

Instead of seeing the patient, her hospital, and herself, as isolated units, she will see the relationship of one to the other, and their relationship to the community as a whole. She will see the community grow before her eyes like a mosaic, each new contact becoming a new section of the pattern fitted into the whole. It is upon this fitting in that so much depends.

Not all nurses are suited to public health work. Many nurses who are failures in public health might do excellent institutional or private duty nursing. This is not intended as a disparagement to the private duty or institutional nurse, for it is upon good nursing and good training that public health nursing rests. It is merely a question of individual differences; the music of the cello and of the human voice may be equally beautiful, but were the cellist to sing and the singer to play the cello, our joy in listening might quickly change to misery.

The student nurse, during and after her two months' experience in the public health field will carry back to her hospital much that is of value. Her fellow students will hear of her daily experiences, her successes, her failures. They will see the ward patient with new eyes, particularly, as sometimes happens, when a certain patient is brought in from the district by a classmate.

The superintendent will be better able to advise her students and graduates in planning for the future, after reports have been returned to her on their progress in the field. She will be better able to select the type best fitted for public health work. The superintendent

will learn where the weak and strong points are in the hospital training, as applied to the public health field, and will therefore be better able to adapt the training to these needs, or to suggest supplementary courses.

Much criticism has been brought upon the public health nurse and upon the training school by the nurse who has gone into a community totally unequipped for the task. Only too often she has not realized her own shortcomings. Postgraduate work in connection with one of the universities, or work under close supervision, with a well established organization, will prevent many pitfalls.

Learning by the trial and error method is both costly and dangerous. The student nurse, after her field experience, will know the meaning of public health, and will have enlarged not only her own horizon but that of her fellow students. She will have a better understanding of her possibilities, her limitations, and of what sickness and what health mean to the community, an understanding which her hospital can scarcely give her.

The ward patient will welcome the nurse who has known him as a part of the outside world, who has seen something of his home, his family, his struggles, his ambitions. This student will say, as hundreds of nurses before her have said, "I never knew people lived in such conditions," and wherever she may go she will feel it her duty to open the eyes of others to these conditions, to aid in social betterment, to push forward the movement for public health.

PASTEURIZING MILK FOR A SMALL SERVICE

By Frances Witte, R.N.

HAVING a small obstetrical service, I was at my wits' end as to how to pasteurize the food formulae in some way other than the guess or miss system of a double boiler or other improvised appliances.

I saw advertised in one of our women's magazines a steam pressure cooker, and I wondered if it could be used for sterilizing and pasteurizing. Endowed with a spirit of "when in doubt, find out," I purchased a cooker and I must say that it worked beautifully. The procedure is as follows:

Have a wire frame of sufficient strength to hold 13 bottles. Attach a convenient handle.

To sterilize the bottles, put a small amount of water in the cooker, a bottle in each holder in the frame, and close the cooker. Place over the fire and sterilize for 20 minutes at 15 pounds' pressure. While waiting, prepare the formula.

To pasteurize the food, empty the sterilizer. Place the prescribed amount of milk in each bottle and cork 12 bottles with sterile cotton. In the uncorked bottle, which should be left in the middle of the frame, place a thermometer. Pour enough warm water into the cooker to reach the milk line. Place the cooker, without the cover, on the front of the stove. Watch the thermometer

carefully, and when it registers 165° F., push the cooker to the rear of the stove and maintain this temperature for one-half hour, then cool as quickly as possible. To accomplish this without cracking the bottles, it is best to place the frame with the bottles in a pan of warm water, and add cold water gradually. When they are cold, place the bottles in the ice box and your day's feeding is ready.

Remember that the most important part of the pasteurizing is to cool the formula quickly and to keep it cool or cold.

The entire process takes about one hour. No time need be wasted, as many things can be done while the sterilizing and pasteurizing are in progress, but be sure to watch the pressure and the thermometer.

PSORIASIS: HOW A NURSE SHOULD HANDLE IT

By Matilda Alice Baker, R.N.

PSORIASIS is probably the one dermatological condition in which more depends upon the nurse's knowledge of the treatment and course of condition than any other. The idea that psoriasis can never be entirely cleared up is probably due to lack of knowledge of application of treatment and it is in this that a nurse is particularly interested and should be trained.

There are two generally accepted types of psoriasis, the treatment of which, although locally the same, must be handled differently from a constitutional standpoint. One type is in the over developed, plethoric, red-blooded, robust individual, in whom probably no physical nor physiological disability nor defect can be found. It is this type which has given rise to the old expression that psoriasis is a "healthy man's disease." This type generally presents acute, inflammatory, pretty well generalized skin condition and should be treated locally, at first very mildly, increasing the intensity of treatment gradually, and should be watched very carefully by the nurse. The constitutional treatment consists of:

1. Eliminating from the patient's diet all meat, fish, eggs, sea-food, asparagus, tomatoes, and restricting the diet as far as possible to a very limited, or rather small, well cooked, vegetable, bread and butter and water diet.
2. Administration of fairly brisk catharsis.
3. Administration of alkalies and alkaline diuretics and plenty of water.
4. After the lesions become sub-acute, or more nearly chronic, the administration of arsenic, either by mouth, intra-muscularly or intravenously.

The other type of psoriasis is in the anemic, run-down, under-weight, pale, rather depleted individual.

The course of treatment of this type differs entirely from the other. It consists of:

1. Correcting any condition which might tend to cause run-down, anemic or debilitated condition.

2. Administration of any tonics, cod-liver oil, etc., that the physical examination, the blood-count, blood-chemistry, etc., would indicate.

3. Administration of mild alkaline laxative.

4. Administration of arsenic, beginning with doses of one minim after meals, increasing to two minims on the second day and so on until twenty to forty minims are being taken, according to the ability of the patient to stand the arsenic and the results obtained. Ordinarily, Fowler's Solution of arsenic is used. If, however, the patient seems to show any signs of inability to stand the Fowler's solution, Pierson's solution may be substituted.

Probably the quickest, cleanest, and surest method of local treatment of psoriasis is X-ray in fractional doses, generally very mild ones beginning with one-fourth of an erythema dose and graduating to one-eighth, keeping within a full erythema dose per month. This of course should be in the hands of a physician who is both a competent dermatologist and roentgenologist, or by coöperation of a dermatologist and roentgenologist. The nurse's chief duty in X-ray treatment of psoriasis is to see that the patient is not sent for X-ray treatment within one week after the time that any metallic, irritating, or stimulating agent is used, and that he does not have X-ray treatment for one month after, because of the danger of secondary rays and extra irritation.

Chrysarobin is one of the oldest agents in the local treatment of psoriasis, but it has fallen into disfavor with modern dermatologists for several reasons, some of which are: It cannot be used on the scalp (one of the usual locations of psoriasis) because of discoloration of the hair; if used on the face, the danger of coming in contact with the eyes and producing a conjunctivitis is very great; and it also permanently stains all clothing, bed-clothing, towels, etc., with which it comes in contact.

Mooke, of the St. Louis Skin and Cancer Hospital, obtained very rapid results in clearing up psoriasis at Brest, France, during the World War, where, of course, the main object was merely returning men to the lines as soldiers as rapidly as possible, by painting the individual lesions with 1 per cent phenol in 10 per cent chrysarobin and covering the normal skin or intervening spaces with starch and zinc ointment.

Another of the local treatments of psoriasis consists in applying keratolytics, reducing agents, and drugs which stimulate resolution; as it is a thickened, squamous lesion which is both elevated above the level of the skin and infiltrated and thickened. Probably the local treatment of choice which combines the above three agents consists of a combination of unguentum salycilic acid, ammoniated mercury, (oil of cadini) oleum russi, (birch tar) or some other tar. The salycilic being the keratolytic, ammoniated mercury the reducing agent, and the tar the stimulant. This is generally accomplished by beginning with from a 2 per cent to 5 per cent ointment ammoniated mercury, which is applied twice daily, increasing the strength of the salycilic acid and ammoniated mercury, every two to ten days, from 2 per cent to 8 per cent. The increase of course is governed by the ability of the patient to stand the two drugs, the results obtained, and the acuteness of the particular condition

being treated. The oil of cadini, oleum russi, or other tar preparations used may generally be worked into the unguentum in about eight or ten days, but always when acute symptoms have reasonably subsided; or when the keratolytic effect has been reasonably accomplished. The strength of the tar may be increased from 2 per cent to 5 per cent about every four days, being governed the same as the salycilic acid and ammoniated mercury as given above; of course the strength and increase of the unguentum is regulated by the physician, and it is the nurse's duty to properly apply and watch closely the results of the treatment being used, reporting to the physician at once the first signs of any untoward results.

The ointment is generally put up in a petrolatum or cold cream base, it should be applied twice daily, after the scales have been removed as thoroughly as possible by a thorough scrubbing with hot water and soap, or with a greasy substance, such as lanolin, vaseline or oil, the latter being preferable in a very dry type with thickened heavy scales, the former in other types. Great care must be exercised in applying the ointment to the lesions so as to get as little as possible on the normal skin, and to remove this after the treatment has been finished with gauze and oil. In the above treatment the nurse should watch very carefully for signs of irritation or dermatitis, discontinuing treatment at once and applying a mild soothing ointment or lotion and notifying the physician at once.

Where unguentum ammoniated mercury is being used, the nurse should instruct the patient carefully to cleanse the mouth and brush the teeth two or three times daily and report to her the first signs of soreness of the teeth or gums. Should any of these signs occur, the nurse should discontinue the ammoniated mercury at once and give a mild, soothing, astringent mouth wash, also a laxative and report the condition to the physician at once.

While psoriasis is generally sure to recur, the nurse's duty has been fulfilled if she faithfully abides by the orders given and conscientiously does her best to adhere to the details outlined above, whether they be in detail ordered or not.

She can also be of a world of assistance to humanity if she will carefully instruct the patient, within the license which the attending physician has given her, that he is, as far as possible, to remain on a protein-free diet and to apply for treatment to a competent dermatologist at the least sign of an outbreak of psoriasis.

If most sufferers from psoriatic lesions would abide by those instructions, there would be far less of the embarrassing situations which occur at times, when the patient has neither the time nor money to have the lesions treated before a certain date, which is very obnoxious, there would be much less of the suffering and discomfort and a smaller chance of the patient's falling into the hands of those who are not dermatologists; having very little or no knowledge of the condition which they are treating; and receiving treatment which results in epitheliomas (rather rare) and exfoliative dermatitis, which is probably one of the most incurable and horrible conditions that any human being could encounter and which is frequently seen by dermatologists in large skin clinics,

and is always due to the over-treatment, mal-treatment or wrong diagnosis of psoriasis.

Psoriasis, if properly handled by a competent dermatologist, and the treatment supervised by a properly trained skin nurse, can generally be eradicated in from three to eight weeks; and if a patient will abide by instructions in regard to diet, etc., and return for treatment at the first outbreak of the trouble, it may be kept as a matter of inconsequence, more or less permanently, and can certainly be alleviated more quickly, more easily, and more satisfactorily than otherwise.

SCRAP BOOKS FOR REFERENCE MATERIAL

"YES, I have had it but I can't find it now when I really need it!" How often one hears that statement about a valuable pamphlet or reprint. In discussing this problem recently, a vivacious superintendent of nurses said: "I used to keep reference material in a box but I had to paw through it like a woodchuck if I wanted anything in a hurry. I now find that a series of carefully labeled large envelopes answers my need very well."

With a growing flood of general and technical literature on nursing and on allied subjects such as Cancer Control, Social Hygiene, and Mental Hygiene,—to name only a few examples,—every nurse is confronted with the necessity for weeding out material that is of little direct value and of preserving that which may be needed in the development of her own work. Directors and instructors in our schools face this problem constantly for they have pathetically little clerical assistance as compared with their growing obligations in relation to the whole field of health. Many private duty and public health nurses have valuable collections of material which their friends are prone to call upon!

Scrap books have long been considered old fashioned, but a scrap book that has the advantages of a filing system should be a boon to busy people. We have recently seen such an one. It is capable of considerable expansion as it is built on the loose leaf plan. There is no bother about paste or stickers as it contains little gummed tabs that invite the attachment of printed material.

Our admiration was roused by one of these books prepared, upon request, by the National Health Library for the use of a hospital. It contains all of the recent literature sent out by one of the great health organizations, a series of carefully selected reprints, and a set of photographs illustrating the work.

We commend the method to busy and well-read people who have learned the value of supporting arguments and of exact quotations in their conferences or public addresses and to the teachers who must constantly supplement text and reference books with material from current literature. In this age of specialization no head can carry detailed information on many subjects, but the educated person has the ability to find and use stored knowledge. The method suggested should lighten the burdens in so far as it relates to unbound material.

THE RURAL SCHOOL HEALTH QUESTION AS SOLVED BY EL PASO COUNTY, COLORADO

By Irene Morton Richmond, R.N.

FOR the past five years the city schools have had a staff of school nurses. Their success made the rural districts demand a school nurse, a short time later. The National Tuberculosis Association and the county, each paying one half of her salary, a nurse was employed, but the fact that El Paso County is spread out over such a large area, and the frequency and severity of the storms in the region during the school year, made the work of the rural school nurse very difficult. She was obliged to spend so much of her time on the road that at the end of the year the report of the work done, compared with the amount of work *to be done,* was most discouraging and the commissioners felt that they were not justified in continuing the office of county nurse, unless more than one could be put on and there were not funds available for two.

El Paso county has made strides during the past few years in centralizing and consolidating her schools. Fifty-three schools have been centralized into fifteen; and twenty-three districts have been consolidated into seven, thus giving the children the advantages of a graded school and an additional one or two years of high school work, doing away with the old difficulty of some schools having too few and some too many pupils. The problems of transportation have been solved by the school boards operating closed busses which call at the homes and carry the children to and from the school houses.

At the beginning of this school year, the county superintendent and her co-workers felt that some effort should be made to check up the health of the children of the rural schools. Not knowing exactly how to go about it, she appealed to the county physician who suggested the plan which is being carried out with such good results. I shall describe our first trip to a consolidated school.

Dr. Peter had put the matter before the members of the Medical Association and asked for volunteers, from the various lines of work, to give one-half day each of their time, and the response was hearty.

On the day set, two general practioners, one pediatrist, one surgeon, two specialists of the lungs and heart, two nose and throat men, one eye specialist, one nerve specialist and the County physician with a corps of nurses, including representatives from the National Tuberculosis Association, The Visiting Nurse Association, and the Child Welfare League, started in time to reach the school soon after nine.

Peyton, our destination, is one of the progressive schools in the county that believes in keeping the mind healthy by keeping the body well nourished. They have a large domestic department in the basement of the school house which is equipped with long tables and benches. There is a kitchen adjoining. Hot heavy soups or boiled vegetables are served at noon, the children supplying their own sandwiches and desserts. This room was

ideal for general examinations, and the library room also in the basement, was utilized by the nose, throat, nerve, and eye specialists.

A circle was formed. Beginning with the smaller girls, the children made the rounds. First, they were measured and weighed. Their name, age, grade, height and weight, with what they should weigh—according to the Child Welfare standards—were placed at the top of a sheet of paper. This paper was given to the child and he carried it with him in his rounds. Their general development, nutrition, weight, bearing and any irregularities needing surgical correction or change of habits of carriage were noted by the general medical men, pediatrician or surgeon, and recommendations were made on each child's paper. While the children were already partly undressed, their chests were gone over. Then the nose and throat specialists passed on the conditions of nose and throat, removed hardened cerumen where necessary, and reported the condition of the teeth. Owing to the crowd and the shortness of time, the work of the nerve and the eye specialists was short, but the findings of these two completed the examinations. Each doctor initialed his report.

At noon a sumptuous dinner of "fried chicken and all the trimmin's" was served to us and to the members of the school board, faculty, and the parents who had come in for the occasion. The county physician explained the aim and nature of the examination and pointed out that no parents were to feel under compulsion, but that they were at liberty to send children needing work done to any doctor they chose. If for financial reasons, they hesitated, they were asked to see the county physician before deciding. He made all present feel that the sole aim of the examination was the welfare of the child. He might have added, though he did not, that it would have been difficult to have secured so complete and thorough an examination by that number of specialists had they brought their children to town for the purpose.

Each child left his papers with the last doctor who examined him. The teachers took charge of the papers and went over them with the County physician. Later they were turned in to the County superintendent's office with the special recommendations underscored, and letters were sent to the parents emphasizing the necessity of having these things attended to at once, and wherever possible, stating the price for which the work could be done.

On the whole, the children were found to be much more healthy than those in the city schools. Most of the recommendations were for dental work and tonsillotomies, with a few children needing glasses, a few undernourished, and a few not seeming to get as much rest as they should.

Everyone seemed to have enjoyed the day; calls are coming in from other schools, and plans are being made for other such days, with a great deal of enthusiasm on the part of physicians, teachers, and parents.

EDITORIALS

Expansion at National Headquarters

WE wish every nurse could visit our National Headquarters because words so poorly describe things of the spirit. The close proximity of offices expresses far more than a mere business and geographic relationship; it is an expression of coöperative effort, of mutuality of aim, that augers well for a true advancement of nursing.

The National Organization for Public Health Nursing already has a large and growing headquarters organization. The growth there of the work of the National League of Nursing Education and of the American Nurses' Association has been slower, largely because of lack of funds. Their development is of many sided interest because still another national organization, the American Red Cross, has played a very important part. It was in February, 1919, that the Red Cross established a Bureau of Information for Red Cross nurses under the direction of Miss R. Inde Albaugh, who had already served the Red Cross in various capacities. In September, 1920, this Bureau, still under Miss Albaugh's direction, was taken over and its scope greatly expanded by the American Nurses' Association and the League, although the Red Cross continued to finance it until 1921. The Red Cross thus enabled the older national organizations to realize a long cherished ambition. In April of that year the offices were moved to the present location at 370 Seventh Avenue, New York City, the Red Cross supplying equipment but serving notice that for obvious reasons it could no longer finance the project.

Miss Albaugh has carried most faithfully the growing burden of the placement bureau and of such League activities as the handling of its publications, of which the Standard Curriculum and the calendar are the most important. With the first of the year what is generally recognized as a pioneer period closes, and only those who have themselves broken new ground can appreciate how arduous and oftimes discouraging this labour has been. Miss Albaugh has been truly a pioneer. Her successors already appreciate the soundness of her contributions to our national programme.

With the increase in dues to the American Nurses' Association, it is now possible for that organization to expand its work at National Headquarters. Agnes G. Deans, elected Secretary of the Association at the Seattle meeting, has consented to represent the Association at Headquarters for a year in order to study the situation and make recommendations for future development. The salary provided for a full time Headquarters Secretary goes to Miss Deans during the year of study and adjustment. Only those who have seen the volume of correspondence handled by our secretaries can appreciate what it will really mean to nurses the country over to have a full time secretary with both the time and the facilities for dealing with the innumerable problems of the Association and its component organizations. Miss Deans is so widely known through her work on the Revision Committee, work for which she now becomes responsible, and as a former secretary that we feel sure that those desiring information will have no

hesitation in appealing to her for assistance.

In appointing Effie J. Taylor its general secretary with offices at National Headquarters, the National League of Nursing Education is preparing to expand its service to the organization and to the schools for nurses throughout the country. Miss Taylor brings to her new position a body of knowledge built up through years of experience in various teaching and executive positions and by postgraduate study at Teachers College. The work of the placement bureau will be handled by Miss Taylor.

It is the privilege of the *Journal* to have a representative so placed that conferences with the new Secretaries, those of the National Organization for Public Health Nursing, or with officers of the many health organizations having offices in the Penn Terminal Building are readily obtainable. Such coördination of interests and effort must surely be conducive to sound growth of the groups served. It is not too much to say that the expansion of our National Nursing Headquarters has only just begun.

The Revision Work in New Hands

ONLY those who have acted as chairman of a Revision Committee for a large state association and who have, therefore, studied hundreds of copies of constitutions and by-laws, can appreciate the gigantic task which has been carried by Sarah E. Sly as chairman of the National Revision Committee for eight years. Not hundreds, but thousands, of by-laws have been sent to her for scrutiny, and she has advised, rearranged, rewritten, not once, but sometimes over and over again, for the same association before the members grasped the principles involved and were ready to come into line.

With the establishment of a separate office for the American Nurses' Association at National Headquarters, with its own secretary in charge, the work of the Revision Committee, now nearing completion, passes from the hands of Miss Sly to Miss Deans.

Gratitude for her years of patient, painstaking work and congratulations on her release from a heavy burden are due Miss Sly.

The Delano Memorial

MEMORIALS may take many forms, as we all well know, and there will always be differences of opinion as to the suitability of the types selected. Miss Delano's memory will live because of the proven worth of the Red Cross Nursing Service which she established. It lives in the pages of the History of American Red Cross Nursing. It lives wherever Red Cross Nurses are and it will live in those remote sections served by the Delano nurses whom she herself endowed in memory of her parents. By these means, and many more, her influence will remain with nurses. Their lives will keep her memory green and fragrant. But what of the shorter memories of those denied the privilege of close association? It is human nature to forget. Canada knew this when it dedicated beautiful and imposing Mount Cavell in Jasper Park to a martyred nurse. England knew it when she erected in London, a monument to Miss Nightingale commemorating her service

in the Crimea, and again when the monument to Edith Cavell, which is pictured on our front page, was placed in a busy thoroughfare in the same city. He who runs may read England's regard for her great nurses.

Shall America do less for the woman who was the outstanding nurse figure of the Great War? A memorial to Miss Delano is, after all, but a concrete way of expressing what nursing really meant to our country and to the world in that time of agony. In honoring the leader we honor those she led to heroic service and sacrifice. Cold stone cannot speak but it is enduring. Let us place at Washington a monument so dignified and so beautiful that the passer-by will pause to admire and so be reminded of the self-sacrificing service of nurses to their country, which Miss Delano directed.

The Delano Memorial Committee hopes to begin work on April 15th, the fourth anniversary of Miss Delano's death. This can only be brought about if the funds now accumulating all across the country are quickly turned over to the Committee. Half the $50,000 planned for should be in hand at that time. This would be more than accomplished if every District were working as earnestly as such Districts as Number One of Ohio, which, although it does not contain either of the large cities of that state, has contributed almost one thousand dollars.

The Committee believes the Chapter workers of the American Red Cross would be glad to help and are preparing to approach them by radio and other suitable methods. It seems entirely fitting that all members of the Red Cross be given an opportunity to contribute but surely we shall never let it be said that nurses did not do their part. Round out your effort and forward your contribution at once to your Red Cross Divisional Director or to Harvey D. Gibson, Treasurer, 26 Broad St., New York City.

Stereotypes

THERE is nothing so obdurate to education or to criticism, as the stereotype, says Walter Lippman in *Public Opinion*. Much of our difficulty in securing support of schools for nurses is due to a stereoype! That of the "good old fashioned nurse" who went without sleep for incredible periods, prepared three meals a day, put out the family washing, and accomplished innumerable odd jobs still persists in many minds—some of them medical. We have often noted that this particular stereotype although supposedly of the nurse, usually includes very little actual care of the patient. The amazing thing about it is that it persists in the very minds that have quite discarded the coeval stereotypes of the beloved old fashioned family doctor, who covered amazing distances and treated an incredible variety of medical and surgical conditions, and whose passing is frequently deplored in non-medical circles; of kerosene lamps for general illumination; and of side bar buggies as a means of rapid and convenient transportation. The persistence of this stereotype of the nurse is doing more than any other one thing to retard community understanding of modern nursing and the crying need of support for nursing schools. It is certainly difficult to break down by either education or criticism, but an increasing number of people, in all walks of life, are

gradually acquiring from first hand knowledge a different concept of nursing.

Most people think in stereotypes. It saves mental effort. Therefore, an obligation rests upon the profession, individually as well as collectively to see that the new stereotype while embodying skill in nursing and in the teaching of health retains the ideal of service that is the element that has given the old its amazing tenure on life.

Only by proving ourselves adaptable to the social needs of our own times can we justify our demands for better schools, schools that will establish in the minds of the multitude a new stereotype of the nurse, that of the adaptable woman of ample spirit, educated mind and trained hand who, while she is coping with sickness can also teach positive health.

Special Nurses

WHAT is the matter with the special nurses? The question was asked, but not answered, at a meeting some weeks ago and we have been searching for the answer ever since. Our investigations have brought some interesting responses but the conclusions are far from new. Some specials are beyond praise. They are the nurses who take exquisite care of their patients, cause no friction in the hospital, and who are held up to students as examples of "the fine type of private duty nurse." These are nurses of whom patients say "she kept my mind filled with happy thoughts"; presumably because they constantly replenish their own mental stores by reading and by wholesome diversion when off duty.

At the other end of the scale there are a few nurses so negligent, or so disqualified by certain personal characteristics, that patient and institution alike hope they may never have to see them again. Some of these women we believe should never have been graduated, others are of the sort who did fairly good work while under supervision, but who mistake the independence which graduation brings for license to do as they please and who are animated by an ignoble ambition to receive a maximum income for minimum effort. Such people recognize no obligation to maintain the standards of the profession to which they belong and by which they gain their livelihood. They have not learned what the good nurse knows; namely, that no other satisfaction equals that of service given.

Between the two extremes we find a great group of private duty nurses who prefer special nursing in hospitals to nursing in the homes. They are individualists by inclination, as shown by their selection of private duty as a specialty, as well as by the restrictions of the specialty itself. Perhaps this is the very factor that causes misunderstanding and it is a series of misunderstandings or failures to understand the viewpoint of others that lie back of the question which started this discussion.

The special focuses her attention on her one patient and that patient's immediate environment. To her, that patient is the one really important object in the hospital. To the Director of Nurses, that patient is one of many whose welfare must be safeguarded and whose comfort must be assured and the special nurse is only one of a large and diverse personnel. Many nurses have been both specials and administrators. Only those who have had both

experiences can really appreciate how far apart are the two points of view.

We wish every special could appreciate and respect the increasingly complex problem of the administrators. Thoughtfulness in complying with established routines, such as the rules governing orders for special diets—to mention only one—mean much to the organization and result in good service to the patient. Hospital routines are rarely as arbitrary as they appear. They are worked out with good service as an objective to be achieved by smooth running machinery in every department in order that the interlocking cogs of department with department may all run smoothly. The special nurse is so far from many of these departments that she cannot grasp the importance of her own contribution in thoughtfulness to the smoothness of their functioning. The special who is thoughtless about routine is the sort who is unnecessarily noisy forgetting that, although she may not be disturbing her own patient, others may be more sensitive to noise. There would undoubtedly be closer accord between specials and administrators if all administrators included some private nursing in their preparation for the larger posts.

Special nurses cannot be unwanted stepchildren of the hospital employing them and at the same time be thoroughly efficient. If they are employed they are entitled to respect; and by this we mean reasonable provision for their comfort and a dignified and comprehensive introduction to departments they may be entering for the first time. In institutions where these points have received due attention and there is still a lack of understanding, we would suggest occasional conferences between the superintendent of the school, the department heads involved, and the special nurses themselves. It hardly seems necessary to suggest topics for such conferences. They should of course be wholly impersonal. Since the writer has herself been a "special" she does venture the suggestion that an initial resolution on the part of specials themselves to interdict gossip would make for the happiness and professional advancement of all concerned.

Accommodations for Special Nurses

IT has recently been our privilege to visit a private patients' pavillion [1] where every requirement of non-resident special nurses has been carefully considered in detail. A well ventilated locker room provides ample space for clothing. Well lighted dressing booths are conveniently arranged. Lavatories are close at hand and even a shower bath is provided. It was a joy to find, on each floor, a serving room large enough to accommodate without confusion a considerable number of special nurses each intent on preparing nourishment for her own patient. On every floor, too, there is a small retiring or sitting room, with lavatory attached, which is attractively and comfortably furnished for the use of nurses temporarily excused from attendance on their patients. Only nurses who have suffered the embarrassment of quite literally having "no place to go" during the visits of their patients' friends, can fully appreciate this thoughtful arrangement. The separate dining room also, we are sure, must give a wholesome feeling of group consciousness.

[1] Mt. Sinai Hospital, New York City.

Lavish use of special nurses, when so many people who need skilled care cannot secure it, is a social problem on which there are many points of view which we shall not discuss here. At the present time special nurses constitute an important group in most hospitals caring for private patients. It is pleasant to know that hospitals are not unmindful of the needs of this group of workers and that many of them are making sincere efforts to provide some, if not all, of the conveniences ennumerated above.

As Others See Us

THE article on page 355 of this *Journal,* "Private Duty and the Public Served" will undoubtedly create in the minds of many nurses a reaction similar to that of the farmer who, gazing on a giraffe for the first time, profanely remarked, "There ain't no such animal." We are publishing this article in the interest of truth. Mrs. Parrish is by no means alone in insisting that not all nurses possess good judgment, and that not all are animated by that spirit of service which should motivate all nursing.

Although critical, and not based on a complete understanding of the motives for securing licensure of *all* those who care for the sick for hire, the article is constructive. It is really a plea for a sounder preparation of mind and heart, as well as of hand, for nursing. In this connection, considering our profession from the standpoint of the public served, we cannot refrain from quoting "Bobbie" Burns' well known lines:

> Oh, wad some power the giftie gie us
> To see oursels as ithers see us.
> It wad frae mony a blunder free us
> And foolish notion.

Journal Advertising

SUBSCRIPTIONS alone cannot support a magazine. The size and quality of the *Journal* are very dependent on the income from the advertising carried. Advertisers are good business people and check their results very carefully. The only index they have to the real worth of the space they pay for in the *Journal* is the number of letters or orders they receive which mention the *Journal.* In order that we may give value received, will you not state, when you write for samples, catalogues, or to place an order, that your attention has been attracted to the product in question by *Journal* advertising? This is only one of the many ways in which you can help your magazine to expand to meet the increasing demands of a growing profession.

Today when we rehearse our own individual memories of success, we find that none gives us such comfort as memory of service given.—*American Individualism, Herbert Hoover.*

DEPARTMENT OF NURSING EDUCATION

LAURA R. LOGAN, R.N., DEPARTMENT EDITOR

CLINICAL TEACHING IN SCHOOLS OF NURSING[1]

BY MARY S. POWER, R.N.

THE content of this paper is not new. Its purpose is to bring to your attention the great value that clinical teaching bears towards the instruction of the student in the signs and symptoms of disease and the medical and nursing care of the sick. Clinical teaching, like many other things easy of access, has been pushed aside for the more theoretical courses, regardless of the fact that psychologically and pedagogically it supplies knowledge in the simplest and best form.

It is generally felt by us all that what we need is not long hours and the long terms of apprenticeship but more intensive teaching and study. All of us realize that in educating the student of today for the nurse of tomorrow we have a very serious task. With the younger immature girl entering our schools, the hours and terms of service greatly shortened, the great desire on the part of the student to specialize, and the standard of nursing higher than ever before and constantly mounting, we must use every method of education already at hand and devise new methods to send back into the country and city the best all-round graduate nurse.

There are some of our students, but they are the exception, whose minds are so receptive that from reading or lectures they have grasped and retained practically everything. However, for most of them to get the fundamental facts and theories of any subject it must be repeatedly presented before it is definitely fixed. I can remember when preparing for teaching in the grammar grades, we were taught that there were three phases to be observed in teaching each lesson: First, the teaching; second, drill or repetition; and third, the test. I assure you that most of my time was spent in drilling. Now the more interesting and varied the ways of drilling or repeating our subject, the more certain we were it had been grasped and would be retained by the pupil, and I think the same principle applies to our teaching of nurses.

In clinical instruction it can be maintained that by the presentation of the actual case, the subject is more firmly impressed upon the student's mind than it is by the lecture or text-book. From a pedagogic standpoint, it is a generally accepted fact that memory is better acquired when mental impressions are made on as many senses as possible—in other words, a fact which comes to the mind through three senses is more apt to be fixed there than one coming through one sense. So that when one sees the subject about which he has been studying, discusses it and recites about it, he is in a way to have a fairly good understanding of it.

Clinical instruction is a most economical and refreshing type of teaching. It can be carried on in the ward, the home, at the dispensary, in the operating room.

[1] This paper and the discussion which follows were given in Seattle in June, 1922.

Oliver Wendell Holmes has said: "It is the familiarity and simplicity of the bedside instruction which makes it so pleasant as well as profitable."

The student feels that she is learning without effort. The teacher, too, incidentally, likes it better because it is less burdensome. It is vivid and dramatic, which qualities stimulate the student's interest. It gives the instructor an excellent opportunity to merge all the practical and theoretical knowledge taught. As William James says: "Intricately or profoundly woven it is held —disconnected knowledge tends to drop out."

Too much of our subject matter is taught, drilled and tested in the class room. As a result, we often have incidents such as came to my attention the other day. A student coming from a surgical examination stopped and asked me what were the signs and symptoms of shock. I asked her if she had never seen a patient in shock and she said, "Oh, dear, no, if I only had, I should have recalled the whole picture." I would not say that she did not know anything about shock, but her knowledge was very hazy and disconnected—it was as if it were scattered about the floor in her mind instead of being fastened definitely to the hook on which it belonged.

It would seem that each lesson taught should be followed directly by an illustration of the subject on the ward—the class going in small groups with the instructor to the bedside,—seeing the patient,—pointing out the signs and symptoms taught,—showing the chart and laboratory findings, —x-ray reports, etc., —encouraging the questioning of the patient and clinching the whole thing in one fixed picture. At the same time, nursing points which contribute to the care of this patient in his particular disease should be reviewed. If he be getting inhalations, it is well to stop and review the types, purpose, and methods of giving inhalations. Should he be having Fowler's solution, it is a few moments well spent to associate the drug with what has been taught in Materia Medica. These later can be taken up with the whole class assembled again for discussion of the case, its treatment, and prognosis. I think, at this point, it would be a very good plan to have the nurses write up from a nursing standpoint the case already studied. Here might also be worked in some reference reading.

While we are apt to think of the Chief of the Staff or Resident Physician or the particular person instructing as the one to conduct our bedside clinics, we should not forget that they can be very beneficially carried on by the supervisor herself. Our supervisor of the ward has not been trained to think of herself as a teacher, although, if she be keen, it is she who often knows most about the patient. She sees him come, follows his case closely day and night, makes rounds with the chief of staff, sees that his orders are carried out, and watches more keenly than others the results. If she could for ten minutes a day gather a few nurses together about the bedside of a patient and give out all she knew of the case, what a tremendous gain the student nurses would receive in fixing the subject matter and how much more interesting the work would become. I am sure the efficiency of that particular unit would be increased.

But the supervisor's [2] responsibilities are many,—to the patient, the doctors, the administration, and the ordinary routine checking up of the details of housekeeping. None of these, it seems can afford to suffer from neglect and I am afraid that it is too often the teaching and training of the pupil nurse that is not forgotten, but brushed aside, for what at the time seems more important.

There are several ways of overcoming this. One is to turn all the administration and housekeeping matters over to the oldest nurse on the ward. Incidentally this gives her training in executive work, and leaves the supervisor free to do further teaching. So, when the supervisor has a patient with a distended bladder, she can make sure that each nurse has seen it or, if the patient is admitted with a carcinoma of the breast, that each nurse has seen the patient before she goes down to operation; or if she have a transfusion or any unusual treatment going on, she may be able to make sure that all nurses, if possible, see the whole procedure although they may not be assisting in it.

Another way of applying clinical teaching to our pupils is to get the internes interested to hold the clinics while the supervisor herself takes care of the ward. You will find these young men, once started, interested in conducting these ten-minute talks and discussions, and such talks will not only tend to further knowledge but will give a higher morale to the particular ward.

The third method is to let the pupils individually make rounds throughout the whole visit with the chief and his staff accompanied by the supervisor. Make her responsible for all questions asked by the chief. He may object to this at first but, as a rule, when he comes to know your object he will not only agree to it, but will include her in his instruction. The pupil in this way not only gets the actual knowledge transferred but catches the spirit of a great physician. In Dr. Oliver Wendell Holmes' essay "Scholastic and Bedside Teaching," he says: "A good clinical teacher is himself a medical school. We need not wonder that our young men are beginning to announce themselves not only as graduates of this or that college but also as pupils of some distinguished master." In speaking of Dr. James Jackson, he goes on to say, that which I think is true of so many of our physicians today:

> He loved his profession. To follow him in his morning visit was not only to take a lesson in the healing art, it was learning how to learn, how to move, how to look, how to feel, if that can be learned. To visit with Dr. Jackson was a medical education. A clinical dialogue between Dr. Jackson and Miss Rebecca Taylor, sometime nurse at the Massachusetts General Hospital, a mistress in her calling, was as good questioning and answering as one would be likely to hear outside of the court room.

This visiting gives the student training in alertness, keenness, poise and dignity which cannot be equalled in any other way.

We must always bear in mind that we are educating the nurse not for herself alone nor the immediate needs of the hospital in which she may be, but for the countless people to whom she is to carry physical and mental comfort, the care and prevention of disease and the teaching of many other women to follow in our profession.

---

[2] In this paper the term supervisor is synonymous with head nurse as used in some institutions.

DISCUSSION

By Beulah Crawford, M.A.

The importance of the subject here presented is unquestionably undebatable, and new or old, it cannot be too much reiterated.

The writer suggests that clinical teaching has more recently receded into the background before the great advance which has been made along the line of theoretical instruction in our day. In referring to the history of nursing from ancient times on up through the Dark Ages to what we love to call our present enlightened stage of development, we find the station of the student nurse has been that of an apprentice to a trade, who observed and imitated without any scientific basis to speak of. The apprentice in many cases and under wise supervision becomes a very skillful as well as high-class servant, but when all was said and done, that was just what the apprentice was,—a servant. Her work was done with little understanding of underlying cause and effect in disease and its cure. It was a means of livelihood, not an education. Today, however, we are gradually coming to a realization that nursing is a profession, a much broader term, with its accompanying requirement of education.

To quote Miss Isabel Stewart in a recent article: "We must realize that here as in other vocations, the old apprentice system we are using is as obsolete and unworkable as is the horse car or the famous 'one-hoss shay'." Classroom instruction is therefore fundamental. More and more we have come to think of a course in nursing at present as a scientific education; our practical work in the hospital wards representing the laboratory work accompanying and exemplifying the theoretical work presented in the class-room.

We used to hear a great deal about "born nurses,"—those who were gifted with unusual powers of observation and with them were skillful in the use of their hands. Only yesterday was it learned that these powers of observation could be cultivated, if the salient points to be watched for and noted were only ascertained by the student.

The value of bedside teaching by physicians has long been accepted as a matter of fact. Last February at a meeting of the Nursing and Health Section of the Alumni of Teachers College the same idea was advanced regarding the teaching of nurses. The following provision was recommended:

> That a new type of teaching supervisor or clinical teacher be developed, who would work almost constantly with pupils on the wards, and report to other instructors such details or cases as could be used for class demonstrations; thus correlating theory and practice.

We are face to face constantly with the criticism that class work is more and more cutting into our ward work and thus interfering with the so-called "real nursing work." When it is realized, however, that this class work is *not* hindering, but *helping* toward increased efficiency in our wards in the better and more intelligent care of patients, this objection will very largely be overruled.

We know that the exacting demands of the hospital work on our nurses' time are a great hindrance to the educational phase of the problem; when the whole situation is on a more truly educational

basis, then only can we hope for more satisfactory results; until then, and, I fear, for some little time yet, we shall have to worry along with existing conditions and adjust ourselves as well as we can.

I think that much can be done toward arousing a greater interest on the part of our supervisors and head nurses in the several departments of our hospitals in the types of patients to be found there and by trying to enlist their coöperation in the instruction of the pupil nurses in their special charge. To my mind the morning circle presents a splendid vantage point for this purpose. In our hospital we aim to lay considerable stress on this feature of the day's routine. Every nurse on duty on the given floor should be present at this time, when every patient on the floor is discussed, diagnosis, peculiar or characteristic symptoms, new developments in the course of the disease, all these are considered.

I was very much pleased the other day to have a pupil nurse show me her notes which she had been taking at the public library on the subject of infantile paralysis, tuberculous hip, etc. I found she was assigned to an orthopedic ward and that each morning the head nurse at her morning circle had reports by the students on different conditions to be found on the ward, after which they spent fifteen to twenty minutes in discussion of individual cases, illustrating the subject. She was finding it very interesting, a thing which is not usually said about orthopedics. Is this not much better than saying to the nurse in the morning, "Nothing new, same routine this morning?"

In our nursing classes in our hospital we are making quite an effort to have clinical material brought into the class to illustrate certain subjects. In our class in Gynecology, e. g., not long ago we had a demonstration of the use of radium for treatment of carcinoma. The students were intensely interested in it, as the Head of the Depratment accompanied the demonstration by a lecture with some discussion of the history of the case and the symptoms which were manifest. Likewise they were greatly interested when they were allowed to witness an operation for removal of an ovarian cyst. The same case had been brought into the class a few days before the operation to show them the size and appearance of the abdomen; and then, as most of them had no idea what a cyst really was, to witness the operation was a real revelation.

The idea of arousing the interest of internes in holding clinics is an excellent one for in many cases it really works. I find that the plan of having the pupil nurse accompany the head nurse on her rounds with the members of the staff is of great benefit, for it not only gives her much information but also enables her to make rounds with confidence and dignity, if by chance the head nurse is absent, and certainly every nurse ought to be able to make rounds in a proper manner. In our training school our practical instructor and supervisor, who are combined in one person, always asks for one of the freshman nurses to make rounds with her in order that she may be spurred on to learn just those important things about patients and they frequently make rounds with the superintendent and her assistants. Members of the Hospital staff, far from objecting to having the pupils present during

the rounds, often become interested in the matter and I have known them sometimes to ask to have as many of the students as can be spared, come and see interesting cases and their progress.

I should like to emphasize the importance of leaving student nurses on a given floor long enough to get acquainted with the cases there, to watch their development, results of treatments, medications, etc. The same suggestion holds good with regard to assigning certain patients to certain nurses and letting them keep them long enough really to accomplish something. After a time spent with a patient it is excellent practice to have the nurse write up her case for class and discuss all the features of it. This is much more effectual and clinches the information much better than to have them rushed from one place to another in a routine manner. We find it a very good way to teach our advanced Practical Nursing, to have the students bring in the discussion of their special patients as well as their individual problems to class, and report what treatments and what medicines are being given them, what results are to be looked for and what are really obtained. I have had good results in my Drugs and Solutions class in this same respect, as I find that the name of a drug means very little until the pupil has had a chance to administer it and thereby learn its dosage and effect. As another instance, not long ago we had a case of Raynaud's disease in our Pediatrics Department and we called the attention of our students to it and had as many as possible see it, placing some stress on the rarity of the disease.

In this connection it is well to note, however, in giving the pupil nurse this afore-mentioned "fixed picture" of a certain diseased condition on the ward, that this picture may be a misleading one, for no two cases of the same disease are ever just alike. They always present individual peculiarities. Consequently the pupil is in danger of being confused if Case B does not coincide in all its symptoms with Case A.

The idea of having a clinical teacher on the wards much of the time is a most thoroughly excellent one, and one toward which we shall do well to aim. But in the meantime, before that Utopian dream becomes reality, we must try to develop more of a spirit of coöperation in our head nurses. How many times have I heard the exclamation from head nurses, "How I hate to see classes scheduled to begin again, now we shall never get our work done." What a short sighted conception is that which takes account of student nurses as only so many cogs in the great hospital machine, to grind out so many beds per hour, so many bed-patients fixed up in a day, so many diets served. Routine,—endless, mechanical, blind routine! The human interest left out of the story. All of which is a contributing cause to the inefficiency of our theoretical instruction. For the student's mind is not alert in the class-room, due to physical fatigue from several hours of work on the wards. The mere physical relaxation of sitting listening to a lecture is unconsciously accompanied by mental relaxation. The pupil thereby fails to absorb and assimilate the theoretical presentation, a fact which would not exist with the shorter working hours.

Plans for instruction and suggestions will have to be adapted to the kind of hospital. It is idle to suggest the same

method for the small private hospital and for the large city or state hospital, but each can develop the plan best suited to conditions, if the interest is keen and the aim constantly kept in mind. We have come a long way, it is true. The way has been hard and beset with difficulties, but the end is not yet. The battle still is on, and the enemies of progress are still rampant in the field. So we must,

> Welcome each rebuff . . .
> That bids nor sit nor stand, but go.

not forgetting in our consideration of this as an educational problem, what is the ultimate aim and object of all our endeavors. For after all, in the last analysis, the *raison d'etre* of nursing schools, is the preparation of nurses for adequate care of the sick. All other issues are side issues. No enterprise is successful which does not work consistently and single-mindedly toward the fulfillment of its purpose. And this is a task which will not be accomplished in our generation. For so long as men and women continue to break Nature's laws, so long as children are brought into the world unfitted for the struggle of life, and allowed to grow up in an atmosphere of darkness, sin, and squalor, hampered by the ignorance of parents and the indifference of society, so long will there be sickness and nursing necessary. Only let not our aim be too narrow. We must not forget in the service to be rendered the one who is to render that service. For in the words of Browning—

> If we draw a circle premature,
> Heedless of *far* gain,
> Greedy for quick returns of profits sure,
> Bad is our bargain.

THE REPORT OF THE COMMITTEE ON THE STANDARDIZATION OF CREDITS[3]

In attempting the standardization of nursing school credits the Committee has held in mind two purposes: First, that units of credit for theory and practice in nursing should be evaluated on the same basis as is in use in universities, colleges, and professional schools; second, that the transfer of student nurses from one school to another should be facilitated.

The Committee recommends:

First, (a) concerning the minimum unit of credit in theory that for fifteen hours of lectures, classes or demonstrations during one term in any one subject, one point or one credit shall be given; two to three hours of laboratory practice shall be credited as equal to one hour of class or lecture work and receive the value of one point or one credit.

(b) concerning the minimum unit of credit in ward practice that 30 days of ward practice shall equal 45 hours of laboratory or one credit of laboratory at the ratio of one class hour for three laboratory hours; in other words one credit hour should be awarded for one month of ward practice (since the average length of time spent by each student each day under present hospital conditions of supervision on new problems in ordinary 8-hour ward practice is about 1½ hours).

Second, concerning the basis of transfer of student nurses from one school of nursing to another.

(a) that before acceptance by transfer from another school of nursing a candidate must meet preliminary education and age requirements of the school to which she makes application.

(b) that a candidate must present a letter of honorable discharge from her previous school bearing the signature of a responsible officer and the seal of the school.

(c) that one year (12 months, not including vacation) shall be the minimum time basis

[3] Report given at the Convention in Seattle, June, 1922.

for granting a diploma by any school of nursing to any student entering with advance standing of two years or more, provided the advance standing includes the completion of the fundamental sciences required by the school from which the student seeks a diploma. This requirement not being met, the student must spend such additional time as is necessary to complete the fundamental courses. By fundamental sciences is meant Anatomy and Physiology, Hygiene, Chemistry, Bacteriology, Dietetics, Materia Medica.

(d) that a transcript of record shall be required in all cases signed by an authorized officer of the school of nursing.

(e) that the student be required to present for inspection note books in the sciences.

(f) that if the candidate for admission has been in a nursing school one semester or six months an examination be required in both theory and practice and that advance standing be granted on the basis of these examinations.

The Committee communicated with some twenty-five outstanding schools and received replies from nineteen. The summary of these replies indicates that practically no school has a well defined basis of transfer. The Committee also endeavored to ascertain which states had established in their education departments or in their examination and registration departments a well defined basis of transfer. From the replies received, while the data are not complete, it is evident that the evaluation of credits is a very live question, and that a recommendation from the National League of Nursing Education would be appreciated both by the schools and by the nursing education departments of the states.

The Committee in rendering this partial report recommends that the work of this Committee be continued and that the Committee take into consideration the findings of the Committee for the Study of Nursing Education in making further recommendations for the standardization of credits.

Respectfully submitted,

Ada Belle McCleery,

Mary C. Wheeler,

Laura R. Logan, *Chairman.*

Special Notice—This committee has been continued this year with Miss Ada Belle McCleery, Evanston Hospital, Evanston, Illinois, as Chairman. The Chairman asks that criticisms and suggestions upon the above report be sent to her.

AN INSTITUTE FOR INSTRUCTORS

By Elsa Schmidt, R.N., M.A.

THE Institute of Nursing Education was held under the auspices of Sections I and V of the New York State League of Nursing Education. About two hundred and fifty nurses attended the Institute, including members from New York City, Brooklyn, Long Island, Staten Island, and Westchester County. The first session was held on Tuesday, January 2, at Nightingale Hall, the Nurses' Residence of the Presbyterian School of Nursing, New York.

The president of Section No. 1 was not able to attend, and the meeting was opened by Helen Young, the Secretary.

Kate Madden, the president of Section V, of the State League of Nursing Education also made a brief address. A very spirited address of welcome was given by Anna C. Maxwell.

In view of the important place which the teaching of principles and practice of nursing holds in the curriculum of our Schools of Nursing, practically the entire first day was given over to this major subject. Elizabeth C. Burgess, instructor in Nursing Education, Teachers College, introduced the subject from the point of view of the supervisor, speaking most emphatically on the need for better supervision and on the importance of developing better qualified instructors and supervisors.

This was followed by a very helpful

address given by Isabel M. Stewart, Assistant Professor of Nursing, Teachers College, on the subject, How to Judge Nursing Standards. Miss Stewart presented eight important standards for judgment, each illustrating a very specific and important phase in the attempt to reach that 100 per cent efficiency in nursing practice, to which all our various efforts are directed. The importance of securing more scientific methods in developing our technic and checking up our results was strongly emphasized.

An interesting class in Practical Nursing was conducted by Helen Young, director of the School of Nursing, Presbyterian Hospital, the subject being: How to Give a Colon Irrigation. Katharine Ink, Visiting Instructor in New York City, then presented the important topic: How to Prepare a Lesson. Miss Ink gave many helpful suggestions, particularly in the use of illustrative material. A short discussion closed the programme and tea was served by the students of the Presbyterian School of Nursing.

January 3rd, at 9 a. m., the members assembled at Teachers College to attend a class in Chemistry taught by Charlotte Francis. The students were a group from the Department of Nursing and Health. Miss Francis introduced the subject by saying that for the next hour the students of that particular class were to be the most important group, and the topic of Chemistry the most vital subject in the world.

One of the most highly appreciated contributions was an address made by M. Adelaide Nutting, Professor of Nursing, Teachers College. It seemed peculiarly fitting that Miss Nutting, whose leadership and influence have been so far reaching in Nursing Education, should speak on the topic: The Work of the Instructors in the School of Nursing. Miss Nutting's address offered a real challenge to every instructor present: first, to become a really great teacher of Nursing as we have had great teachers of Medicine; second, to make a much more effective use of the many vital principles which the study of Psychology is constantly revealing and, finally, to develop closer relationships with other members of the faculty through conferences and committees.

An attendance of about one hundred and fifty members gave witness to the existing interest in the application of Psychology in the topic: Teaching Students to Acquire Skill, so ably presented by Mary Whitley, Assistant Professor of Education, Teachers College. Miss Whitley showed in a masterly way how to utilize all our psychological resources, most of nature's endowment of instincts and emotions in teaching our students the acquisition of skill. Equal emphasis was put on the importance of a very definite plan at the outset of the lesson, the right kind of demonstration and plenty of practice under the most favorable conditions.

Dr. William Bagley, Professor of Education, Teachers College, Columbia University, spoke on Types of Teaching. Dr. Bagley presented in a most interesting way the effective use of the different types of teaching, pointing out our own advantages in being able to apply knowledge and skill acquired in the class room almost immediately in the real situation. He further called attention to the importance of ethical teaching in the development of professional

ideals and standards; first through the use of example, and then through the study of the lives and the contributions made by the leaders in the profession and finally through the entire atmosphere of the school.

A large group took part in the excursion to the conference room of the Headquarters of the National Health Council in the Pennsylvania Terminal Building, 370 7th Avenue. Here Dr. Donald Armstrong, Director of the Health Council, gave the first address, presenting briefly the nature of the organization of the Health Council and its present activities. Dr. Armstrong was followed by representatives of each of the following organizations: National League of Nursing Education, Effie J. Taylor; American Nurses' Association, Agnes G. Deans; *American Journal of Nursing,* Mary M. Roberts; National Organization for Public Health Nursing, Anne A. Stevens; American Social Hygiene Association, Dr. William F. Snow; National Tuberculosis Association, Dr. Phillip P. Jacobs; Child Health Organization or National Child Health Council, Sally L. Jean; American Society for Control of Cancer, Frank Osborne; Use of the Library, Florence Bradley.

Each representative spoke of the activities of his or her organization and offered freely the entire resources at their command.

Thursday morning, January 5th a class in Household Economics was held by Mary Pillsbury, instructor in the Long Island College School of Nursing. The subject presented was Removal of Stains. Miss Pillsbury demonstrated particular skill in securing active response and interest on the part of the students. They showed in a very gratifying way that they had been led to apply their knowledge of the sciences in all their practical work and were quite ready and eager for the new material, which was very effectively presented. This class was followed by a Medical Clinic, The Symptoms and Treatment of Diabetes, by Dr. Luther Warren, Professor of Internal Medicine, Long Island College Medical School. The interest expressed gave concrete proof of the value of the clinical method of teaching over the old class-room lecture.

The excursion to Bloomingdale Hospital for Mental Diseases at White Plains was one of the most enjoyable and beneficial experiences of the entire week. The first paper was read by Adele Poston on the subject: Practical Aspects of Mental Nursing. Then followed an address by Dr. William Russell, Medical Director of the Hospital, entitled: Educational Work at the Bloomingdale Hospital. After a brief history of the work of the hospital, Dr. Russell dwelt on the need for all students in Schools of Nursing to receive some instruction as well as some experience in psychiatric nursing. Dr. Frankwood Williams, Medical Director, National Committee for Mental Hygiene, in his address: The Place of Mental Hygiene in Nursing Education, called attention to the failure of nurses in general to perceive the need for this subject as compared with the social workers, who long have taken advantage of the courses offered. Dr. Williams put special emphasis on making mental hygiene a basic subject in our curriculum instead of merely a frill. This would primarily help the young student

in understanding herself and further in recognizing early signs and symptoms of mental illness and thus preventing numerous mental and nervous breakdowns. Two nurses of the recent graduating class demonstrated a pack for sedative purposes and a continuous bath. A tour of the building with its elaborate equipment, particularly in the department of occupational therapy, revealed great progress in this branch of Modern Medicine. A very happy social hour followed.

Early Friday morning again a very eager group met in the beautiful auditorium of Mt. Sinai Hospital, where Maude B. Muse, instructor in Nursing at Teachers College, presented an outline for the teaching of drugs and solutions in the Preliminary course. Miss Muse went to much trouble in expounding the teaching of solutions and in giving valuable illustrative material. A visit through the Educational Building of the Mt. Sinai School of Nursing was much enjoyed. Its splendid teaching equipment excited great admiration.

The most enjoyed of all the class work presented was that in Anatomy and Physiology taught by Lydia Anderson, Visiting Instructor. This was given to the Preliminary Course Students of the New York Hospital School of Nursing. Here they all could feel a high degree of originality and practical application which can only be gained by long experience and study. With these were combined a delicious sense of humor, which made one feel that everyone was having a good time and at the same time assimilating a very difficult lesson upon the nervous system.

The excursion to the new Central Building of the Henry Street Visiting Nursing Service, 99 Park Avenue, was attended with great interest and enthusiasm.

Miss Goodrich in her valuable address stressed the importance of actual experience in the homes as part of the preparation for teaching. A tour of inspection was very instructive, showing as it did the wonderful work and far reaching influence of the Henry Street Visiting Nursing Service.

On Saturday morning the members of the Institute met in the class room of the Bellevue School of Nursing to attend a class in Hygiene taught by Elsa Maurer, Assistant Director of Education, to the Preliminary Course Students. Miss Maurer demonstrated a very inspiring method of teaching Hygiene through the utilization of such worthy motives and ideals as could not fail to grip the interest and enthusiasm of every one of the students present. The indices of perfect health as expressed not only in terms of economy of time, but primarily in terms of better and more helpful human relationships and altruistic service assumed a fresh importance to each individual.

In the afternoon a large group took part in the excursion to City Hospital, Welfare Island. Many convincing evidences of progress were shown in the large Municipal Hospital. At afternoon tea everyone present heartily voiced the success of the Institute. There were many expressions of gratitude for the privileges, which the programme had given and for the many benefits which were derived from it. The hope was generally expressed that similar institutes might become a yearly event in the activities of the New York State League of Nursing Education.

DEPARTMENT OF RED CROSS NURSING

CLARA D. NOYES, R.N., DEPARTMENT EDITOR

A meeting of the National Committee on Red Cross Nursing Service was held on December 13, 1922, at ten a. m., the morning of the day of the annual meeting of the General Board of the American Red Cross. Reports were given on Enrollments and Assignments, Nursing in Foreign Countries, Public Health Nursing, Home Hygiene and Care of the Sick, and Nutrition. There were reports also from the special committees on Delano Red Cross Nurses, the Delano Memorial, The Nightingale Medal, and Student Nurse Recruiting. The resignation of Lenah S. Higbee, Superintendent of the Navy Nurse Corps as a member of the Committee was read, and her successor J. Beatrice Bowman was announced. Miss Bowman becomes automatically an ex-officio member of the National Committee. The resignation of Lillian White, after five years of devoted service as Director of Nursing of the Pacific Division, was also announced. On account of the illness of her mother, Miss White has been obliged to give up active work. Among other subjects discussed was the continuance of the Bay Shore Convalescent Home for Nurses. The National Committee recommended, by special resolution to the General Board, the continuance of this home for another year. It was also voted to recommend the increase of the National Committee to include the Superintendent of Nursing of the Veterans' Bureau and the Medical Director. Miss Minnigerode, Chairman of the Committee on the Delano Memorial, gave a good report on the work that is being done, making a very strong plea for the completion of the fund required to build the Memorial. In addition to those at National Headquarters, the following members were present: Major Julia C. Stimson, Lucy Minnigerode, J. Beatrice Bowman, Carrie M. Hall, Grace Allison, Harriet Leete, Sally Johnson, Susan C. Francis, M. Adelaide Nutting, Mrs. August Belmont, Mrs. William K. Draper.

INTERESTING DEVELOPMENTS IN HOME HYGIENE AND CARE OF THE SICK

Perhaps no single activity of the American Red Cross has brought better results than the simple course in Home Hygiene and Care of the Sick. Embracing as it does practical instruction in the hygiene and sanitation of the home and such elementary nursing procedures as every woman should know, it has helped to prepare both through the schools and in the community, large numbers of girls and women for a better understanding of housekeeping, homemaking, and the prevention of illness, as well as in the care of the sick within the home. One of the most interesting developments is the extension of the instruction in public, private and parochial schools. Experience has proven that no subject in the school curriculum may be more practicably linked up with the sciences and other branches than the course in Home Hygiene. During the last fiscal year, ending June 30, there were 93,448 students under instruction, and 42,656 certificates were issued, out of which 9,639 were issued to school classes during May and June, 1922. Credit is allowed in many schools where the instruction is

part of the curriculum, and also in many instances where the course is given after school hours. In a recent statement by Mrs. Isabelle W. Baker, National Director of Home Hygiene and Care of the Sick, she describes in some detail the methods whereby the course may be adapted to the school work, which will unquestionably be of considerable service to the hundreds of instructors who are engaged in conducting these classes.

Whenever Home Hygiene instruction is made a part of the school curriculum, the subject matter of the text-book must be divided and presented in a simpler and more concrete way than is necessary when instructing classes for adults for whom the text-book was primarily written. We must remember that the pupils in the schools are not only immature but lack the experience of the home maker or business woman.

The school girl of today should have the right to expect some preparation for her future. Upon her will eventually rest the responsibilities of making a home and keeping her family well and happy. Therefore, should we not visualize her as the future wife, mother, club member, or citizen sharing with men civic or political responsibilities, as well as a potential business or professional woman. New vocations continually evolve for the twentieth century graduate. She may be the sanitary engineer for the community or state in the years to come. To a great extent the health of the nation must always depend upon its women. Can we afford to ignore the opportunity to give our girls a sound foundation in health principles while youth and enthusiasm make the task more simple?

This seems the psychological moment to broaden our scope and offer the boys the same opportunity as the girls. In the past many boys have shown their interest in this subject by making, under the direction of their manual training teacher, bedside comforts, sickroom appliances and substitutes out of simple materials at hand at almost no expense and trifling labor. Following their natural curiosity as to how these appliances were put to practical use, the Home Hygiene classroom was visited and among questions asked was 'Can't we be taught these things too?' One boy remarked, "I'm the only child my mother has, and when she is sick I'd like to make her comfortable." In a few instances, this past fall, requests have been made that Home Hygiene instruction be offered to school boys also. The standard course of subject matter in the textbook is the one used for the girls of high school attainments and qualifications, but it is advisable to modify the subject matter for classes of boys, and a special adaptation has been arranged. The arrangements, standards and requirements are the same for both.

This instruction for schools may be arranged for one semester, only, or may be carried through the entire school year. It is often with ease and satisfaction correlated with biology, physiology, hygiene, home economics and occasionally with English, receiving from one to three points credit.

The best results are obtained in the schools when a room is set aside for this particular instruction and fitted up to resemble as nearly as possible an ordinary bedroom in the average home. I cannot too strongly emphasize the fact that the simpler the equipment, the more valuable the lesson. However, this does not mean a limited equipment. If students are taught simple nursing procedures for the home with hospital equipment they are not apt to remember in the stress of emergency or under the strain of anxiety, when a member of their family becomes ill, something that was perhaps casually mentioned in the class as a "practicable substitute"; whereas if they have worked from the beginning with home-made appliances, substitutes, and simple home apparatus, they will proceed with confidence and efficiency. My criticism of many of the class rooms equipped in the schools for this course of instruction is that they lack the home atmosphere and have too much of the appearance of a hospital ward. This is not only undesirable for the reasons just mentioned but also because the impression might be inadvertently given that the instruction was a short term nursing course.

The far-reaching possibilities of building through Home Hygiene and Care of the Sick for a closer relation between the school and the home, and in fact the entire community,

are very great. Whenever exhibits are held featuring the school work, the interest of the parents is centered in a twofold way upon this instruction: First, through the demonstrations given by the students of simple nursing procedures; second, through the home-made appliances made by the boys in the manual training department, and the layettes and other articles made by the girls in the sewing classes. Every interested observer becomes a potential advertisement for the extension, not only of the course itself, but of attention to health and hygiene in the community at large. As a vocational guide it is of particular value to the girl in assisting her to choose nursing as a profession, and to the boy, public health or medicine.

Miss Nelson Visits National Headquarters

Sophie C. Nelson has served under the Red Cross flag at varying periods since 1917, first in the Child Welfare work under the Red Cross in France, until 1919; returning in August, 1921, where she served first in Albania and Montenegro as Supervising Nurse and later as Field Inspector of the American Red Cross Nursing Service for Central Europe and the Balkan States; in October, 1922, she was assigned to assist with the refugee work in Greece, leaving there on the first of December. Miss Nelson visited National Headquarters on December 28 and 29. She gave an interesting account of the refugee situation, estimating that a million refugees from Smyrna and Thrace are now in Greece or the surrounding islands. Most of the refugees are in exceedingly poor physical condition, about sixty per cent. have eye infections, and the death rate, especially among the babies has been enormous. She reports that the American Red Cross is now supplying food for about one-half of the refugees in Greece, and that the feeding of the entire million is being done jointly by the Red Cross and the Greek Government. The first great need to meet the situation is food; the second, clothing; the third, housing; and the fourth, occupation. At present smallpox and other contagious diseases have broken out in Athens and Salonica, adding very greatly to the medical problem. In addition to the distribution of food and clothing, the Red Cross is assisting with the organization of camps, dispensaries, hospital facilities, and the development of sanitary measures through its medical and nursing staff.

Foreign Assignment

Julia Wolski, a graduate of the Training School connected with the Woman's Hospital and Infants' Home, Detroit, Michigan, has been appointed, and sailed January 20, to develop the practical field for teaching surgical technique and operating-room procedure in connection with the School of Nursing at Warsaw, Poland, which is being developed under the auspices of the American Red Cross.

In closing, the Director of Nursing Service sends best wishes for a Happy New Year to all the Red Cross Nurses, or any others who may be interested in reading the news contained under the Department of Red Cross Nursing in the *Journal*. She also wishes to take this opportunity to thank the many nurses from all over the world who sent cards, telegrams and messages bearing Christmas and New Year wishes to her. She would like to answer each personally, but because of the large number this seems impossible. Therefore, she wishes to take this opportunity to express her very deep appreciation of their thought at this time.

FOREIGN DEPARTMENT

LAVINIA L. DOCK, R.N., DEPARTMENT EDITOR

IMPRESSIONS OF SAMOA

BY LAURA HARTWELL, R.N.

ON a little green island situated in the South Seas, is a hospital like nothing else in the world. It was established by the United States Government several years ago, to train the native girls in the art of nursing their own people. It is supported by the local Government, but is under the jurisdiction of the United States. The course of training is two years, after which the girls either go out into the surrounding villages to do district nursing, or are retained in the hospital in charge of the wards. The wards consist of three large native houses, each one complete in itself. One is used as a men's ward, one for the women, and the other for isolation or quarantine. The houses look like huge mushrooms, with their thatched roofs of cocoanut fibre, but they are cool shelters from the tropical sun, and their cement floors are always spotless.

The pupils of the school are drawn from the London Mission School at Atauloma, where they receive a grammar school education in English subjects. Many of them are daughters of chiefs or ministers and, if they wish to continue their training after graduating from the Atauloma school, they are encouraged to enter the Samoan Hospital Training School. Thus the girls who train here are drawn from the very best on the Island. They are taught by the U. S. Navy Nurses.

The native girls are very bright, although they still find a few difficulties in the English language. There are only fourteen letters in the Samoan alphabet; and twelve extra consonants take their breath away. The younger class of nurses will look wildly around for inspiration, if they are told during class to write a word beginning with a "B" or "T." At least one of them will write "pegin," instead of "begin," as they use so many "p's" in their own language. But they really try to learn, and do very good practical work.

To alien ears the language sounds like a constant play on the vowels. The novice learns a few verbs and nouns, and uses them with various inflections of the voice to signify the meaning. Thus: "Alu"—to go, may be said gently, and the "Alu'd" one would get the meaning as "Now you may depart!" Said a little more forcibly, it would carry the meaning "Go!", and would produce immediate results. The people are very sensitive to expression, both of voice and countenance. They are a kindly people, simple as children, and how they love bright colors! They forget their pains and grievances if a stranger walks into the ward wearing a pretty dress. And for their own personal adornment, they make chains and hangings of the brilliant colored flowers, berries, and foliage which grow so profusely on the Island. At their native dances they wear whole dresses made by sewing leaves and flowers together. Very beautiful they are but, of course, very perishable. This

has its advantage too, as the dress cannot go out of style. When another one is needed it will be made up-to-date.

Cotton goods and other clothing are some of the few things the people have to buy, now that so many of them are dressing *"a la Amereeka";* although the men still wear a one piece garment, consisting of three or four yards of material, wrapped around the waist, with the ends securely tucked together. They call this garment a lava-lava, and some of them are of plain colors, while others have violent patterns woven into them. One Samoan gentleman evidently intends starting a rainbow school of color. He has adopted an American shirt, colored bright green, and a bright pink lava-lava, which makes his brown skin look more coppery than ever.

It is amazing how self-sufficient these people are in their island home. If the children want playthings, they pick up a baby cocoanut, or gather a mummy-apple off a tree. They have very few native toys, but get their recreation spearing fish, swimming, or riding in a pao-pao, which is a frail looking, slender canoe. Nature provides for many of their wants. When the grown-ups need a new bed, they cut a few palm leaves, tear them in strips, and weave a mat, which they spread on the floor when they are ready to sleep, as they do not use bedsteads. Some of them now use a top sheet, which is a comparatively recent venture. The old-timers use a short bamboo rod for a pillow, raised from the floor three or four inches, by means of a forked prong at each end. Up-to-date natives, however, have learned the comfort of a soft pillow, which they make from home grown materials. All they have to do when they need one is to step up to a Vavae tree, pick a few pods off it, open them, and spread the silky contents in the sun to dry. The pods are full of cotton, which becomes soft and fluffy as eider down, when it has been dried in the sun a few hours. This the natives put into a pillow case, and then look around for a cover for it.

The cover must be embroidered. All of them seem to be worked in red, and look very brilliant. Even a plain white pillow cover in the hospital dressing-room had to conform to custom; the native nurses ornamented it with a set of dressing-room instruments worked in red. They are all there, the probe and the forceps, scissors and hemostats, so the patients can plainly see what lies before them.

Out-patients attend the clinic every day, with many and varied complaints. Some of them have a weakness for Magnesium Sulphate, and will walk a mile if they think they can get the Fomai (doctor) to order a dose for them. They all have a passion for medicine in any shape or form. The chief ailment of the sick children seems to be worms, and worms with a capital W. They have them in quantities, long ones and short, round and hook, and most of the medical work consists in eliminating these creatures. They are very persistent, and the patient needs a lengthy treatment to do away with them. Yaws, a sore of various sizes, is a complaint common to men, women, and children. It is treated by local applications, and by intravenous injections of 606. Conjunctivitis is also very common, and is treated with Boric irrigations and Protargol, 5 per cent.

The in-patients bring their own mats to sleep on, although the hospital furnishes a cot to raise them off the ground.

They are also allowed to have two friends and their children stay with them. The two friends are allowed to stay all night, and many more come to visit during the day. Owing to this custom, there are some embarrassing moments in the wards sometimes. Obstetric cases are screened off, of course. Then again, there may be an unobstructed passage to a sick man, but if there is a few moments' work to be done over him, one turns to find six or eight of his friends squatting near by on the floor, with their feet tucked under them, watching every movement of the nurse.

The shower baths provided for the patients' use are a constant joy to the visiting grown-ups. Sometimes a sound of childish weeping and wailing issues from the bath room, followed a little later by a procession of four or five little brown babies, from three to seven years of age, emerging clean and shiny from a new experience. The women would love to use the showers for the family wash, but of course this is not allowed, and the Navy Nurse invites them to take their laundry down the hill, and back to their village.

The U. S. Government has done wonderful work in outlying villages by bringing fresh water down from the hills. To lay three or more miles of water piping in Samoa is a large undertaking, as the languid spirit of the tropics hovers over it all, and the natives do not know how to work fast.

The natives are a very clean race. The other day a whole family started out in the harbor. All five of them were in a rowing boat, and the journey was evidently meant to be a bathing trip, for as soon as they reached water four feet in depth all jumped into the sea, turned the boat over, and scrubbed it inside and out with cocoanut fibre. A small child sat across Daddy Samoa's shoulders, exempting him from manual labor, but with many "O's" and "E's" he superintended the cleaning bee. When this was finished, the five swam around awhile, came ashore, and went home, the whole family, including the boat, considering their ablutions over for the present. They had worn their one garment all the time, but did not seem at all inconvenienced by the wet garments flapping around their feet. If a native wishes to swim, he swims, regardless of clothing, and resumes his journey when he is ready, with a calm poise which nothing will disturb.

The scenery of Samoa is wonderful. The harbor is a brilliant study of green and blue, surrounded by undulating hills, which are always green. The feathery arms of the cocoanut and the royal palms sweep backward and forward in the breeze, and the hibiscus flowers lighten up the green background like jewels in a queen's crown.

There are glorious moonlight nights when soft southern winds blow through the gap from the sea, and the intense heat of the day is forgotten in the peace of the night.

Very small children will often eat foods they dislike if it is served to them in ice cream cones. For one particularly difficult child I bought the empty cones by the half dozen, and in them served potatoes, rice, custard,—even carrots; with an occasional ice cream to keep up the illusion. Once the food has been eaten in this way it is usually simple to return to the normal way of serving.

Rose Edna Rogers, *California*.

WHO'S WHO IN THE NURSING WORLD

XVIII. LUCY C. AYERS, R.N.

BIRTHPLACE: Canterbury, N. H. PARENTAGE: American. EARLY EDUCATION: Gilmanton Academy and Tilton Academy. PROFESSIONAL EDUCATION: Class of 1891, Connecticut Training School, New Haven, Conn. POSITIONS HELD: Private nursing for one year in New Haven; Superintendent Memorial Hospital for Women and Children, Brooklyn, N. Y.; Superintendent of the Training School, New England Hospital, Roxbury, Mass. (Linda Richards being superintendent of the hospital); Superintendent of the Woman's Hospital, Chicago, two and a half years; Samaritan Hospital, Sioux City, Iowa, two years; Superintendent of Nurses, Rhode Island Hospital, Providence, R. I., 1900 to 1910; Superintendent Woonsocket Hospital, Woonsocket, R. I., 1911 to the present time. OFFICES HELD: One of the incorporators and first president of the Rhode Island Association of Graduate Nurses, serving a second term in 1920-21; helped form a society of training school superintendents in Rhode Island in 1912, which later became the Rhode Island League of Nursing Education; secretary-treasurer Rhode Island Board of Examiners of Nurses from the passage of the law in 1912, to the present time.

OUR CONTRIBUTORS

Marie L. Rose, R.N., a graduate of Johns Hopkins School of Nursing, opens our series of articles on Nutrition. Miss Rose has done both institutional and public health work, including several important posts in tuberculosis work. For three and one-half years she was Child Labor and Factory Inspector in Maryland; and for one year she was Supervisor of Field Nurses' "Short Surveys," Division of Hygiene, Children's Bureau, Washington. At present she is Associate Director, Child Health Organization of America, with headquarters at 370 Seventh Avenue, New York.

Mary Alice Hanna Parrish, A.B., Ph.D., (Mrs. J. C.) has degrees from the University of Missouri and from Bryn Mawr. Since the fall of 1919, she has been the Sectional Director of the Southwest Central Section of the American Association of University Women.

Richard Olding Beard, M.D., is well known to our readers through his articles in our professional magazines and his addresses at our national and state meetings.

Mabel W. Binner, R.N., graduated from St. Luke's Hospital School for Nurses, Chicago, where she served as Night and as Day Supervisor. Since 1918 she has been a member of the Staff and Supervisor for the Chicago Visiting Nurse Association. One year of this time was spent on leave in postgraduate study at Teachers College. Miss Binner wishes to have credit given Miss Strong for the inspiration for her article, as much of the material was first obtained in notes taken in Miss Strong's classes.

Mrs. Frances Witte, R.N., is superintendent of nurses at the Manhattan State Hospital, New York City.

Matilda Alice Baker is a graduate of the Bulkley Training School for Nurses of the New York Skin and Cancer Hospital, and since graduation from the school, she has held the position of Assistant Superintendent of the Hospital.

Irene Morton Richmond, R.N., was for a time a dentist's assistant and has contributed to our pages in the past, articles adding to our knowledge of that profession.

Mary S. Power, R.N., is an instructor at the School of Nursing of the University of California.

Beulah Crawford, R.N., M.A., is instructor at the School of Nursing of the University of Iowa.

Laura Hartwell, R.N., is a member of the Navy Nurse Corps.

Elsa Schmidt, R.N., B.S., graduated from the Orange Memorial Hosptal, Orange, N. J., and obtained both the B.S. and the M.A. degrees from Teachers College. She was Superintendent of Nurses for the Hospital of the Harvard Medical School, Shanghai, China. She has been Instructor at Bellevue, and at the City Hospital, Welfare Island, Educational Director at Bellevue, and Visiting Instructor.

Amy M. Hilliard, R.N., a former Inspector of Training Schools in New York State, is a graduate of St. Luke's, New York, and is superintendent of the Samaritan Hospital, Troy, N. Y.

DEPARTMENT OF PUBLIC HEALTH NURSING

A. M. Carr, R.N., Department Editor
National Organization for Public Health Nursing

AN INSPIRING CONFERENCE

THE American Committee for Devastated France held its annual meeting in New York on December 13, 1922. A simple enough announcement, but pregnant this one with meaning, accomplishments, purposes, that strangely stirred the hearts of the audience gathered to hear those accomplishments and purposes. Some of the old fire burned again—memories came back of the dauntless courage, the grim determination, the will to do that we remember as part of the stern discipline of the days of war, but softened by the humor and tenderness of these peace-time achievements in regions the most desolate of the aftermath of war.

The Conference programme was divided into three sections: Public Health Nursing and Training Schools in France, Library Conference, Conference on Agriculture. It is only the Public Health Nursing part of the programme we will take up here, though part of this conference was devoted to the consideration of the plans of the committee on the proposed training school for nurses to be established in Paris. The new school, which is now assured, will start under auspices such as few schools have had, with all the help that the Report of the Committee on Nursing Education appointed by the Rockefeller Foundation can give, in addition to the wisdom and experience of an exceptionally qualified committee. In the committee's plan, training in public health nursing will be included under the guidance of American experts, and a splendid field will be ready in the work developed in the devastated regions. Dr. C. E. A. Winslow, who presided over this section, said in his opening address:

> It is to France that we owe the foundation of almost every one of our major public health activities. Not only was the corner stone of the whole structure laid by Pasteur, but the campaign against tuberculosis rests in large measure on the *visits domiciliare* of Calmette, (Chairman of the French Committee on the Auteuil School) and on the care of contacts as embodied in the *Oeuvre Grancher*. Our campaign against infant mortality is everywhere based on the *consultation de nourrissons* and the *gouttes de lait* of Herrgott, Bodin and Variot. The first medical inspection of school children in the world was performed in France. The first attempt to combat the venereal diseases in an organized social fashion was that of Fournier. It would be indeed appropriate that the model school of nursing in the world should grow up in Paris; and that it should grow up in some measure through the aid of America, in partial recognition of a spiritual and an intellectual debt which we can never pay in its entirety.

Mrs. Mary Breckinridge who organized the nursing service of the American Committee for Devastated France gave full credit to all who coöperated, especially the Red Cross through Miss Hay. and to those who had in still earlier efforts helped to insure the success of the *Comite Americain pour les Regions Devasties,* especially to the unfailing personal interest and help of Anne Morgan and Mrs. Dike. She described the

heart-breaking conditions found by the pioneers:

The whole region one great battlefield, covered with explosives, ploughed with trenches, just as the soldiers had left it. The Chemin des Dames was like an angry ocean, heaving with mounds of clay and sunk into deep shell holes. No sign of life anywhere, not a living creature, after the Germans withdrew,—but rats, carrion crows and an occasional cat. Nothing was left that could give milk, not a cow or a goat; nothing that could sustain life, not a chicken. Most of the people were gone too from the ruins. A few remained on in the villages the Germans had occupied until the end of the war, and more in the ones behind the French lines. When the refugees began to come back, our Committee was there first, and met them as they returned.

This whole region held more grief, desolation and misery than have often been crowded into any similar region in the history of this sad world. The children who had not died, in the occupied areas, from starvation and other hardships, were behind their ages in every kind of development. The war had left them with psychic and physical scars from which they will never fully recover.

The building up of a service to combat conditions such as these, it will be seen presented difficulties. But difficulties were merely incentives. Starting with care of expectant mothers, the babies, and the little children, the work grew rapidly; the desire for it more rapidly. It was now that the Bordeaux School proved its value and French nurses were sent to coöperate with the American and British. It would be impossible in this brief account to give as Mrs. Breckinridge did, the details of the heroic pioneer work of the nursing service, and the equally devoted service of the members of the motor corps, a number of whom, it is interesting to say, are now after their adventurous career in France struggling to survive the restrictions of a training school for nurses. In addition to these developments of the nursing service, including health centres and clinics, was the nursing of the sick and accident cases. The latter were particularly numerous in the early days because of explosions of shells left in gardens and fields. Mrs. Breckinridge left on the minds of her audience an ineffaceable impression of the indomitable spirit of France and the splendid courage and devotion of that little band of women who did such great things in helping towards recovery.

Evelyn Walker, now director of the Public Health Nursing Service, followed Mrs. Breckinridge with a description of the transition from the type of the activity required by immediate post-war needs to those required by the present time. Miss Walker also spoke of the wonderful coöperation the service had received from literally everybody. Those people who have been known to speak of the lack of plasticity of "the nurse" would, we think, have had a liberal education if they had heard the fluidity necessary in this work in France to adjust nursing methods, procedures, and ideals to the conditions of the devastated regions. But it has been done, quietly and effectively. Baby welfare stations and consultations; care of pre-school children examined in the schools (this is enthusiastically endorsed and aided by civic authorities, teachers, priests and parents); care of the sick in their homes splendidly done, pre-natal work, steadily growing; ambulance and accident work of which there is still a good deal. This is indeed a record for the twenty-six nurses now working in the devastated region, seventeen in Aisne, one in Oise, eight in Rheims (the nurses in Rheims are British). Seventeen are from the

Bordeaux School, three of these have had public health courses in this country and are now supervisors. Three of the nurses are now taking a course at Teachers College, Columbia, in preparation for administrative work on their return to France.

We think our readers will like to read the letter sent to Miss Walker by the Mayor of Soissons in reply to a question, "Will the French carry on when the Committee ceases its work?"

Mademoiselle: In reply to your letter of October 27th, I can assure you that the town of Soissons will do everything in its power to assure the continuance of the organization which you have created, and which renders such great service to our population. But you understand the unhappy situation of our town which we are only just beginning to rebuild, and where the reconstruction will last for many years.

Until the building of the town has been completed there will not be a single cent remaining from the taxes to use for any other purpose. In order to organize the rebuilding, so necessary to house the people of our town, the town had to borrow $50,000,000. This means that for many long years the town of Soissons will have a very large debt.

While assuring you that the town will not hesitate to make very great sacrifices in order to continue the nursing service which your Committee has organized, I beg of you to continue your help as long as you possibly can. May I express my profound gratitude, and my respectful appreciation. Marquiguy.

It is, of course, easily recognizable that only a small proportion of the population of devastated France can be cared for by this group—small in numbers but so splendid in spirit. It has, however, been a truly great "demonstration." The practical results will live, the improved health conditions, the education of doctors and officials in the actual and visible results of the intelligently directed nursing care, and added to this the good will of the American people demonstrated through this valiant band of workers. The series of pictures which were shown of the villages so courageously reëstablishing themselves, the nurses, the motor service and the different clinics, visualized for the audience the service of the C.A.R.D.

The meeting was concluded by short speeches from Miss Crandall and from Miss Goodrich. Miss Crandall pointed out that public health nursing could look with pride to the fact that as a result of the acceptance by the war-ridden countries of the work of the public health nurses, which was recognized as the product of their training, had come the recognition of the necessity for a system of nursing education which would produce in these countries the same type of nurse.

POSTGRADUATE COURSES

At the present time there are 16 places in the United States where postgraduate courses in Public Health Nursing are being carried on. All of these courses are under the auspices of some college or university and are able to offer academic credits towards a college degree. A pamphlet giving the name and address of the Director and a few facts regarding these courses may be obtained from the office of the National Organization for Public Health Nursing, 370 Seventh Avenue, New York, upon request.

HOSPITAL AND TRAINING SCHOOL ADMINISTRATION

ALICE SHEPARD GILMAN, R.N., DEPARTMENT EDITOR

HOSPITAL ADMINISTRATION [1]

BY AMY M. HILLIARD, R.N.

THE hospital should be the most potent factor in the community, not only for applied therapeutics, but it should also be the educational force for teaching health preservation and disease prevention. Its laboratories should be used to determine the underlying causes of disease and methods developed for its control. While its future will of necessity give more and more attention to the dissemination of knowledge necessary for health preservation, at the present time its greatest functions are the clinical treatment of disease and the education of physicians, surgeons and nurses.

From the character of the work expected of it by the community, it is necessarily a very complex organization, but in reality it is primarily a hotel for the sick. It, therefore, must provide not only room service in the ordinary hotel sense, but it must render bedside care to unconscious and helpless patients. Unlike the hotel, every patient requires at least room service.

The hospital must maintain not only all the departments found in a first class hotel, but it must also maintain a very large number of additional departments such as the Dietary, X-Ray, Hydrotherapy and Massage, Electrotherapy, Pathological and Clinical Laboratories, Ambulance, Operating Rooms, Delivery Room, Dispensaries, Social Service, Morbidity Statistics, etc.

It must also conduct a professional school (the school of nursing) and a postgraduate medical course (for internes and resident physicians).

Two great difficulties in the way of administering such an institution efficiently are: First, the ignorance of the general public as to the cost of properly managing a progressive hospital; and second, a consequent lack of sufficient funds.

How many patients expect to pay an equal amount for hospital care as for simple hotel accommodations of the same grade in the same city? Do any, even those in private rooms, expect to pay higher rates than hotel rates? Why should they expect to be furnished not only with board and lodging, but expensive room service and be given the benefit of all the progressive scientific measures for the diagnosis and treatment of disease without meeting a reasonable expense to cover the cost of running such departments? Are we not somewhat to blame for encouraging semi-private and private patients to believe that it is possible to do this without subjecting them to charity? Is it not the duty of the chief executive to place the matter before the public in a manner not to be misunderstood?

To the lack of knowledge on the part of boards of trustees and to the lack of

[1] One of a series of lectures delivered to a group of students at Teachers College, New York.

reasonable funds, we trace the lack of executives, competent to supervise and direct the work of such a complex organization as a hospital. The development of a hospital to the fullest extent to meet not only its obligations to the public, in the care of its sick, but to conduct an educational institution as well, calls for executive ability of a high order. This can be attained only by education and experience and these must be coupled with definite personal qualities. There are too few such executives. As a consequence, we find many inexperienced and thoroughly incompetent heads of hospitals.

Organization

The hospital organization should include a Board of Trustees, Medical Board and Board of Woman Managers. The School of Nursing should be incorporated and should have its own Board of Directors.

Board of Trustees

The Board of Trustees should represent in its membership the financial, educational and social influences of the community and its responsibilities are: The appointment and support of an executive, competent to undertake not only the direction and supervision of the hospital, but its development as the great health agency of the community; to raise the funds necessary to supplement the hospital income in order to develop and maintain educational and scientific departments; to provide a high standard of medical and nursing care for patients and an unquestioned *esprit de corps* and morale amongst students and employees; to anticipate community needs; and to educate physicians and nurses to meet community needs.

The superintendent should acquaint the members of the Board of Trustees with their responsibilities and encourage them to attend hospital meetings and subscribe for magazines where hospital problems are presented and discussed.

The Board of Woman Managers is usually made up of the wives, sisters, daughters and friends of the Trustees, and is representative of the part of the community with unquestioned social background. Unless such a group is well organized, under wise leadership, and into committees with definite duties and obligations, it is possible for it to become a very definite handicap to the superintendent of the hospital. I believe that such bodies are not only willing, but anxious to be of genuine service and that superintendents are largely themselves to blame for the difficulties they sometimes experience with such boards. If any group of people is well organized into committees and if each committee has its own job and if care is taken not to have any overlapping, I believe that each member will be so interested in the work of her own committee that she will have neither time nor inclination to interfere with the superintendent or with any other committee.

The Board of Woman Managers at the Samaritan Hospital, (Troy, N. Y.) has seventy-nine members and was organized to buy for and to supervise the housekeeping and dietary departments of the hospital. These functions have been taken over by the superintendent, the Board has been reorganized, and has taken over other definite functions under the following committees:

1. Training School
2. House

3. Needlework
4. Surgical Dressings,—Senior
5. Surgical Dressings,—Junior
6. Hospital Aides
   - a—Operating rooms
   - b—Messengers
   - c—Flowers
   - d—Magazines
   - e—Marking linen
   - f—Marking utensils
   - g—Assembling supplies
7. Thanksgiving and Christmas Dinners
8. Christmas Decorations,—gifts to employees and patients
9. Easter Decorations and Music
10. Charity Ball
11. Donation Day, etc.

Training School Committee

I make apologies for introducing the Training School Committee, but as our school is not separately organized, but is a hospital department, it has a Chairman and ten members from the Woman's Board, with the Principal, Superintendent, and President of the Board of Trustees and President of the Board of Woman Managers, as ex-officio members.

It has what I consider to be a very important sub-committee on discipline. This is made up of the Chairman, the President of the Woman's Board, the President of the Men's Board, the Principal, and the Superintendent. This makes it virtually improbable that the shortcomings of students will be very generally discussed over the tea cups.

The school committee has also a subcommittee that provides for and presides at afternoon tea for the students every Thursday from four to five-thirty p. m. Members of the Training School Committee provide the scholarships for students who elect the Public Health course given to students at Teachers College and Henry Street Settlement. One member provides two gold medals yearly, one for each section, to be won by the student having the fewest demerits during her course. Another member has provided funds for membership in the Eastern Council of Nursing Education, another has conducted two automobile trips with the school principal in her recruiting campaigns for students and has, thereby, received education, herself, on this subject. Another member has provided rugs for the students' rooms and at the present time is negotiating for a manikin for teaching. Members of the Committee have also assisted in summarizing the training school records, and as several are college women, they have not only received much valuable information about the school, but they have made a substantial contribution to the work. They have been given the Standard Curriculum to shed some light on the school records and one member, in consequence, has asked leave to spend one whole day with a student in order that she may have a better knowledge of the results achieved by the present methods of teaching. I call this rather intelligent and believe that much can be accomplished for the schools when once the intelligent women of the community get back of the principals of the schools of nursing.

The Committee may be much further developed to provide better recreational facilities for students and, not in the too far distance, to organize a campaign for the endowment of the school. The functions of such a committee are limited

only by the personality and imagination of the Principal of the School.

The House Committee is divided into various groups, for regular and thorough inspections of wards, private rooms, laundry, employees' building, kitchen, pantries, dining rooms, etc. Each group is responsible for definite inspections and in consequence there is no overlapping or confusion.

The Needlework Guild is in touch with the sewing circles of the various churches and other societies and its chairman gathers her group about her at the hospital on Wednesdays and cuts out the needed linen supply, bundles it up ready to send out, and accounts for its return. One member has marked all the hospital linen for the past twenty-six years. Many hundreds of pieces of linen are cut out and sewn,—such as gowns, curtains, towels, covers for ice caps, hot water bottles, mattresses, bureaus, not to speak of innumerable other things.

The Surgical Dressings Committee is under the same Chairmanship as the Red Cross Surgical Dressings Committee during the war. Practically all the gauze sponges and dressings used in the hospital as well as all the pneumonia jackets are made by this Committee. They work three days in the surgical dressings room at the hospital, one day of which is given over to the Junior group (daughters of the Woman Managers and their friends.) This group is very enthusiastic and interested.

The Hospital Aides may be seen in the hospital at any time between 9:30 a. m. and 5 p. m. One group is responsible for the supply and care of flowers; one for the supply and distribution of magazines; one for marking all utensils such as wash basins, emesis basins, private room equipment, surgical equipment, etc.; one for assembling supplies of stationary, etc. into dozens, for easy and accurate distribution on Mondays; one for folding and assembling operating room linen every morning; one for interviewing friends and relatives of patients at the front door of the hospital every afternoon; and in addition they stand ready to do anything else needed or asked for by the superintendent.

The Thanksgiving and Christmas Dinners Committee, as its name implies, is responsible for raising the funds for and providing the necessary food supplies for these holiday dinners.

The Christmas Decoration Committee is subdivided into committees for: (a) providing decorations and trimming ward trees; (b) Providing decorations and trimming tables in nurses' and employees' dining rooms; (c) Providing decorations and trimming office and hospital corridors; (d) Providing decorations and gifts and trimming children's tree; (e) Buying gifts for employees and patients; (f) Obtaining choir music for Christmas Eve and providing refreshments for the boys' vested choir of 40 members, on both Christmas and Easter.

The Easter Committee functions in much the same manner as the Christmas Committee, but is composed of different members.

The Charity Ball Committee is composed of the society leaders on the Board and as a result of its efforts several thousand dollars are raised each year.

The Donation Day Committee solicits such supplies as are asked for by the superintendent, including jellies, flower

vases, rugs, curtains, wheel chairs, silver for trays, etc.

Notwithstanding the activities of our Board of Woman Managers, there are much larger fields which they have not explored up to the present time. The Rochester General Hospital, (Rochester, N. Y.) has developed the committees into branchs, stems, twigs, etc. These committees are definite units each with a very explicit supply to furnish. For instance, one branch takes the responsibility for furnishing linen and each twig is responsible for the supply of some one article like sheets, table linen, pillow cases, etc. Such funds are raised by card parties, fairs, and other more or less social activities.

When you carefully consider the whole question, you will agree that a Board of Woman Managers can be also of very great assistance to the administration in disarming criticism against the hospital, for what one is working for, one is very likely to support, not only financially, but morally. The public is not likely to be adversely critical of a hospital that is so obviously supervised and supported by its Board of Managers. This gives sound backing and encouragement to the superintendent. The Board has a right to know in detail how the hospital affairs are being administered and it is certainly a great safeguard to the public.

Perhaps the most difficult group in the hospital to deal with and certainly the most difficult to reorganize is the Medical Board. If any Medical Board is perfectly organized and works in harmony, one member with another, it has never been my good fortune to be associated with it. It is certain, however, that a board well organized and made up of the best medical men of the community is vitally necessary for the scientific progress of a hospital.

Whatever their idiosyncracies may be, the hospital must have the leadership of the ablest medical men in its community. In the first place, the community is entitled to the results of their skill and experience and in the second place, the hospital cannot afford to be without them.

It will take all the superintendent's talent for conciliation and power of endurance to cope with some of the situations she will find in the Medical Board, but one thing is very certain and these gentlemen bank on it,—the hospital must have them. Much harm may be done by an inexperienced executive, as was done in one hospital of my acquaintance where a small group of exceptionally able physicians and surgeons presided over the medical affairs of the hospital with credit to themselves and the hospital. A group of younger men who should have received appointment as associates or assistants were kept off the Board and in consequence were much dissatisfied. With the change in administration they brought pressure to bear on the new executive who advised the Board of Trustees to increase the Board to 39 members, all on the same level of importance,—no associates or assistants. The new group far outnumbers and outvotes the original group. It will take years to undo the harm which was done by this reorganization.

The Medical Staff should have both a medical and a surgical head. The appointment of an executive medical officer, except in rare cases, brings nothing but friction, but the Board can be organized with definite officers such as

Chairman, Secretary, Treasurer and Executive Committee and there should be a definite head for each service such as the medical, surgical, obstetrical, pediatric, orthopedic, etc. Unless the officers are chosen with a view to fixing responsibility, they are not apt to be either interested or helpful to the administration. If Clinical Societies can be better developed, as seems likely under the stimulating influence of the American College of Surgeons, they will do much toward making the Medical Boards more coöperative and less individualistic.

With these three boards made up of the ablest men and women in the vicinity, well organized into various groups and committees for their definite work, it should not be long before the hospital can add materially to its endowments by bequests, legacies and campaign funds. When substantial sums are needed, it has been my experience and observation that they are usually obtained more easily through the Board of Trustees than through the Woman's Board.

Hospital Administration—Hospital Staff

The staff for a 150 bed hospital with two medical, two surgical, one pediatric, one obstetrical and one communicable disease ward, as well as a private patients' pavilion and semi-private accommodations should be as follows: Superintendent, Resident medical officers and internes; Medical heads and technicians of departments,—x-Ray, hydrotherapy, pathological laboratory, electrocardiograph; Pharmacist; Dietitian; Housekeeper; Bookkeepers; Historian; Stenographer; Telephone operators—day and night; Engineers, day and night; Head of laundry; Head of linen room; Chief cook; Hospital employees; Assistant Superintendent (usually the Principal of the School of Nursing); Assistant Principal; Instructor; Supervising nurses for operating rooms, private patients, night, medical and surgical services, dispensary, communicable disease and social service departments; Student nurses, 50 to 60; Orderlies.

One can visualize the amount of the pay roll when enumerating such a group as the foregoing, and can easily determine why the unpaid service of student nurses has become so popular. It is largely because of the absence of taxation (as a charitable institution) and the willingly given unpaid service of student nurses that the hospitals have been able to run on the present financial basis. We readily see also why it is going to require skill and persistence to bring the public to accept the student nurse as an educational responsibility, rather than as a financial asset.

Staff Conferences

For the best coöperation of departments, staff conferences should be held regularly. It may be difficult to assemble all heads of departments at any one time, but it is necessary for the best understanding and to avoid the defensive attitude. For instance, who has not experienced the defensive and "thus-far-and-no-farther" attitude of a housekeeper or dietitian towards supervising nurses? If all heads of departments are called in session together, and each has a suggestion or even a grievance to state, is it not reasonable to suppose that many misunderstandings will be dispelled and a much better understanding result?

As a matter of fact, experience shows this to be the case. Unless, however, the housekeeper, dietitian, historian, laboratory technician, etc., meet with the supervising nurse staff, the best results cannot be obtained. The conclusions reached by such conferences should be typewritten and any changes agreed upon should be posted on bulletin boards and inserted in ward manuals. These minutes should be read at the succeeding meeting to see that all conclusions are understood and that the changes suggested are in effect, as it is obviously a waste of everybody's time to hold conferences unless the suggested adjustments are made.

(*To be continued*)

REGISTRATION OF SCHOOLS OF NURSING IN CHINA

All Schools of Nursing in China, whether under Missionary, Government, or private control may be registered under the Nurses' Association of China, if the school can meet the requirements, as to professional standard, hospital discipline, and educational training of nurses.

The school must be able to comply with the following regulations:

a. The Hospital must have at least twenty-five beds.
b. The average number of patients per year should be at least two hundred.
c. The patients must be fairly representative of surgical and medical cases with obstetrical cases for women nurses. If possible an analysis of cases during the past year should be sent with the application to show the classes of patients treated.
d. The school shall adopt the uniform course of study and examinations required by the N. A. C.
e. It is most desirable that the Medical Staff of the Hospital should assist in the lectures and the teaching of the nurses.
f. If the school is unable to provide the necessary medical, surgical, obstetrical or children's nursing, affiliation with another registered school is recommended.
g. The School must be in charge of a full member of the N.A.C.

WARNING

A well known commercial registry in Chicago recently organized the "Association of American Nurses' Training Schools" with the purpose of securing students for schools willing to pay a stipulated price for the service. This organization has no connection whatever with the American Nurses' Association, although the name and the wording of the advertisements mislead many people into thinking it part of our official organziation. The only official Headquarters of the American Nurses' Association is at 370 Seventh Avenue, New York City, where it has offices in connection with the National League of Nursing Education and the National Organization for Public Health Nursing. The registry in question has already abandoned the use of the name "Association of American Nurses' Training Schools." We sound this warning because some of their "literature" may still be extant. Individual nurses and our schools are reminded of the free placement service of our national organizations and that our National Nursing Hadquarters is a source of reliable information on all matters relating to nurses and nursing.

TOO LATE FOR CLASSIFICATION

Michigan: The Michigan State Board for Examination of Graduate Nurses will hold an examination in Lansing, March 7 and 8. Helen de Spelder Moore, *Secretary*.

STUDENT NURSES' PAGE

THE IDEAL NURSE

I.

By Sigrid Clauson

School of Nursing, University of California, San Francisco

"ISN'T she sweet?" asked one ward patient of another. "Yes," came the reply, "and so funny,—I declare I believe my incision never will heal, she keeps me laughing so." Said another, "One day she came in with some ice water, and I asked her to pour some into my mouth-wash cup to cover my teeth. The nurse smiled at me. 'It's ice water,' she said, 'do you think the teeth will chatter'?"

Comments like these are heard every day on the wards. One of the best ways of knowing a student nurse is to listen to remarks made by the people she works with. Some remarks are derogatory and unfair,—products of ill minds and bodies. On the whole, however, a promising nurse is one who spreads happiness and joy of living, and to whose coming the people look forward each day.

Ideals are ephemeral, and grow day by day,—usually better. It is hard to tell a person just what one's ideals are. They are there, like guide-stones on a trail, but something seems lacking when they are put into words.

A nurse should have abundant health. A strong body, glowing with health and sensible care, attracts people and inspires a desire to be well. A person of that type in a sick room, is like a fresh breeze laden with the odor of wet leaves of the woods. The figure seems accurate,—the close coöperation of mind with nature, putting life on a wholesome, natural plane.

The spirit of youth is valuable. Age in itself matters little, so long as the mental make-up is progressive and youthful. A nurse needs elasticity and ability to adapt herself and grow to meet new needs. Mental equipment may be as elaborate as possible. Real education, ability to think, open-mindedness, and sympathy,—in short, development of mind and heart, are indispensible.

A nurse needs to be sensible, and rational. Too often people form a wrong opinion of nurses as a whole because some lack true self-respect, they will sacrifice their vitality at the altar of pseudo popularity. The wise girl trains and disciplines herself so that when some great need arises, she has a reserve from which to draw, and need not depend upon coffee and cigarettes to tide her over.

High mindedness and nobility come to those who try conscientiously to have them, and should be a part of every nurse's character. The objection is still heard that nurse training ruins a woman's character, but it seems that much depends upon the stamina a woman has when she enters. Generally, she is strengthened and broadened.

Above all, a nurse should be human. It is no compliment to her to be considered a machine. She should give of herself and enter into the lives of her people so that when her work is done, the p a t i e n t s may remember her.

"Oh yes," one patient was heard saying, "well do I remember her, she kept my mind occupied with happy thoughts, she was a godsend."

II.

By Lorene Epley

Christ Hospital, Cincinnati, Ohio

YOU would love my ideal nurse, not alone for her physical beauty, but for the beauty of her character, for "character is the stone that cuts all other gems."

My nurse can smile, and does. She knows that her smile might save a life, because some soul might wish to live because *she* smiled.

This nurse is what she is. She knows that, try in vain, and for years, and through eternity, she can't be what she isn't. Dignity but not superiority has become a part of her, and perfect dignity is born of tactfulness. She has learned that one careless word can lose a friend for life or make a bitter enemy. And above all, she has discovered that she is not the only one who is living a life worth while and that the world goes on forever, even without her help.

She is a woman with an ambition and her ambition reads like this:

"I would be true for there are those who trust me.
I would be pure for there are those who care.
I would be strong for there are those who suffer.
I would be brave for there is much to bear;
I would be friend of all the poor and friendless;
I would be giving and forget the gift;
I would be humble for I know my weakness;
I would look up, and laugh and love and lift."

AMERICAN CHILD HEALTH ASSOCIATION

Under the leadership of Herbert Hoover, chairman of the American Relief Administration, a union of societies known as the American Child Health Association has been formed for the protection and promotion of child health in America. This Association will put the full strength of the American Relief Administration behind a merger of two great national organizations at present doing work in America for children. One is the American Child Hygiene Association which for thirteen years has been striving to improve conditions for the mother before and after childbirth, for the infant and for the pre-school child up to five years of age. The other is the Child Health Organization of America which under the presidency of Dr. L. Emmett Holt aims to have health taught in the schools as a positive, not a negative subject, and to make the teaching such a game as will engage the active interest of every boy and girl in America. Both have already done remarkably successful work which will now be greatly broadened. Supporting them will be the American Relief Administration, translating into service through the new Association the experience in organization and administration gathered in eight years from the time of the Belgian invasion when it functioned under the name of the Commission for Relief in Belgium, through the years of reconstruction in Eastern and Central Europe and down to the present day in Russia. The American Child Health Association will cover the whole cycle of child life prior to the period when the individual enters the industrial field. Such a work cannot be effected without the fullest coöperation of the local welfare agencies already functioning. It needs the active assistance of every parent, doctor, nurse, teacher, public health official and social worker in the country.

LETTERS TO THE EDITOR

The editors are not responsible for opinions expressed in this department. Letters should not exceed 250 words in length and should be accompanied by the name and address of the writer.

WHY CLOTHE THEM?

DEAR EDITOR: Hasn't it been proven by the treatment of tuberculosis and other diseases that it is natural for the body to be exposed to the air and sunlight? If so, why do nurses in foreign lands teach the natives to wear clothes when they have never worn anything but a gee string?

New Mexico R. D.

(Will some missionary nurse, or ex-missionary nurse reply to this question?—Ed.)

LOOKING FORWARD

DEAR EDITOR: I'm just a small probationer, most insignificant. But sometime soon I'm coming out and be a debutante. And then I'll never sweep the floors, or clean the messes up, or let the charge nurse treat me like a little yellow pup, or run a million errands, and walk and walk and walk, and be asked a million questions to be silenced when I talk. Oh, no, I'll wear a cap and bib and a pretty set of cuffs. I'll know no more subserviency or scoldings or rebuffs. I'll walk professionally down the hall and look in at the ill, and straighten up a pillow here, or smooth a brow at will. I'll give them all their medicines, and ask each how she feels, and chart down all the symptoms, and prepare the special meals. I'll wait upon the doctors in a most proficient way, and turn a wise, attentive ear to whatever they may say. And if ever I am hungry, I can always have a bite, and never have to choke it down, in clandestinish fright. As each probationer arrives, I'll be very kind and sweet, and teach them how they too can be obedient and neat.

New York PROBATIONER.

A PLEA FOR MORE NURSES' HOMES

DEAR EDITOR: I have lived in several nurses' homes connected with registries. This I found a convenience, but one not always worth the money we gladly threw in. We were really packed in like cattle,—sometimes three in a room, but paying from $16 to $25 per month. Now I am not reflecting on the registrars. I prefer the registry work on a ten per cent basis, but it seems as though a home should be made attractive for nurses, especially those just coming out of the schools. At best, they should have one equal to what the hospitals furnish, but those that do this are overcrowded. I wrote a philanthropist asking him to establish a home like the Central Club, in New York City, but it was not considered. Now I am wondering if a group of ten nurses could not start a club by each putting in one month's rent and a commission. I am comfortably located but I hope this letter may help to secure comfort for nurses off duty.

New York L. V. N.

FROM CHINA

DEAR EDITOR: We were glad to know that our greetings reached America in time for the convention and that they were appreciated. While we are living and working in this far away land, our thoughts are always with you in the home land at the time of these great gatherings. We have read with interest the account of the convention, and we hope the coming year may see even greater progress along all lines than has been possible in the past. While we have our dangers and strange ways of travel and the difficult old Chinese language, and many things the nurses at home do not have to worry about, yet there is not a nurse here who would exchange places with those who have never felt the thrill and the pull and the need of wonderful old China. If you know any young nurses who really want to *live* and help transform a nation and make nursing history and multiply their lives a thousand fold, tell them that China today offers all these opportunities and more, and best of all, the love of a people who will appreciate their work and who need more nurses desperately.

China C. E. S.

FROM THE PHILIPPINES

DEAR EDITOR: Aparri is situated on the extreme northern coast of Luzon, and, with its adjacent barrios, has a population

of about 25,000. Naturally, there are many young people, many of them students and teachers in the Intermediate School. Outside the school, there are only three places of amusement in the town: two dance halls, and one cinema. The majority of the houses are too small for any attempt at entertainment among the young people in their homes, so there is an urgent need for a reading and recreation room. This matter has been discussed with our young people, and they are very enthusiastic about raising funds for a small building, but we must depend upon our friends in the States to furnish us with reading material. Of course we would greatly appreciate financial aid, also, as at best there is little money here, but the Methodist boys are willing to help erect a building, if we can raise enough money to buy materials. Our work is primarily medical, but as there are no other missionaries within a day's journey, the spiritual and social welfare of our young people naturally comes under our supervision. We entertain in our home as much as possible, but as our home is directly over the hospital wards, it is not always wise or convenient to have a live bunch upstairs. We are much concerned that they may have clean reading, and clean social entertainments, as the future of the Philippine Islands depends upon keeping these young people interested and they are always hunting books and magazines. We hope this situation will appeal to you as it does to us, and that each one that reads this plea will answer it with either books or magazines, (postage and freight prepaid) or subscription for periodicals and magazines. Do not send us anything that you would not have your sons and daughters, brothers or sister, read and so far as possible, send books in good repair so they can be properly catalogued. Books of travel, Alger and Henty books, Boy Scouts, etc., are eagerly read. Any of the numerous magazines for boys and girls and any of the current magazines and educational journals for teachers and older people. We have tried to interest the Y. M. C. A. in this work, but owing to the fact that there is no high school here, they are not in a position to aid in the matter.

O. G. Taylor, M.D.

Aparri, Cagayan Province, Luzon, P. I.

"TO SEE OURSELS AS ITHERS SEE US"

DEAR EDITOR: I am so tired of a phrase which we frequently see in print and hear in addresses that I can no longer keep still about it. It is the phrase: "Twenty years ago (or some other number)* there were but two fields open to the nurse when she graduated." I graduated from a large, excellent western school thirty-two years ago. There were about thirty-five members in my class. We immediately scattered and took up the line of work to which we were drawn or which most attracted us. Some of the positions open to us were: Superintendent of a hospital, superintendent of a training school, matron of a nurses' home, head of an institution for children or for cripples or for the aged, physician's assistant, (visiting his patients to give treatments or do dressings, between his calls), office nurse, clinic nurse, missionary nurse, registrar of a nurses' directory, night superintendent, nurse-secretary to an invalid, and lastly, private nursing. Possibly I am wrong in thinking every one of these was available when I graduated, but all came within a few years of that time, and also, very soon, hourly nursing and visiting nursing. Having thus relieved my mind, I will allow the younger generation to keep on saying, as they will, "Twenty-five years ago, only two positions were open."

New York C. E.

A SUGGESTION FOR PRIVATE DUTY NURSES

DEAR EDITOR: I have an idea, but when first I suggest it, I know you are going to say, "Impossible." Very well, a great many things have seemed impossible when first suggested, that to-day are a common sight, such as the automobile, and in a few years, the aeroplane or flying machine as it was called in its pioneer days. Well you may consider this my flying machine. But one of the big problems before us today as private duty nurses is the charge that we are an expensive luxury. And who is it that is expressing the severest criticism? The doctors, and the big ones, too. Not always to us personally but we get it through their spokesmen, the small town doctors and others. To begin at the beginning, why not do just as the

doctors have done? Have a minimum and a maximum price. The one who can afford to pay a surgeon from $500 to $10,000 can afford to pay more for nursing service than can the man earning a small salary. Of course the doctors have been criticised for this, but we know that if it were not for this plan, they would not be able to do the enormous amount of charity work they do. Let us arrange our plan along the same lines as the institution that has recently criticised us so severely. Their tremendous success financially and otherwise has been because, by making it a success financially, they were able to equip the institution with every facility known to modern science and so enable them to do many, many things that would have been impossible otherwise. My plan is this: 1, Organize private duty sections in every district; 2, Take over the registries; 3, Have all nurses living in the district, whether in the same city as the registry or not, be sent out by the registry. (It can be done by telephone with very little expense. I have tried it myself in the past); 4, Have the registry investigate all cases just as is done by the institution we are modeling our plan after. (It might take an extra stenographer in the office, but it will pay); 5, Have the fee in each case fixed by registry, and all money paid directly to the registry, eliminating in all cases, the presentation of the bill by the nurse; 6, Pay the nurse a fixed sum per day for all cases regardless of the rating of the patient. If this sort of plan could be adopted, we can give the man of moderate means, good nursing, cheap, and yet the nurses will be getting a sufficient salary and burdening no one. I would suggest a scale of $25 to $35 per week for the people of very moderate means; $50 to $75 per week for the people of some means, and $100 per week as a maximum. I have a more definite plan, whereby investigations can be made and the general plan worked out, which I will be glad to discuss with anyone.

Michigan G. M. P.

NURSING IN A GIRLS' SCHOOL

DEAR EDITOR: Having been asked to give a description of nursing in a private school, I will attempt to do so. This school registers, usually, one hundred and fifty girls, mostly college "Preps." They range in age from fourteen to twenty years. As a physician's certificate of health is necessary for admission, practically all girls are in good condition generally, and there is more guarding of health than actual nursing. My hours are 7 a. m. to 7 p. m. except on Sunday, when they are from 9 a. m. to 1 p. m., and on Thursdays I have a whole day free. I have one hour each day in which I may leave the grounds. If no one is in the infirmary, I am free to roam about the campus or building at leisure, and unless there are patients in the infirmary, my leisure time is my own. At times when the infirmary is filled,I have no free time. An undergraduate nurse assists me and also relieves me in my free time. I arrange my own office hours. On Saturday, either my assistant or I act as chaperon into the city, for either shopping or lunch and theater. We also do all chaperoning to doctors or dentists. However, very little of that is done, as we have a resident woman physician and the girls usually choose her. If a girl is ill enough to require attention at night, a special nurse is called. I am rarely called during the night. During hockey and other athletics I have many emergencies, none of a serious nature, but demanding immediate attention. The work appeals to me as I am constantly in association with young life that most nursing gives no time for. A nurse who enjoys active service in nursing might not enjoy it; but for anyone whose health requires regular hours, this is very good. The salary differs in different schools, ranging from $1100 to $1400 and home; Christmas, Easter and summer vacations are given. It is also possible for one in this position to do considerable in furthering her own education by attending lectures and concerts in the school. Chaperoning is not compulsory but is usually desirable.

Massachusetts M. H.

AN UNUSUAL CASE

DEAR EDITOR: Since 1919, I have been doing postoperative surgical nursing for one of the leading surgeons of our hospital staff. One morning he asked me to be at the hospital at nine-thirty for a splenectomy. The patient was a young Italian boy, twenty years of age, admitted to the hospital some

two months previous as a medical case, suffering from anemia and a severe cough which would not yield to treatment of any kind. In reading over his chart, I decided he had partaken of all the cough mixtures known to medical science. His hemoglobin was 30 per cent. when admitted to the hospital; he was transfused and hemoglobin went up a few points for a few days, then dropped to 18 per cent., this continued until he had been transfused five times, one pint of blood being given at each transfusion. He was placed on the operating table with hemoglobin of 8 per cent., and was transfused with one pint of blood before the operation. An incision about six inches long was made under local anesthesia, then nitrous oxide gas was administered while handling the viscera. The spleen was found to be adherent to the walls of the diaphragm by broad bands and upon removal was gorged with venous blood; it weighed a fraction over five pounds. The patient returned to the ward in as good condition as he went to the operating room. He continued in the same condition for three days. I went on duty one morning and found the abdominal dressings wet. Ascites had developed and fluid was draining through the incision. This meant a change of dressings, on an average of every two hours, day and night. This condition continued about one week, then the patient improved rapidly, the cough had entirely disappeared after the removal of the spleen. The wound healed by first intention and at the termination of the fifth week, following operation, the patient was walking around, hemoglobin 75 per cent. Patient was discharged from hospital, to report in three months for blood count. At this time the red cell count was normal and hemoglobin 100 per cent.

Pennsylvania M. W.

UNDAUNTED

DEAR EDITOR: Among the nurses who took the last state board examination was one who graduated twenty-eight years ago in another state. For fifteen years of married life, she was not engaged in her profession until she was left a widow with a little son to support, when she came here, devoting her mornings to dispensary work and her afternoons to visiting nursing. For one reason or another, she had neglected taking her examination until a recent law impressed upon her the realization that she must take it or lose her professional standing. Many of the subjects in which she was examined had not been taught during her course of training, yet she passed the examination with a grade of 83. She is a busy little woman, always as cheerful as sunshine and, I fear, as sunshine accepted by those whom she serves without any fuss or appreciation. Hearty congratulations are due her. Will the *Journal,* through its pages, let her know how other nurses feel about the things she has accomplished?

Indiana L. C.

PUNISHMENT FOR THE INNOCENT?

DEAR EDITOR: The enclosed clipping is an editorial in the *Chemical and Metallurgical Engineering Magazine.* It comes directly in our province, as nurses, to protect the sick. We ought to know the hazards and watch the alcohol we use.

Massachusetts. E. W. G.

"On November 6 the prohibition authorities at Washington issued a new ruling in regard to alcohol for rubbing purposes. Heretofore one of the principal denaturants for rubbing alcohols has been diethylphthalate. This is practically odorless, is a solvent for essential oils and makes alcohol completely unpotable. No one would want to drink it after his first 'gulp.' The new ruling which goes into effect December 6 requires that besides this 'the denaturer shall add to each 100 gallons of the two specified formulas (39-A and 39-B), as now authorized, three-eighths of a gallon of approved benzol of the quality specified.'

"Now, benzol is not odorless; it has a definite and unpleasant smell, and is a poison recorded as the cause of many deaths. Of course three-eighths of one per cent. is very little, but some persons are remarkably sensitive to it. In our issue for September 20 we published an article on benzol poisoning, its occurrence and prevention. The author said that benzol may be absorbed through the skin, but he doubted if this mode of entry presents a serious hazard in industry. This referred to benzol by itself. The mixture of

benzol and alcohol, however, is more volatile than either of the two, and the solution will penetrate when benzol alone will not.

"After diligent inquiry among the best authorities the only excuse we can get for the use of benzol in alcohol for this purpose is that it 'probably' would not have a toxic effect in three-eighths of one per cent. dilution. But this is far from a guaranty. Chemists familiar with the operation of tar distilleries tell us that mere contact with benzol frequently produces eruptions like boils on the skin. Dr. Alice Hamilton reported in 1916 that, from inhalation of the fumes alone, fourteen new cases of acute poisoning and seven deaths occurred. Here is a typical example of the effect on one who is sensitive: a benzol kettle had been empty 24 hours, was then washed out twice with steam and permitted to stand filled with water over night. As a workman went into the kettle a strong stream of air was blown through it. Nevertheless he was overcome by the fumes. He was rescued, but one of his fellow workmen who merely assisted at the rescue was also overcome, and died within 10 minutes. Not only are persons supersensitive to this poison but those in bad health have also been observed to be especially susceptible to its dangers. There are plenty of instances of a similar nature. Benzol poisoning is a serious industrial hazard.

"All nurses are trained to give patients an alcohol bath, especially in cases of fever. Denatured with diethylphthalate it has been tried and found acceptable. But to add benzol with all its hazards to this universal solvent, when its potency is increased by such a solution, and to threaten the sick and afflicted with its poisonous consequences, seems to us clear beyond the province of the prohibition authorities."

This question was referred to James A. Tobey, Washington Representative of the National Health Council, who replied as follows:

"In reply to your letter of January 10, I am enclosing the regulations of the U. S. Bureau of Internal Revenue regarding the denaturing of alcohol. You will note that Formula No. 46 applies to use by nurses of alcohol for bathing. Formula No. 39a and 39b mentioned in the editorial from the chemical magazine are given in the mimeographed sheets which are also enclosed. The editorial is evidently correct, except that, in my understanding, nurses are not required to use Formula 39a and 39b but may use Formula 46 which contains no benzol whatsoever. With regard to the poisonous effect of benzol, I am, of course, not competent to judge although I understand that Dr. Alice Hamilton has stated that benzol is poisonous."

TO THE PROBATIONER

DEAR EDITOR: The probationers' first impression of hospital training is that they have entered upon a period of trials and tribulations. The reproofs which are given apparently very severely, are not to discourage, or down them, but to help in their own individual way. There are many ups, and downs, in all branches of life work. Work often seems hard, and unyielding, but work really is the center of gravity, from which radiates all goodness, intelligence, and greatness. It is the foundation stone on which is built the courage and ability, which have carried all great leaders to success. Be courteous and kindly to all those committed to your care, remembering always that every short moment contains limitless possibilities and limitless accomplishments. Be loyal to your training school, remembering that in so doing you are raising your own professional standard as well as that of your training school. And through faithfulness and ability you will follow the ever broadening path of opportunity, which eventually leads to success.

Massachusetts. M. S. M.

HOW CAN PRIVATE DUTY NURSES HELP PUBLIC HEALTH NURSES?[1]

DEAR EDITOR: This is a question that would perplex the genius of Thomas A. Edison, himself. Having served in both public and private nursing, I know the joys and the sorrows of the two branches of the profession. When specializing in a hospital, dressed in a uniform that would excite the jealousy of a full grown angel, a tired, dusty nurse in a blue dress walks in, leading a

[1]Read at a meeting of the North Carolina State Nurses' Association, September, 1922.

miserably sick, shabby looking woman, whom she takes into an adjoining room. Go over and say, "Just as soon as I am off duty, if the head nurse is willing, I can stay with your patient." Think how that would comfort both nurse and patient, especially if the latter is frightened because of the strange surroundings. When the city nurses have some very sick patients, and it is not convenient to send them to a hospital, and skilled care is needed to save precious lives, and you are called on night duty, do not refuse the case because there are no modern conveniences, and the meals are served on oilcloth. These people will always give the best they have, and the gratitude of the family will always compensate for any discomfort you may endure. Imagine what it means to the wage earner to get a good night's sleep, knowing their dear one is having proper care. It is not necessary to charge the regular fee for such cases; one can give a few days occasionally, that is one's own business. We can enjoy a day with the county nurse, helping with the school or office work, also giving clinical demonstrations and lectures, at the same time learning practical engineering and how to run a car. Private nurses are apt to get into a rut and a very deep one too. It is an inspiring thing to go around with our fellow practitioner and get another viewpoint. At our district meetings, why not at least once a year, let the public health nurses take charge of the meeting, so that all can learn of their many problems, and understand better how to help?

May I ask you to carry this message home to your respective districts? Why should the private nurses not be educators? What are they doing to interest people in the many homes they enter? Do they ever speak of welfare work, of civic needs, of the unnecessary deaths among women and children in the rural districts, and of the under-nourished school children? Why, no other class of women has so great an opportunity to interest influential people as has the private nurse. In the year 1859, a prominent merchant of Liverpool, William Rathbone, employed a private nurse to take care of a member of his family who was very ill. He was so impressed by her skill and personality that, knowing the needs of those unable to afford a nurse, he asked her to give up her work among the rich, and do visiting nursing among the less fortunate, Mr. Rathbone financing the undertaking. What one private nurse did, others can do. This was the beginning of public health nursing in England. This nurse worked for the future. Remember that retrogression is a word not in our vocabulary. Private nurses must study the history of nursing. It is a romance! We must all be interested in this great health crusade which is sweeping around the world; it ranks next to the propagation of the Christian religion. The days will come, when there will be no maternity deaths, no weakly children, no toothless old people, no nurses for the sick. The descendants of private nurses can sit in a house by the side of the road and watch the well go by, if they refuse to join the welfare workers. The offspring of unborn generations will arise and bless the public health nurse, in the time when perfect health shall cover the world as the waters cover the sea. We are all sisters under our skins, like the Colonel's lady and Judy O'Grady. We all love flattery as a monkey loves sugar, but do not let us get fatty degeneration of the cerebrum.

MARY ROSE BATTERHAM.

WHY ONE FAMILY WAS GLAD WHEN THE NURSE LEFT

DEAR EDITOR: She had more would-be dignity than they could swallow. She lacked sympathy. She had to have special food prepared for her. She preferred to sit by the bedside reading aloud to her patient rather than lend a helping hand with something essential that was not strictly her province. She answered a call in the night in a surly, yawny manner. She never seemed able to efface herself; was always around when husband and wife wanted to talk privately. She gossiped about her last "case." She did not consider it "her place" to wash the patient's dishes when there was a maid in the house, thus causing friction. She monopolized the telephone. She borrowed small sums of money from the patient and forgot to pay them back. When taking the small child for a supposed airing she spent the time with him indoors visiting with a friend. She had a

nasty habit of examining the patient's mail before handing it over. She did not know enough to retire from the bedroom when the patient had a caller. She had an excrutiating habit of clearing her throat while preparing the patient's tray, so that the sound came right up from the kitchen, resulting in loss of appetite to the patient. She picked her teeth comfortably, right in front of the patient, with a pin which she kept for the purpose in the front hem of her waist. She spun out the work, so that often the patient was not washed before the doctor came. She always seemed to start a conversation with the man of the house just as he was hurrying to catch his train. She invariably left the bedroom door open while bathing the patient. She tried to find out private affairs from the maid. Summed up, she was utterly devoid of that quality so precious in any profession, TACT. Trifles these, yes! But just as daylight can be seen through small holes, so do little things show a person's character.

Washington. E. S. M.

A CORRECTION

DEAR EDITOR: In my article published in the December *American Journal of Nursing,* "An Appeal for Nurses in Tuberculosis Sanatoria," there is a mistake in the address of the Nopeming Sanatorium School. It reads, "Nopeming, Mich." and it should be, "Nopeming, Minn." I should be grateful if this can be corrected.

HARRIET R. GROFF.

WANTED—A COPY OF THE LIFE OF FLORENCE NIGHTINGALE

DEAR EDITOR: The Johnson City General Hospital wishes to secure a copy of the Life of Florence Nightingale by Cook, now out of print. Will anyone who has a copy which she would sell, communicate with me?

HELEN G. WEBB
Johnson City General Hospital,
Johnson City, N. Y.

A COMPLETE FILE OF THE JOURNAL WANTED

If anyone has for sale a complete file of the *Journal,*—Volumes I-XXII, will she communicate with Richard Jaschke, 26 High St., New Oxford St., London, W. C. 2, quoting the price? The file must be complete and in good condition.

JOURNALS ON HAND

Estelle Mowrey, 510 Valley Road, Upper Montclair, N. J., has the following numbers of the *Journal* which she will sell at twenty cents each and postage: All copies from May, 1915, to December, 1921, with the exception of 1916, April; 1917, January, June, November, December; 1918, December; 1920, January.

TOO LATE FOR CLASSIFICATION

A NEW COMBINATION: *The Survey* and the *American Journal of Nursing* have agreed to offer a combination of the two magazines at the special rate of $5.50. Singly they would be,—*The Survey,* twice a month, $5; the *Journal,* once a month, $3. Subscriptions for the combination may be sent to either office.

ISABEL HAMPTON ROBB FUND SCHOLARSHIPS: The Isabel Hampton Robb Memorial Fund Committee offers for the year 1923-24, three scholarships of $250 each for students wishing further preparation for administrative or teaching positions in training schools. All applications should be sent to the secretary of the Committee, Katharine DeWitt, 19 West Main Street, Rochester, N. Y. The closing date for applications is May 1.

NURSING NEWS AND ANNOUNCEMENTS

NATIONAL

On January 1, the executive secretary of the National League of Nursing Education, Effie J. Taylor, and the secretary of the American Nurses' Association, Agnes G. Deans, assumed their duties at National Headquarters, 370 Seventh Avenue, New York.

The president of the American Nurses' Association, Adda Eldredge, has been made a member of the Woman's Committee of the National Committee for the Restoration of the Louvain Library, Belgium.

NURSES' RELIEF FUND
REPORT FOR DECEMBER, 1922

Receipts

Previously acknowledged	$ 7,579.26
Interest on Liberty Loan bonds	641.37
Interest on balance	145.34
Alabama: District No. 2	35.00
Arkansas: State Nurses' Association	150.00
California: District No. 2, Fresno County, $78; Dist. No. 5, Los Angeles County, $55; Dist. No. 9, San Francisco County, $25; Dist. No. 18, City of Long Beach, $27	185.00
Colorado: State Nurses' Association	50.00
Connecticut: Danbury Hosp. Alumnal Assn., $10; Connecticut Training School of New Haven, $58	68.00
District of Columbia: One individual, In memoriam, for her sister	5.00
Florida: One individual	1.00
Georgia: State Nurses' Association, $50; Dist. No. 1, $21.50	71.50
Illinois: Four individuals, Chicago and Austin	73.00
Indiana: Robert Long Alumnae, $21; Reid Memorial Hosp. Alum., $16; Muncie Home Hosp. Alum., $19; Indianapolis City Hospital, $49.75; Hope Hospital, Ft. Wayne, $25	130.75
Iowa: Dist. No. 1, $4; Dist. No. 2, $49; Dist. No. 3, $1; Dist. No. 4, $27; Dist. No. 5, $27; Dist. No. 7, $2	110.00
Kansas: State Nurses' Association	10.50
Maine: One individual, Bangor	1.00
Maryland: One individual, Govans	5.00
Michigan: Dist. No. 4, $44; Blodgett Memorial Hosp. Alum. Assn., $5; Dist. No. 10, $28; Dist. No. 1, $2; Benton Harbor, $1	80.00
Minnesota: Eitel Hosp. Alum. Assn., $30; Individual Alum. Members, $8	38.00
Mississippi: State Nurses' Association	7.30
Missouri: One individual, Kansas City, $1; University Hosp. Alum., $4; seven individuals, $7	12.00
Nevada: State Nurses' Association	200.00
New Hampshire: Seven individuals, $7; Sacred Heart Hosp. Alum. Assn., $25	32.00
New Mexico: State Nurses' Assn.	1.00
New York: Dist. No. 4, four individual members, $4; Dist. No. 3, Arnot-Ogden Hosp. Nurses' Alum., $25; Dist. No. 13, Presbyterian Hosp. Nurses' Alum., $100; Presbyterian Hosp. Nurses' Alum., one individual, $25; Metropolitan Hosp. Nurses' Alum., $25; through Irene B. Yocum, City Hospital, $13; one individual, $5; Dist. No. 14, $561.67; one individual, Rochester, $1; French Hosp. Alum. Association, $25	784.67
North Carolina: Winston-Salem City Memorial Hosp. Alum. Assn.	9.00
Ohio: One individual, Cleveland, $2; Dist. No. 3, $16	18.00
Oklahoma: State Nurses' Assn.	12.00
Pennsylvania: Dist. No. 1, $437; Dist. No. 2, $130; Dist. No. 3, $261; Dist. No. 4, $69; Dist. No. 5, $104; Dist. No. 6, $294; Dist. No. 7, $190; two individuals, $2	1,487.00
Texas: Dist. No. 1, $50; Dist. No. 8, $125; Dist. No. 9, $44; Dist. No. 3, $17; Dist. No. 5, $23.25; Dist. No. 7, $14	273.25
Washington: Whatcom County Nurses' Assn.	55.00
Wisconsin: One individual, in honor of the work of Mrs. C. V. Twiss	10.00
Total Receipts December 31, 1922	$12,280.94

Disbursements

Paid to 31 applicants for December	$465.00

Exchange on checks	.60	
		465.60
December 31, 1922, balance		$11,815.34
Invested funds		$59,267.04
		$71,082.38

Contributions for the Relief Fund and requests for blanks should be sent to the American Nurses' Association, 370 Seventh Ave., New York. For information address E. E. Golding, Chairman, 317 West 45th Street, New York City.

V. Lota Lorimer, *Treasurer.*

TABLE OF RELIEF FUND CONTRIBUTIONS FOR THE YEAR 1922

The state memberships given in parenthesis are one year old, figures to date not having been received.

States having a star after the name have reached or exceeded the desired quota of one dollar for each member. Arizona, Montana, and Tennessee had stars last year, also.

State	Membership	Amount sent to Relief Fund during 1922[1]
Alabama	208	$ 58.60
Arizona*	96	226.00
Arkansas	225	198.00
California	2669	1,489.75
Colorado	(544)	133.95
Connecticut	1210	518.12
Delaware	131	50.00
District of Columbia	455	207.00
Florida	233	51.00
Georgia	338	179.50
Idaho	(78)	None
Illinois	2560	499.60
Indiana	800	543.75
Iowa	1146	571.49
Kansas	514	169.00
Kentucky	(306)	122.00
Louisiana	454	25.00
Maine	(325)	148.00
Maryland	1087	125.50
Massachusetts	2422	142.00
Michigan	(1534)	312.00
Minnesota	(1447)	456.55
Mississippi	(70)	45.00
Missouri	1845	514.10
Montana*	(178)	216.10
Nebraska	458	52.50
Nevada*	(35)	200.00
New Hampshire	(267)	256.50
New Jersey	1485	290.00
New Mexico	(96)	30.95
New York	8176	3,094.46
North Carolina	462	29.25
North Dakota	(198)	5.00
Ohio	1616	348.00
Oklahoma	279	190.00
Oregon	(370)	67.25
Pennsylvania	5422	3,344.00
Rhode Island	468	3.00
South Carolina	340	5.00
South Dakota*	117	141.00
Tennessee*	(472)	564.00
Texas	892	588.05
Utah	(189)	26.00
Vermont	210	None
Virginia	452	25.00
Washington	(744)	195.50
West Virginia	209	1.00
Wisconsin	753	434.00
Wyoming*	49	75.00
Hawaii	112	None

[1] These figures are computed from the monthly report of the treasurer as printed in the *Journal,* month by month.

ARMY NURSE CORPS

In December, 1922, the following named members of the Army Nurse Corps were ordered transferred to the stations indicated: To Beaumont General Hospital, El Paso, Texas, 2nd Lieutenants Caroline Bennett, Caroline Hutcheck, Clara Moerk; to Fitzsimons General Hospital, Denver, Colorado, 2nd Lieutenants Mary E. Cavanaugh, Isabel E. Mulick; to Station Hospital, Fort Leavenworth, Kansas, 1st Lieut. Samantha C. Plummer and 2nd Lieutenants Estelle N. DeMonthier, Martha F. Stewart, Rose E. Yates; to Letterman General Hospital, San Francisco, California, 2nd Lieutenants Mabel Williams, Melicent King, Inez H. Wiley; to Station Hospital, Fort Sill, Oklahoma, 2nd Lieut. Lulu J. Newton; to Walter Reed General Hospital, Washington, D. C., 1st. Lieut. Elizabeth V. Messner and 2nd Lieutenants Stephanie Masbach, Helen A. Taggart; to the Hawaiian Department, 2nd Lieut. Madolin E. Milheim; to the Philippine Department, 1st Lieut. Anna B. Carlson.

Orders have been issued for the separation

from the service of the following: 1st Lieut. Marguerite H. Wohlers; 2nd Lieutenants Gradie Baggarly, Josephine H. Balestra, Catherine L. Burke, Helena Clearwater, Rose E. Connolly, Ruth K. Compton, Helen E. Flora, Katherine E. Geisendorfer, Margaret E. Goolsby, May Lawrence, Pearl J. MacCarlie, Paula E. Mattfeldt, Frances Mullane, Alberta M. Murphy, Agnes J. O'Neill, Beulah Rochelle, Stella M. Swank, Mabel Walker, Bertie A. Weber, Flora Wolf.

Five members of the Army Nurse Corps, 2nd Lieutenants Florence I. Hilyer, Harriett Willett, Elizabeth M. Reamer, Margaret Shook, and Rae D. Landy, have been authorized to take a course of instruction in Dietary Administration at the Battle Creek Sanitarium School of Home Economics, Battle Creek, Michigan. The course began January 29, and will cover a period of four months. The programme includes lectures and laboratory work on Elementary, Advanced, and Institutional Foods, Nutritional Dietetics, Diet in Disease, and Institutional Administration.

Plans have been completed for two members of the Army Nurse Corps to take advantage of a course in Psychiatric Nursing which has been arranged by the Veterans' Bureau. Expert lecturers will give a series of talks on various phases of mental diseases, and an especially prepared nurse who will be in charge of the group of nurses taking the course will demonstrate nursing methods in the care of psychiatric patients.

JULIA C. STIMSON,
Major, Superintendent, Army Nurse Corps,
Dean, Army School of Nursing.

FURTHER INFORMATION REGARDING THE LA VERNE NOYES SCHOLARSHIPS

Some weeks ago the attention of the War Department was called to the fact that members of the Army Nurse Corps who served in the World War were eligible to scholarships under the provisions of the will of La Verne Noyes, formerly a millionaire inventor of Chicago. Since that time a total of sixteen such scholarships have been awarded to former members of these Corps. Fourteen of these are at Teachers College, Columbia University, New York City, one is at Northwestern University, Chicago, Illinois, and the other is at Peabody College for Teachers, Nashville, Tennessee.

For the information of those who are not acquainted with the terms of the bequest, the following is quoted from the statement of the Trustees of the fund, which appears on the application blanks for the scholarships:

"Under the will of La Verne Noyes, deceased, the Trustees of his estate are authorized after satisfying certain other provisions of the will, to expend the remainder of the income of the trust estate in paying to such universities or colleges as they may from time to time select, the tuition, in part or in full, of deserving students needing this assistance, to enable them to procure a university or college training. This is to be done without regard to differences of sex, race, religion, or political party, but only for those who shall be citizens of the United States of America and either

"*First,* shall themselves have served in the army or navy of the United States of America in the war into which our country entered on the sixth day of April, 1917, and were honorably discharged from such service, or

"*Second,* shall be descended by blood from someone who has served in the army or navy of the United States in said war, and who either is still in said service or whose said service in the army or navy was terminated by death or an honorable discharge.

"The purpose of La Verne Noyes in establishing these scholarships was to express his gratitude to, and in a slight degree to reward, those who ventured the supreme sacrifice of life for this country and for mankind in this war for the liberty of the world, and also to aid in keeping alive, for generations to come, the spirit of unselfish patriotic devotion which these men displayed and without which no free government can long endure."

Inquiries concerning these scholarships should be addressed to the Trustees, Estate of La Verne Noyes, 2500 Roosevelt Road, Chicago, Illinois.

JULIA C. STIMSON,
Major, Superintendent, Army Nurse Corps

NAVY NURSE CORPS

Transfers: To Canacao, P. I., Hazel V. Braddick, Flora A. Gee; to Chelsea, Mass., Jutta J. Anderson, Alice G. Boyd, Florence

S. Qualman; to Guam, Helen O'Brien, Marie Weaver; to League Island, Pa., Elizabeth G. Mullen; to Mare Island, Calif., Christine J. Bourgeois, Mary Brooks, Chief Nurse (temporary duty), Helen M. Bunty (temporary duty), Ruth Dawson (temporary duty), Norah Kelleher (temporary duty), Mary P. Young; to New York, N. Y., Faith Battey; to Naval Aircraft Dispensary, Philadelphia, Pa., De Lyla G. Thorne, Chief Nurse; to Portsmouth, N. H., Mary Huber, Williamina M. Laurenson; to San Diego, Calif., Ruth E. Anthony, Mathilda E. Hume, Marie I. Luckins; to Hospital Corps Training School, San Francisco, Calif., Hannah M. Workman, Chief Nurse, U. S. N.; to U. S. S. Chaumont, Sarah Almond, Chief Nurse (temporary duty); to U. S. S. Mercy, Gladys M. Jackson, Flora A. Murphy; to Washington, D. C., Grace A. Bidgood, Pauline L. Spann.

Honorable Discharges: Alice Henderson, Chief Nurse, Loretta V. Connor.

Resignations: Evelyn J. Earle, Sallie L. Hardister, Desse B. Kissell, Edith E. McCabe, Honor H. Terman.

Inactive Status: Mary B. Milleson.

J. Beatrice Bowman,
Superintendent, Navy Nurse Corps.

U. S. PUBLIC HEALTH SERVICE NURSE CORPS

New Assignments: Florence Carey to U. S. Marine Hospital, No. 3, Buffalo, N. Y.; Ferol M. Cornelison to No. 11, Louisville, Ky; Sallye Applewhite to No. 13, Mobile, Ala.; Helena Kilchine and Julia Turner to No. 21, Stapleton, N. Y.; Florence Young and Erma Duchez to No. 43, Ellis Island, N. Y.

Transfers: Mary D. O'Connell to U. S. Marine Hospital, No. 43, Ellis Island, N. Y.; Georgiana Selby to No. 13, Mobile, Alabama; Wilhelmina Hicks to No. 18, St. Louis, Mo.; May Bennett to No. 19, San Francisco, Calif.; S. Gertrude Simpson to No. 70, Hudson Street, New York City; Callista Goss to No. 21, Stapleton, N. Y.; Rosalie Manwiller to No. 82, Norfolk, Virginia.

Reinstatements: Freda Stilli, U. S. Marine Hospital, No. 6, Cleveland, Ohio; Lois Blaser, No. 17, Port Townsend, Wash.; Jessie Guzman, No. 13, Mobile, Alabama.

Lucy Minnigerode,
Supt. of Nurses, U. S. P. H. S.

UNITED STATES VETERANS' BUREAU NURSE CORPS

During the month U. S. Veterans' Hospital, No. 45, Biltmore, North Carolina, was closed. The nurses on duty at this hospital were transferred to other hospitals in the service. U. S. Veterans' Hospital, No. 36, Parker Hill, Boston, Massachusetts, was also closed.

Transfers: Florence Apple to No. 62, Augusta, Ga.; Alda M. Mansur to No. 26, Greenville, S. C.; Zella Bradford to No. 27, Alexandria, La.; Emily L. Power to No. 48, Atlanta, Ga.; Matilda McDonald to No. 42, Perrysville, Md.; Ruth Y. Decoteau and Susan MacKenzie to No. 44, West Roxbury, Mass.; Marian E. Stevenson and Margaret Devany to No. 41, New Haven, Conn.; Anna M. Gross to No. 35, St. Louis, Mo.; Lucy Ashman and Edith L. Bonner to No. 69, Ft. Thomas, Mo.; Irene G. McLauchlin and Annie M. Killam to No. 79, Dawson Springs, Ky.; Lucy K. Corthell to No. 81, Bronx, N. Y.; Elizabeth H. Dwyer to No. 65, St. Paul, Minn.; Ina V. Boyer, Margaret Buckley, Gladys Gilliatt and Cora Miller to No. 60, Oteen, N. C.; Alice M. Burditt and Mabel Morse to No. 76, Maywood, Ill.; Edith L. Muir and Margaret M. Cody to No. 50, Whipple Barracks, Ariz.; Lucille Moorman to No. 37, Waukesha, Wis.; Lulu Hedrick to No. 42, Perrysville, Md.; Helen T. Duncombe to No. 53, Dwight, Ill.; Sadie Jenuys and Cynthia A. Chism to No. 88, Memphis, Tenn.; Clara S. Arden, Katharine McGuire, Fletcher Copeland, Maggie J. Sweet, Lillian R. Varn, Lucy H. Huff, Margaret D. Barnes, Rosalind Jackson, Jessie S. Gunman, Clara A. Smithman, Alice V. Drury to No. 60, Oteen, N. C.; Ina M. Burney to No. 48, Atlanta, Ga.; Mrs. Sue E. Patton to No. 62, Augusta, Ga.; Veta J. Lawler and Ida Stoskoph to No. 49, Philadelphia; Katherine McDonald to No. 50, Whipple Barracks, Ariz.; Eva Gray to No. 69, Ft. Thomas; Jessie G. Killam to No. 79, Dawson Springs, Ky.; Carrie Kolarik to No. 80, Ft. Lyon, Colo.; Grace George and Katherine M. Flynn to Dist. No. 2, N. Y. N. P. Clinic; Marion B. Carter to No. 1, Boston.

Reinstatements: Edna May Dunnam, Leona L. Phelps, Selma Jacobson, Ottilie J. Alarid, Martha Harmon, Lucy Harmon, Edna M. Hottinger, Ida A. Poulson, Rhoda Halbert, Alice German, Bertha G. Bennet.

Plans are completed for the course in psychiatric nursing to be conducted at St. Elizabeth's Hospital, Washington, D. C., by the U. S. Veterans' Bureau. This course will be open to a limited number of nurses not in the U. S. Veterans' Bureau Nursing Service. These nurses must qualify according to the same standards maintained by the Nursing Service of the U. S. Veterans' Bureau: namely, citizens of the United States, graduates of accredited schools for nurses, registered nurses and have had at least three years experience in nursing before being accepted. It is believed that the giving of this course to a limited number of nurses not in the U. S. Veterans' Bureau Nursing Service will enable it in a measure to overcome the present shortage of nurses trained in psychiatric nursing. The first course begins January 15, 1923 and is of six weeks duration. The second course begins February 26, 1923 and is also of six weeks duration. Applicants selected to take this course in psychiatric nursing and who meet the requirements of the U. S. Civil Service Commission and the U. S. Veterans' Bureau Nursing Service are given an appointment in the service at an entrance salary of $1680 per annum with the understanding that they will give at least two years professional service to the U. S. Veterans' Bureau Nursing Service.

MARY A. HICKEY,
Superintendent of Nurses,
U. S. Veterans' Bureau.

Colorado:—THE STATE ASSOCIATION will hold its annual meeting in Denver, on February 8.

Connecticut: New Haven.—THE ALUMNAE ASSOCIATION OF THE SCHOOL OF PUBLIC HEALTH NURSING held its sixth annual meeting on January 3. It was a very stormy night, but seventeen members attended, a social time was enjoyed, and messages from the absent members were read. Two of our honorary members, Miss Hills, Superintendent of the Visiting Nurse Association, and Miss Gilbert, Supervisor of the Child Welfare work, were present and gave addresses. The regular annual meeting followed and the election of officers: President, Etta Harris; vice-president, Mrs. William Collins; secretary, Charlotte Harrington; treasurer, Ina Buell; counselor, Helen Bruger. THE CONNECTICUT TRAINING SCHOOL ALUMNAE ASSOCIATION held its annual meeting on January 4 with a large attendance. Yearly reports were read, revision of by-laws discussed, and officers elected as follows: President, Abbie Gilbert, unanimously re-elected; secretary, Miss Gregory; treasurer, Mrs. Conklin. The fair given in December to aid the Infirmary Fund brought $600. A speaker of prominence has been secured for each monthly meeting during 1922, and this year has begun with the State Child Welfare commissioner, Charles E. Dow, who gave an optimistic talk. Much interest is being shown in the semi-centennial of the training school to be celebrated this spring. A social hour followed with the Senior students as guests

Bridgeport.—THE ANNUAL MEETING OF THE BRIDGEPORT HOSPITAL TRAINING SCHOOL ALUMNAE ASSOCIATION was held January 9, at the Nurses' Home, Mill Hill Avenue, the new officers presiding. Annual reports were read, showing that the association had increased in membership by thirty-four. A cedar chest has been procured, which is to be filled with linen, donated by the members. The members are planning with great enthusiasm, for a busy and profitable year.

District of Columbia: THE LEAGUE OF NURSING EDUCATION held its December meeting at the Nurses' Club. The feature of chief interest of the meeting was an address on Administration given by Miss Lindsley of The Grace Dodge Hotel, who portrayed very vividly the various departments of an institution, their relationship to each other and the policies governing each. There was a report from the Instructors' Section which had just been formed to meet each month at one of the hospitals to give demonstrations for the benefit of the instructors and the advanced students, in the line of work for which that particular hospital is best suited.

Georgia: THE GEORGIA STATE ASSOCIATION OF GRADUATE NURSES held its annual meeting at the Dempsy Hotel, Macon, November 23-24, with 101 nurses present. The meeting was opened by the president, Jane Van De Vrede. The first meeting was that of the Advisory Council. The general session was called to order at 10:30. After the invocation

and the addresses of welcome the meeting went into business session, which consisted of reports of the various committees and the officers and the appointing of committees necessary to the success of the meeting. At one o'clock the meeting adjourned. The nurses were then given an automobile ride to Idle Hour Country Club, where a barbecue was enjoyed, compliments of the Bibb County Medical Association. At 3 p. m. the afternoon session was called to order and was opened by the reading of the President's address. Miss Van De Vrede spoke of the great value of our state meetings and stated that they should be milestones of professional progress; she spoke of the contributions made by nurses to industry, to maternity, to child welfare, to infant welfare, to private duty in the home, to the school, and to the public in general; she spoke of the national organizations and the definite place they hold in the great activities of the country, and emphasized the need for education of the nurse and the necessity of endowments to training schools in order to make it possible to give her a better training. Jean Harrell, delegate to the convention in Seattle, gave a very interesting report of that meeting which was supplemented by the president, who told of the encouragement received by the attendance of so many young nurses. During the business session the following subjects of general interest were discussed: time to be given the various states for the reorganization of their alumnae associations; subscriptions to the *American Journal of Nursing;* Jean Harrell and Ruby Falls were appointed to represent the Georgia State Association for the *Journal* and to receive subscriptions. The evening meeting was made very interesting by an address of welcome by Nellie Edwards, president of the Business and Professional Women's Club, and by the following papers: Oral Hygiene, Katherine Gilbert, Macon; Relation of a Public Health Course to the College Curriculum, Abbie Roberts, Professor Public Health Nursing, Peabody College, Nashville, Tenn. Friday's session was opened with community singing. During the day the following papers were read and discussed: The Nurse and Orthopedics, Hortense Marion, Atlanta; Radium, Dr. Charles Harrold, Macon. Dr. Harold emphasized the necessity of great care in the handling of radium so as not to lose it. He stated that radium applied to the uterus for cancer was perhaps of the greatest value; that in removing radium great care should be exercised in seeing that all materials removed be recorded,—as one needle, two needles, packing, etc; that one should not consider radium a cure-all, as its value is still a mooted question. He explained the method of applying radium, and that one should be careful, as the continued contact will injure the tissues; that no nurse or doctor should work in laboratory longer than three months at a time, as the rambling rays of radium are injurious to those around it. Other papers were: The Nurses and the Ex-Soldier, Katherine Devine, Chief Nurse, Veterans' Bureau, Fifth District; Child Hygiene, Dr. Dorothy Bocker, State Division of Child Hygiene, Department of Health, Atlanta; Problems Confronting Schools of Nursing, Mrs. Eva S. Tupman, Educational Director, Macon City Hospital; The Educational Contribution of the Public Health Nurses to the Home, Elizabeth Robson, Southern Division of the American Red Cross. The various sections,—Educational, Private Duty, and Public Health, held their meetings and reorganized for the coming year. The following officers were elected,—Educational Section, Chairman, Mrs. Eva S. Tupman; secretary, Jean Harrell; Private Duty Section, Chairman, Ruth Taylor; secretary, Margaret Dorn; Public Health Section, Chairman, Cleo McLaughlin; secretary, Miss Hazelhurst. The following officers were elected, and the meeting adjourned to meet in Atlanta, 1923. President, Mrs. Mae Jones, State Sanitarium, Milledgeville; vice-presidents, Hortense Marion and Jean Harrell, Atlanta; secretary, Chloe M. Jackson, 602 Chamber of Commerce, Atlanta (Miss Jackson is serving her fourth year as secretary); treasurer, Ruby Falls, 601 North Highland Avenue, Atlanta. The Association closed one of its most successful meetings with a dinner, compliments of the Macon City Hospital, and a dance at the Macon Hospital Nurses' Home. **Augusta.**—The Second District held its annual meeting at the Wilhenford Nurses' Home, October 11. The meeting was well attended. There are

65 paid up members. The Registry Committee gave a splendid report; it is now an A-1 Registry. The delegate to the State Convention read a good paper at the December meeting. THE WILHENFORD HOSPITAL ALUMNAE ASSOCIATION met at the Nurses' Home on December 15 and reorganized. Resolution made to adopt the by-laws of the American Nurses' Association. The Association being so small, it was decided to meet once a quarter unless important business, then the president may have a meeting called, two members to form a quorum. Officers for coming year: President, Vivian Kay; secretary-treasurer, Bertha Holderle; directors, Kathryn Armstrong, Sarah Donnelly; Caroline Anderson is chairman of the Programme Committee.

Illinois: THE ILLINOIS STATE ASSOCIATION has published an interesting pamphlet giving a picture of its president, Miss Dunlap, sketches of all the officers, some of the papers read at the state meeting, news items, and a directory of State committees and of District officers. **Peoria.**—Miss Sieberaus has been appointed superintendent of the Methodist Hospital, succeeding S. Augusta Hyde, who has gone to the Wise Memorial Hospital, Omaha. **Decatur.**—Mary S. Scott of St. Louis has become superintendent of the Decatur and Mason County Hospital, succeeding Clara M. Swank. **Chicago.**—Lillian S. Conlin (class of 1920, St. Anne's Hospital) has entered the Convent of the Visitation at Dubuque, Iowa. ST. ANNE'S ALUMNAE reports both the recent Bazaar and the dancing party of December a huge success. THE ILLINOIS TRAINING SCHOOL ALUMNAE at their October meeting heard a report by Dr. Bernard Fantus on Certain Phases of Therapeutic Progress. At the November meeting, Jane A. Neil spoke of the work done for Orthopedic Children at the Spalding School. Amanda K. Beck has been appointed superintendent of the Denver and Rio Grande Hospital at Salida, Colo.

A CORRECTION.—Sallie C. Hawkins of Manila, P. I., asks us to correct a statement which appeared in the November *Journal* to the effect that she was opening a public health course which would be affiliated with the University. Miss Hawkins has nothing to do with the course but was present at the opening day and congratulated Miss Fitzgerald of the Rockefeller Foundation and Miss Giron, Superintendent of Nurses of the Philippine General Hospital, on their splendid organization and large class. The *Journal* again asks its contributors to be exceedingly careful as to the accuracy of material sent in, whether written, or printed in alumnae reports.

Indiana: Fort Wayne.—THE INDIANA STATE LEAGUE OF NURSING EDUCATION met with Anna M. Holtman, Superintendent Lutheran Hospital, on December 13. An interesting programme was prepared. Dr. Buckner, resident physician of the Irene Byron Tuberculosis Sanitarium, gave a talk on The Value of a Tuberculosis Training for Student Nurses. Miss McCready of the Marion National Sanitarium, spoke of the work there in Psychotherapy. Mary E. Gladwin, State Educational Director, gave a report of her work, and several student nurses of the Lutheran Hospital Training School, under the supervision of Pauline Bischoff, instructor, gave demonstrations in practical nursing procedures. A delightful luncheon was served by student nurses in uniform. The Lutheran Hospital Training School for Nurses and St. Joseph Hospital School for Nurses, have been affiliated with Irene Byron Tuberculosis Sanitarium for over a year, Senior nurses getting two months' training. THE LUTHERAN HOSPITAL ALUMNAE ASSOCIATION gave a Christmas party at the Nurses' Home on December 14, Senior nurses from the School being guests. Santa Claus was present and distributed the gifts.

Iowa: THE SEVENTH DISTRICT held its monthly meeting on December 4 at a dinner at Younkers Tea Room. A splendid address was given by Judge H. Utterback. A Christmas party was given the members on December 20 by Mrs. Dr. Shaw and Mrs. Olsen. A course of lectures on Public Health Nursing is being given the students of the Lutheran Hospital. Edith Countryman is the new northern Health Crusade director.

Louisiana: THE LOUISIANA STATE NURSES' ASSOCIATION will hold its annual meeting in Shreveport the last week in February. THE LOUISIANA NURSES' BOARD OF EXAMINERS held its semi-annual examination in New Orleans and Shreveport, December 18 and 19. Fifty-

four applicants qualified as registered nurses.

Massachusetts: The Massachusetts State Nurses' Association will hold its mid-winter meeting, February 17, in the Lecture Room of the Boston Public Library, Boston. The principal speakers will be: Mary M. Roberts of the *American Journal of Nursing,* Mary Beard, and Sophie C. Nelson, recently returned from Europe, Lucetta J. Gross, Mrs. Charles Briggs. The Alumnae Association of the Massachusetts Homeopathic Hospital, at the December meeting, received the resignation of its president, Mrs. Thomas. Jean Baird has accepted a position at the Nantucket Hospital. **Fall River.**—The Truesdale Hospital Alumnae Association elected officers at the annual meeting as follows: President, Demaris Weedon; vice-president, Jane H. Kasmire; secretary, J. M. Burpee; treasurer, Margaret Christie. The proceeds of the bazaar held on December 8 amounted to over $450. **Pittsfield.**—The House of Mercy Hospital Alumnae Association held its quarterly meeting on December 6, at the Alumnae House. Allan H. Bagg gave a steroptican lecture on the Grand Canyon and some of the national parks. The officers of the association are: President, Edith M. Safford; secretary, Annie M. Foss; treasurer, Mary F. Kohl.

Michigan: The State League of Nursing Education held its annual meeting January 3 and 4 in Battle Creek, Michigan. The League enjoyed a delightful meeting as the guests of the Battle Creek Sanitarium. Mrs. Mary S. Foy, Superintendent of Nurses, and her assistants were untiring in their efforts to afford all the members present every possible courtesy and comfort. The officers for the coming year are: President, Maud McClaskie, Detroit; vice president, Mrs. Mary S. Foy, Battle Creek, Michigan; secretary, Helen M. Pollock, Flint; treasurer, Annie Coleman, Lansing; credentials committee, Grace E. Meyers, Owasco; public education committee, Mrs. Louis E. Feist, Detroit. The Board of Directors of The Michigan State Nurses' Association met in Battle Creek January 3 and 4. An important item of interest was the decision to hold the annual meeting of the Association at St. Joseph May 23, 24, 25. Plans are going forward in preparation for the biennial conventions of 1924. **Detroit.**—The First District of the Michigan State Nurses' Association held its annual meeting at the Wayne county medical building January 12. The following officers were elected for the coming year: President, Lulu B. Durkee; vice-presidents, Theresa Martin, Mary E. Potts; secretary, Lois Barrington; treasurer, Martha Aylesworth. Emily Sargeant is chairman Public Health Section Mrs. Marian B. Paddock, chairman Private Duty Section. Directors: Mrs. L. E. Gretter, Katherine Maynes. The Local League of Nursing Education of Detroit held its first annual meeting January 11 at McLaughlin Hall, Harper Hospital, and the following members were elected to office: President, Margaret Rogers; vice president, Emily A. McLaughlin; secretary, Clara Hollings; treasurer, Adah Sweet; credentials, Kate Wallace. The programme for the next regular meeting will be devoted to the discussion of The Separate School of Nursing. The work of the organization so far has concerned efforts at a standardization of curriccula of Detroit Training Schools. Officers of the Farrand Training School Alumnae Association for 1923 elected at the annual meeting held January 9 are: President, Milabelle Fraser; vice presidents, Anna Bettys, Lois Cone; recording secretary, Abbie Bayne; corresponding secretary, Ethel Henry; treasurer, Theresa Curley; chairman program committee, Eileen O'Neill; chairman educational committee, Helen North; chairman Lystra E. Gretter Scholarship Committee, Lulu B. Durkee; chairman nurses' relief fund, Jean Henry. The Alumnae Associations of First District are showing the usual winter activity. The Woman's Hospital Alumnae Association held a candy sale December 21, the proceeds being used to buy gifts for destitute and deserving families, working through the Hospital Clinic. The student nurses are coöperating with the Alumnae in contributing toward hospital work in Russia. A campaign will be started in January for the Nurses' Relief Fund. The Grace Hospital Alumnae gave a dance and card party December 12 to add to their Chinese Scholarship Fund. A Chinese student in training assisted with the musical programme. At the regular District meeting, December 1, the Private Duty

Section provided a rare treat in the form of a concert by the Ganapol School of Musical Art. The District has assumed the responsibility of the supervision of the practical nurses of the Detroit Home Nursing Association which was organized in December, 1913 by Agnes D. Carson, R.N. A meeting of the FARRAND TRAINING SCHOOL ALUMNAE ASSOCIATION of Harper Hospital was held December 12 at McLaughlin Hall. Items of interest discussed were the Nurses' Relief Fund and the Lystra E. Gretter Scholarship Fund.

Minnesota: THE DIVISION OF CHILD HYGIENE OF THE STATE BOARD OF HEALTH is introducing a sterile emergency obstetrical package especially for rural communities. It contains the essentials for use at a delivery, at a cost of $2. A nurse from the Division will be sent to demonstrate the package or to instruct groups interested in making them. **Duluth.**—SECOND DISTRICT—An unusually profitable and pleasant meeting of the Second District was held in the recreation hall, nurses' home, St. Mary's Hospital, with the senior students as guests. A district public health section has been organized. Sister Margaret, Superintendent of Nurses, St. Mary's Hospital, has been granted a leave of absence for a much needed vacation. Sister Stella is acting superintendent during her absence. **St. Paul.**—FOURTH DISTRICT—MOUNDS PARK HOSPITAL ALUMNAE ASSOCIATION met January 2 and elected officers for the coming year. The by-laws were amended so that the annual dues are now six dollars. **Rochester.**—SIXTH DISTRICT—The 1921 and 1922 classes of the Kahler Hospital School of Nursing, headed by Bertha Johnson, Superintendent of Nurses, have started off in the right direction. At a joint meeting held in September, 1922, the Alumnae Association of the Kahler Hospital School of Nursing was organized and the Constitution and By-Laws have been accepted by the Sixth District. At the present time the membership numbers seventeen—all resident—but many others, not resident in the district, have signified their intention of joining.

Missouri: THE MISSOURI STATE BOARD OF NURSE EXAMINERS will hold an examination for license as registered nurse March 7 and 8. Applications may be obtained from Harriet L. P. Friend, Secretary and Educational Director, 620 Chemical Building, St. Louis, Missouri. The annual meeting of the board was held December 13. Officers were elected as follows: President, Mary G. Burman, Kansas City; vice president, Mrs. Mary E. S. Morrow, Jefferson City; treasurer, Mrs. Louise K. Ament, St. Louis. Helen Farnsworth of Junior College, Kansas City, was appointed to succeed Helen Wood, whose term had expired December, 1921. **St. Louis.**—The bazaar held by the Washington University Alumnae and nurses of the Training School on November 23 was a success financially, and the social side was also enjoyed. The proceeds were added to the fund for the endowed room to be used by sick alumnae. About $2900 has been raised towards this fund. Cora Nifert, graduate of Minneapolis City Hospital, Minneapolis, has been appointed Superintendent of Nurses at Koch Hospital, the municipal Tuberculosis Hospital of St. Louis. Miss Nifert was previously Superintendent of Nurses at the Woodmen's Hospital, Colorado Springs. Grace L. Anderson, who has been Superintendent of Municipal Visiting Nurses for five years, has resigned to accept the position of Director of a nursing and health project in New York City, an amalgamation of the New York Health Department, Henry Street Settlement, The Association for Improving the Condition of the Poor, and the Rockefeller Foundation. The nurses in St. Louis and the state regret the departure of Miss Anderson, as her contributions to all nursing projects have been very valuable. They await with interest the results of this study to be made in New York City. Edith M. Baker of Boston succeeds Agnes G. Deans, as head worker in the Social Service Department of Washington University.

New Hampshire: Concord.—NEW HAMPSHIRE STATE HOSPITAL TRAINING SCHOOL graduation exercises for the class of 1922 were held December 6. The hospital was honored in having as its guest, His Excellency, the Governor and his entire council. Prof. William H. Burnham of Clark University was the speaker. Mrs. Dwight Hall, secretary of the Board of Trustees presented diplomas to the four graduates. The nurses had as their guest Helen C. Sinclair, their former directress of nursing, who now holds a similar position at McLean, Waverly, Mass. An informal reception was

held at the close of the exercises. THE MEMORIAL HOSPITAL FOR WOMEN AND CHILDREN held simple but impressive exercises in connection with the laying of the corner stone of the new maternity addition on December 11. Dr. Ellen A. Wallace, president of the Board of Trustees gave a brief outline of the work of the hospital from its founding up to the present time. **Nashua.**—THE NASHUA MEMORIAL HOSPITAL ALUMNAE ASSOCIATION held its regular monthly meeting at the Hospital December 5. The following officers were elected: President, Marion Cogswell; vice presidents, Ellen Record, Ada Rigney; treasurer, Mildred Blanchard; secretary, Ellen Dawson. **Woodsville.**—The Cottage Hospital received $5,000 by the will of the late J. E. Henry of Lincoln, N. H.

New Jersey: East Orange.—The first issue of "Public Health Nursing Topics" was issued in January. This is a very attractive little pamphlet which has for its mission "to bring New Jersey public health nurses and their work in closer touch with the public and each other, that both may have a better understanding, a wider vision and a deeper knowledge of the problems involved in the great progressive movement now extending so rapidly and widely." THE NEW JERSEY STATE ORGANIZATION FOR PUBLIC HEALTH NURSING held a meeting at the State House, Trenton, on January 20. At a get-together luncheon, Mrs. Charles S. Maddock spoke on "Historic Trenton." Afternoon session, address by Sara B. Askew of the New Jersey Public Library, on "Libraries and Health Work." "The Efficiency of Follow-up Work in a Health Program" by Roy L. Shaffer. Harriet Wieand, of the Trenton Board of Education, Practical Studies in Nutrition in School Children. An exhibit of record forms and photographs of public health nurses' work. The morning session included business and a talk by Frances E. Brink, Field Secretary of N.O.P.H.N. on "Branch Organization."

New York: Buffalo.—NURSES OF THE BUFFALO HOMEOPATHIC HOSPITAL gave a card party on December 8, the proceeds to be used for new educational equipment. The alumnae are aiding in the work. **Rochester.**—THE SEPTEMBER SECTION OF THE CLASS OF 1925 of the Rochester General Hospital celebrated "Going-up Day" on the morning of January 10 by interesting exercises held in the Nurses' Home, conducted by the president of the class and participated in by many of its members with great credit. **Watertown.**—DISTRICT 6 held its annual meeting at the Y. W. C. A. on the evening of January 10. Officers were elected as follows: President, G. Marion Potter, Ogdensburg; vice president, Greta V. Hunter, Watertown; second vice president, Lina Lightbourne; secretary, Elizabeth Marshall; treasurer, Mary McCormick; directors, Vera Shorey, Mabel Hibbard. Following the business meeting, Frances Buckley told of her work with the Near East Relief. THE PUBLIC HEALTH NURSES AND HEALTH WORKERS of St. Lawrence, Lewis and Jefferson Counties met at the Y. W. C. A. on the afternoon of January 10. Papers were read by Jessie Cole on Nutrition; by Dr. Sayre on Schick Test, and by Dr. Thornhill on his work in the pre-natal clinic. Miss O'Mara led a discussion on school nursing and public health problems. **Syracuse.**—DISTRICT 4 held its annual meeting at St. Joseph's Hospital, January 11, when the following officers were elected: President, Louise Sherwood, Syracuse, vice presidents, Mrs. Cornell Smith, Syracuse, and Helen O'Hern, Auburn; secretary, Ida Finch, Auburn; treasurer, Nora Comerford, Syracuse. Annual reports were given and reports of delegates to the State convention. Five new individual members were admitted. A request was read from the Syracuse Clinic, asking that the District registry conduct a Doctor's Exchange. This matter was referred to the Syracuse Academy of Medicine for consideration. **New York.**—Mabelle S. Welch left the Eastern Council of Nursing Education, of which she has been the able Executive Secretary, on January 1 and will be associated with Grace L. Anderson in developing the East Harlem Nursing and Health Demonstration. THE NEW YORK POST GRADUATE NURSES' ALUMNAE, at the annual meeting, January 2, elected the following officers: President, Jean U. Strathie; secretary, Mrs. Sarah Eissing Aikle; treasurer, Mildred A. Lamb. Jane Van Zandt, who is instructor in the training school of the Protestant Hospital, Beirut, Syria, is at home on a six months' leave of absence. THE

New York Counties' Association met at the Central Club, December 5. Agnes D. Ward spoke on The Human Side of City Work. Mount Sinai Alumnae were hostesses. Edith A. Cooke, class of 1918, St. Luke's Hospital, is a school nurse in Edgewater, N. J. Helen N. DeHaven, class of 1922, is public health nurse at Red Bank, N. J. The Lenox Hill Alumnae Association at the October meeting heard the delegate's report of the convention in Seattle. At the November meeting the report of the delegate to the state meeting was given. At the December meeting, Mrs. Munder spoke on The Woman's Party and its aim. The Training School held its 36th commencement in Krakowizer Hall on November 23 for a class of twenty-one, the principal address being given by Otto Von Schrenk. An excellent address was also given by Dr. A. S. Blumgarten. The valedictory was given by Edith W. Gregory, who also won the Achelis Scholarship. The Miller prize was awarded to Clarice Bolick. Each graduate received from Dr. Blumgarten a subscription to the *American Journal of Nursing*. Edith Gregory has been appointed assistant supervisor and instructor in the Community Hospital. **Brooklyn.**—At the recent "Million Dollar Drive" for the new maternity pavilion of the Methodist Episcopal Hospital, $16,800 was raised by the Nurses' Alumnae Association. Of this amount, $920 was raised by a dance and card party held at the Hotel St. George, November 16.

North Carolina: Winston-Salem.—The Graduate Nurses of the City have presented subscriptions to the *American Journal of Nursing* to the pupil nurses of the Lawrence Hospital and the City Hospital. **Charlotte.**—Mercy Hospital is completing a nurses' home, a beautiful, three-story, fireproof building, where the residents will find every comfort and convenience.

Ohio: A joint committee from the Ohio State Medical Association and the Ohio State Association of Graduate Nurses is making a study of nursing problems with a view to coöperation. The forthcoming report will be of great interest. The members of the Committee are: Chairman, Dr. John Phillips, President Cleveland Academy of Medicine, Dr. Charles Hamilton, President Columbus Academy of Medicine, Dr. J. P. Baker, Findlay, Grace E. Allison, President Ohio State Association, Laura Logan, Director School of Nursing and Health, University of Cincinnati, Carolyn E. Gray, Director Department of Nursing, Western Reserve University, Caroline McKee, Chief Examiner, Nurses' Examining Committee, Anne McLaughlin, Ashland. During this past year District No. 4, at its monthly meetings has had most interesting speakers on varied subjects. The talk for December was given by Prof. Minerock of the Western Reserve University Law School. On December 18 the Section on Nursing Education was addressed by Dr. John Phillips on "Trend of Nursing Education from the Physician's Viewpoint." Many helpful points were brought out, and a discussion following the talk was of interest to all. The Campaign for the Endowment Fund of the Lakeside School of Nursing was started among its Alumnae members at their December meeting. They set their individual quota at $200 and started their campaign by pledges amounting to $900. All are now planning how to raise their quota. The Guild of St. Barnabas for Nurses, on December 6, held a Christmas Bazaar at the Cleveland Nursing Center. The proceeds are to be used in maintaining the Guild work in Cleveland, and for the support of its welfare nurse, Miss Hicks, in Ponce, Porto Rico. The different hospitals had individual tables. The results exceeded expectations, the sum of $1400 being realized. The Alumnae Association of the St. Luke's School of Nursing have been holding a series of "evenings" at the homes of their married members. These have been much enjoyed. A very clever minstrel show was staged in December by the Senior class of the St. John's School of Nursing. A dance followed with music by the "Shadowland Jazz Band" and an especially good time was had. Cleveland hospitals had an unusually festive Christmas of parties, dinner dances and entertainments throughout the Christmas week, and carrying into the New Year. **Cincinnati.**—District No. 8 met on December 18 at Straus Hall, Jewish Hospital. Winifred Culbertson was chosen as the nurse candidate of the Good Will election. A supper and entertainment were held at Legion Headquarters

December 20 and a card party at Mrs. Dowd's, Norwood, December 27 for the benefit of the candidate. The Jewish Hospital Alumnae were hostesses and had arranged a charming Christmas program. Mrs. Schuster-Martin and Students of the Schuster-Martin School gave appropriate readings and a playlet. The Boys' Choir of the Church of the Advent sang Christmas carols. **Toledo.**—St. Vincent's Alumnae Association held its annual meeting at the Nurses' Home on January 8. The following officers were elected: President, Olive Williams; vice presidents, Margaret Tobin and Marie Hope; recording secretary, Eva Adaline Fix; corresponding secretary, Suelda Charbott; treasurer, Flora Jettinghoff; trustees, Ann Houck, Helen Younkers, Helen Gaffney.

Oklahoma: El Reno.—Lena A. Griep, who has been Superintendent of Nurses of El Reno Sanitarium, has accepted the position as Superintendent of Nurses, Oklahoma Hospital, Tulsa. **Enid.**—Bess Ross, Superintendent of Nurses, Enid General Hospital, also a member of Oklahoma State Board of Nurses is taking a course in anesthesia at the Charity Hospital, New Orleans, La.

Oregon: Public health nurses did their share in the work of rehabilitation after the fire in Astoria on December 8, when 28 blocks in the heart of the city were destroyed. Among the workers were Elnora Thomson, L. Grace Holmes, Eileen T. Walker and Helen S. Hartley. Miss Walker did valuable work in saving the records of the County Public Health Association, those of the American Red Cross and of social workers, from their offices in the I. O. O. F. Buildings which were destroyed. **Portland.**—The Portland Chapter of the American Red Cross, the State Board of Health, State Social Hygiene Society, Oregon Tuberculosis Association, and the Portland Visiting Nurse Association are all nicely domiciled in their new offices in the Fitzpatrick Building, 403 Oak Street. Anne Jacobs, (class of 1921, Milwaukee Hospital, Milwaukee, Wis.), has been appointed superintendent of nurses at the Sellwood General Hospital, succeeding V. Catherine Palty.

Pennsylvania: Philadelphia.—The Protestant Episcopal Hospital Alumnae Association held its annual meeting January 3 in the Nurses' Home (a stormy day) 20 members present. Officers elected were: President: Mrs. Adelaide Wright Pfromm; vice presidents, Laura E. Evans and Eva Lamon; secretary, Edna J. Lewis; treasurer, Amelia S. Diller. It was decided not to increase the dues to meet various requests for "Funds," but to raise money in other ways. A "card and dance" were given January 17, in a building on the hospital grounds. Miss Dunlop, State President, gave an informing talk on Increased Dues and the Legislative Question. The Graduate and Student Nurses of the Women's Homeopathic Hospital held on December 14, a bazaar in the Nurses' Home. The proceeds of $500 are applied to a Nurses' Loan Fund for educational purposes. It is hoped that this amount may be raised to $2000 before long. The Nurses' Alumnae Association of the Samaritan Hospital had, in November a very interesting meeting. Dr. Clara Leach of Swatow, China, was the speaker of the evening. Thirty-five members were present and twenty-eight pupil nurses. At the December meeting, the report of the State Convention held at Wilkes-Barre was read by the secretary, Miss Rowe. A talented young elocutionist gave readings. The Program Committee is a live one and the members are looking forward to some very entertaining and interesting meetings. **Pittsburgh.**—The Nurses' Alumnae Association of the Allegheny Hospital held a regular meeting on January 8, at the Nurses' Home. The following officers were installed to serve for the ensuing year: President, Emma Scheideman; vice president, Adda J. McLaughlin; treasurer, Jessie R. Gibson; recording secretary, Mrs. Gertrude McCullough Parker; corresponding secretary, Alice M. Cope; director, Mrs. Isabel Chaytor Flynn. The Treasurer reported $10,000 as the net proceeds of the Bazaar held by the Association, at the Hospital, November 16 and 17; this sum to be added to the fund for the maintenance of the endowed room, at the Hospital, for its sick members. Plans for entertaining the 1923 graduating class during commencement week were turned over to the Arrangement Committee. The publication of an Annual Bulletin was favorably voted upon. Ways and means for collecting

the funds for Legislative purposes and the furnishing of a room in the Congress of Women's Club, proposed by the Sixth District Association, was placed in the hands of a Committee. It was resolved to exempt from payment of annual dues all members serving in the missionary field, during their term of service. **Lancaster.**—The Alumnae Association of the Lancaster General Hospital has elected the following officers for 1923: President, Bertha Hoffman; vice president, Dorothy Chaddell; secretary, Ida Drum; treasurer, Vesta Miller. Committees are: Flowers, Lillian Bishop and Stella Shopf; Publicity, Elizabeth Johns. In November, the association held a bazaar and dance to increase the funds in the treasury, which was a financial success. **Scranton.**—The Hahnemann Hospital Alumnae Association held its annual meeting, January 2, and elected officers as follows: President, Lydia Barber; vice president, Selma Barth; secretary, Nellie McCabe; treasurer, Irene Surplice. A social hour followed. **Braddock.**—The Braddock General Hospital Nurses' Alumnae held its annual meeting on January 11 at the hospital. Election of officers for the ensuing year resulted as follows: President, Amy Linsenmayer; vice president, Alice Krueger; secretary, Mrs. Mary Turner; treasurer, Lucy Spraggow. The treasurer reported the proceeds from the bazaar held in Masonic Temple, December 9, to be $595, which was voted placed at interest as a sinking fund for the purpose of endowing a room in the near future.

Rhode Island: Providence.—The Rhode Island League of Nursing Education, assisted by student nurses from five hospitals, gave a demonstration at the Plantations Club on December 14, to an audience composed of girls in the graduating classes of the high schools in Providence, Pawtucket and Central Falls. The programme consisted of the following numbers: 1. Address, Florence M. Johnson, New York. 2. Screen picture, Following in the Footsteps of Florence Nightingale. 3. Pantomime, (Key-note, True Happiness). The present: A group of nurses just graduated, gather to talk over the course completed. The Past: First group, Probationers in uniform; second, Capped students; third, Tennis group (illustrating recreation); fourth, Gym group (illustrating health); fifth, Hallowe'en group (illustrating amusement). The Future: First couple, Red Cross Nurses; second couple, Public Health Nurses; third couple, Board of Health Nurses; fourth couple, Rural Nurses of the A. R. C.; fifth couple, Navy Nurses; sixth couple, Army Nurses. 4. Christmas Past, Present, Future in the wards and corridors of the hospitals, illustrated by carol singing in which the audience was asked to join.

Texas: A. Louise Dietrich, Secretary of the Graduate Nurses' Association of Texas, has just completed a 3800 mile trip through the state in the interest of nursing matters and the bill which it is hoped will be passed by the next legislature. The subjects of increasing the subscription to the *Journal,* the Nurses' Relief Fund, the Delano Fund and some of the important things of the national convention were presented to the grdauate nurses in every district association in the state. Splendid meetings were held in Houston, Galveston, Beaumont, Austin, San Antonio, Temple, Ft. Worth, Dallas, Wichita Falls, Paris, Amarillo, Waco and El Paso. Eight out of eleven districts had delegates at the Convention of the League of Women Voters in Houston and the President of District No. 9 gave one of the addresses of welcome to the visitors. The Secretary of the Graduate Nurses' Association acted as secretary of the State League during the convention. The entire State Association through its Districts is affiliated with the league as auxilliary members. The League as well as the State Federation of Women's Clubs endorsed the nurses' bill. At Waco, Miss Dietrich attended the convention of the Congress of Mothers and Parent-teachers' Association as a delegate and District officer of the sixth district of parent-teachers association. This convention gave up an entire morning to the subject of health and also endorsed the nurses' bill. During her trip through the state Miss Dietrich not only spoke to the graduate nurses but to the student nurses in all the schools of nursing in the cities visited. It is hoped to hear more from these talks in the form of gifts to the Delano Fund which seemed to appeal to them very much. The nurses' bill

was also presented to the Business Women's club luncheons, receptions to which representatives from every women's and men's club and churches were invited, groups of physicians, banquets at which the representatives from that district to the state legislature, were guests of honor. A great number of the new legislators of which there are a hundred, were interviewed, and it was most gratifying to learn that so many are for a higher standard for professional nursing. Booklets containing the main points in the old law and those in the new have been mailed to every legislator so that he may have a good idea of what it contains before it comes up for a vote. In this way it is hoped to have it disposed of early in the session. **Galveston.**—The Graduate Nurses' Association of District 6 held its annual meeting on December 12, and the following officers were elected: President, Katherine Kitchell; vice-presidents, Saphronia Ruderick and Marie Keilberg; secretary and treasurer, Jo. C. Easton; corresponding secretary, Ella E. Anderson; directors for two years, Emily Schroeder and Marqueretta Perkins.

Wisconsin: The First District held its regular meeting in Kenosha, January 2. Preceding the meeting, a luncheon was given to the Public Health Nurses at the Y. W. C. A., followed by a round table on Public Health Nursing conducted by Mrs. Mary P. Morgan and Miss Dunwittle. At the business session seven new members were admitted. Mrs. Morgan gave a short address and Dr. Johnson, health commissioner of Racine, spoke to the members on public health problems. A social hour followed. It was a record meeting for attendance, there being 24 members present. The Fourth and Fifth District met at the Wisconsin Nurses' Club, December 12. The speaker of the evening was Edith Foster, a member of the Milwaukee County League for Women Voters, her topic being Problems of the Woman Voter. The Marquette School for Nurses Alumnae were hostesses. The Private Duty Section of the district held its regular meeting January 4. Helen W. Kelly, registrar of the Wisconsin Nurses' Club and Directory, spoke on the nurse's relation and duty to her registry. The Eleventh District met at Rhinelander, October 28, when a banquet was held followed by a meeting, at which several doctors, visiting and resident, were speakers. A report of the State meeting at Oshkosh was given. Members were present from Ashland, Superior and Rhinelander. **Janesville.**—Mercy Hospital Alumnae held a bazaar on December 2 at which the sum of $425 was realized. This money is to be used in furnishing a library and rest room in the nurses' home for the use of student and special nurses in the hospital. Lucile Earle, class of 1917, Mercy Hospital, has completed a course in anesthesia at Lakeside Hospital, Cleveland. **Marshfield.**—The Alumnae Association of St. Joseph's Hospital held its regular quarterly business meeting, December 5, after which a social time was enjoyed. The students of the training school gave a Christmas entertainment for the staff, graduates, Sisters, advisory board and their families. The programme consisted of musical numbers, readings, pantomimes and a Christmas playlet. Mary I. Boyes, Marinette, has been appointed maternity and infant health center nurse for Jackson, Clark, Marathon and Wood counties, with headquarters at Marshfield, under the provisions of the Sheppard-Towner law. **Eau Claire.**—Millie Jacobson, graduate of the Augustana Hospital, Chicago, has been appointed superintendent of the Luther Hospital.

BIRTHS

(Birth and Marriage notices should be very plainly written or copied on a typewriter. All should be dated and should come within four months of the date of sending.)

To Mrs. John O'Connell **(Madeline Barwin,** class of 1919, Bridgeport Hospital, Bridgeport, Conn.), a son, December 25.

To Mrs. Harry Fitzmaurice **(Elizabeth Benedict,** class of 1921, Good Samaritan Hospital, Portland, Ore.), a daughter, Nancy Jean, January 3.

To Mrs. Frederick D. Thomas, Jr. **(Gertrude Burger,** class of 1918, Lenox Hill Hospital, New York), a daughter, December 20.

To Mrs. Thomas Smith **(Mildred Deacon,** class of 1921, St. Joseph's Hospital, Chicago), a daughter, in December.

To Mrs. John Grandfield **(Anne Donahue,** class of 1917, Morton Hospital, Taunton, Mass.), a son, December 12.

To Mrs. Charles Quaiser **(Louise Evans,** class of 1911, Connecticut Training School,

and 1917 of the School of Public Health Nursing, New Haven, Conn.), a daughter, Louise, December 28.

To Mrs. Heinz **(Alma Fairbanks,** Michael Reese Hospital, Chicago), a son, January 2.

To Mrs. Foster G. Warren **(Elizabeth Galleghar,** class of 1913, New Hampshire State Hospital), a daughter, December 18.

To Mrs. William Clawson **(Edna Kingston,** class of 1917, Samaritan Hospital, Philadelphia), a daughter, Rose Marie, November 28. Mrs. Clawson was an overseas nurse and was cited for bravery during a heavy bombardment.

To Mrs. Parichy **(Margaret K. Kramer,** class of 1918, St. Mary of Nazareth Hospital, Chicago), a daughter, in December.

To Mrs. David C. Everitt **(Lily L. Lane,** class of 1911, Protestant Episcopal Hospital in Philadelphia), a son, Allan Davis, October 20.

To Mrs. Arthur Ryan **(Agnes Lee,** class of 1918, Nashua Memorial Hospital, Nashua, N. H.), a son, December 8.

To Mrs. N. C. Pearson **(Adline McCormich,** Grand Ronde Hospital, Lagrande, Ore.), a daughter, December 4.

To Mrs. G. L. Kelley **(Zola Musgrove,** class of 1916, St. Louis Training School), a son, October 13.

To Mrs. M. C. Satter **(Cornelia Nelson,** class of 1921, Bismarck Hospital, Bismarck, N. D.), a daughter, Rosalie, November 29.

To Mrs. M. M. Stark **(Lillian O'Rourke,** class of 1919, St. Joseph's Mercy Hospital, Fort Dodge, Ia.), a son, December 13.

To Mrs. Arthur Jacobelf **(Myra Peterman,** class of 1920, West Suburban Hospital, Oak Park, Ill.), a son, October 20.

To **Mrs. Ruby Buzell Porter** (class of 1914, Massachusetts Homeopathic Hospital), a son, December 5.

To Mrs. Otto Krohn **(Wilma Sanders,** class of 1916, Lenox Hill Hospital, New York), a son, October 22.

To Mrs. John Shenkel **(Edna Schmidt,** class of 1915, St. John's Hospital, Pittsburgh, Pa.), a son, December 12.

To Mrs. Harold Shaw **(Mary Schriber,** class of 1917, Claremont General Hospital, Claremont, N. H.), a daughter, Margaret Lenore, December 14.

To Mrs. E. M. Myers **(Cathryn Shick,** class of 1911, Montefiore Hospital, Pittsburgh, Pa.), a son, December 24.

To Mrs. E. L. Olson **(Lydia Thomas,** class of 1915, Bismarck Hospital, Bismarck, N. D.), a son, Edgar Thomas, December 25.

To Mrs. Kenneth Edward Baird **(Margaret Trumble,** class of 1916, Montefiore Hospital, Pittsburgh, Pa.), a son, January 8.

To Mrs. Clifford Zimmerman **(Louise Van Arsdol,** class of 1918, Huntington County Hospital Training School, Huntington, Ind.), a son, Robert C., January 24.

To Mrs. Hudson **(Benta Whittaker,** class of 1918, Washington University Training School, St. Louis, Mo.), a son, in November.

To Mrs. Ralph Simpson **(Marion E. Williams,** class of 1920, Massachusetts State Infirmary, Tewksbury, Mass.), a daughter, October 4.

To Mrs. Albert Demars **(Gladys Withington,** class of 1920, Claremont General Hospital, Claremont, N. H.), a son, Richard Charles, December 19.

MARRIAGES

Mary L. Bear (class of 1921, Huntington County Hospital, Huntington, Ind.), to Clarence M. Harless, M.D., October 14. At home, Andrews, Ind.

Hilma Bergeson (class of 1918, West Side Hospital, Chicago, Ill.), to D. Braden, M.D., November 5. At home, Chicago.

Mabel Blake (class of 1919, Riverside Hospital, Jacksonville, Fla.), to Robert M. Wetherell, November 5. At home, Tampa, Fla.

Ethel Bliss (class of 1919, Hahnemann Hospital, Scranton, Pa.), to Charles Gibbs, in October.

Rena Bradley (class of 1917, Piedmont Sanatorium, Atlanta, Georgia), to Bradshaw Clark, January 1. At home, Donaldsonville, Ga.

Velma Cannon (class of 1919, Nazareth Hospital, Chicago), to Oscar Gitter, November 28.

Lela Carr (class of 1907, Wichita Training School, Wichita, Kansas), to A. G. Ratliff, December 23. At home, Milwaukee, Wis. Miss Carr was for several years secretary-treasurer of the Oklahoma Board of Nurse Examiners.

Kathryn V. Collins (West Side Hospital, Scranton, Pa., and Neurological Institute, New

York), to William E. Miller, October 19. At home, New York City.

Winifred Conlin (class of 1921, Claremont General Hospital, Claremont, N. H.), to Joseph Johnson, October 25. At home, Windsor, Vt.

Julia Esther Crane (class of 1921, Research Hospital, Kansas City, Mo.), to Ralph David Copley, December 29. At home, Whittier, Calif.

Marion Jane Davies (class of 1921, Protestant Episcopal Hospital in Philadelphia), to Clair Boyd King, M.D., December 14. At home, Niles, Ohio.

Lillian Davis (class of 1918, Piedmont Sanatorium, Atlanta, Georgia), to Hemiter Grave, December 1. At home, Eufaullia, Ala.

Anne Donalson (class of 1919, Wesley Memorial, Atlanta, Georgia), to Logan Bleckley, December 12. At home, Atlanta.

Catherine Dorn (class of 1912, Milwaukee County Hospital, Wauwatosa, Wis.), to John Edward Dalton, November 8. At home, Seymour, Wis.

Mary Maxine Ewing (class of 1915, Illinois Training School, Chicago), to Robert William Hood, October 6.

Faith Elizabeth Fitzgerald (class of 1919, St. Luke's Hospital, Jacksonville, Fla.), to Ernest Pearson, November 21. At home, Daytona, Fla.

Anna Winifred Flynn (Albany Hospital, Albany, N. Y.), to Victor Blansett, December 5. At home, Santelle, Calif.

Bessie Forsythe (class of 1921, Hahnemann Hospital, Scranton, Pa.), to Arthur Darling, December 1.

Elizabeth Freimuth (class of 1919, St. Joseph's Mercy Hospital, Fort Dodge, Ia.), to Samuel Ebb, October 31. At home, Fort Dodge.

Sarah Geist (class of 1917, Huntington County Hospital, Huntington, Ind.), to Glen Smith, November 29.

Mrs. Kathryn Gilbert (Albany Hospital, Albany, N. Y.), to E. Lamb, December 6. At home, Albany, N. Y.

Amelia Griffith, to W. J. Vandenberg, M.D., December 11. At home, Milwaukee, Wis.

Blenda Haegg (class of 1919, Children's Memorial Hospital, Chicago), to J. E. Strand, in November. At home, Chicago.

Isabel R. Hattan (class of 1919, St. Vincent's Hospital, Portland, Ore.), to Earnest MacFarlain, October 1. At home, Yacolt, Wash.

Mildred Haupt (class of 1920, West Suburban Hospital, Oak Park, Ill.), to Carl Cook, October 21.

Marie Heikkenen (class of 1919, Washington Park Hospital, Chicago), to Thomas Bryant, in November.

Estella Hendy (class of 1917, Hahnemann Hospital, Scranton, Pa.), to William Thayer, December 28.

Ettie Hitt (Grady Hospital, Atlanta, Georgia), to S. O. McGee, December 28. At home, Atlanta.

Esther Holingren (class of 1919, Augustana Hospital, Chicago)), to Hubert English, M.D., January 11.

Dorothy Horton (class of 1921, Albany Hospital, Albany, N. Y.), to Walter Strong, December 4. At home, New Jersey.

Lydia K. Ilten, (Lutheran Hospital, Sioux City, Ia.), to F. A. Hinners, December 29. At home, Cedar Rapids, Ia. Miss Ilten served overseas.

Ida Lillian Jeffreys (class 1919, Allegheny General Hospital, Pittsburgh), to William T. McClure, M.D., October 9. At home, Wheeling, W. Va.

Helen Johnson (class 1922, Madison General Hospital, Madison, Wis.), to Wayne Klein, November 2. At home, Madison.

Florence Kirk (class of 1920, St. Luke's Hospital, New York City), to Aram Philip Mooradian, January 1, 1923.

Edith M. Kuehl (class of 1914, Illinois Training School, Chicago), to Hollis T. Himes, October 14. At home, Los Angeles, Calif.

Clara Langreder (class of 1916, West Suburban Hospital, Oak Park, Ill.), to Mr. Engelbrecht, November 10 .

Edith Leslie (class of 1921, Massachusetts State Infirmary, Tewksbury, Mass.), to Bliss Carpenter, October 20.

Ebba Linquist (class 1921, Allegheny General Hospital, Pittsburgh, Pa.), to Edwin Carter, December 27. At home, Pittsburgh.

Lucy McBride, (Woman's Hospital, Baltimore, Md.), to Daniel Hicks, January 3. At home, Augusta, Ga.

Veronica McGrath (class of 1921, Wash-

ington University Training School, St. Louis, Mo.), to James Stanton, M.D., November 6. At home, Detroit.

Kathryn Mahoney (class of 1912, Illinois Training School, Chicago), to Lawrence M. Mitchell, December 22. At home, Chicago.

Sara Kline Morrett (Germantown Hospital, Philadelphia, Pa.), to Gerald A. Heatley, December 23. At home, Toledo, O.

Rose Morrow (Garfield Park Hospital, Chicago, Ill.), to Eugene Reed, November 2.

Nellie G. Mulney (class of 1917, Worcester City Hospital, Worcester, Mass.), to Thomas H. Iago, December 26.

Amalia C. Olson (class 1909 Lutheran Deaconess Hospital, Chicago, to Joseph C. Baird, M.D., December 10. At home, Eau Claire, Wis. Miss Olson was for many years superintendent of the Luther Hospital, Eau Claire.

Emily A. Picard (class of 1917, St. Mary's Hospital, Lewiston, Maine), to Frank J. Strobel, November 30. At home, Atlantic, Mass.

Julia Dorothy Riethmeier to Benjamin Basil Albert, December 25.

Mary Jane Rogers (class of 1922, Wesley Memorial Hospital, Chicago), to Robert Green, in November.

Lula Rohne (class 1919, St. Olaf Hospital, Austin, Minn.), to G. A. Halvor, M.D., October. At home, LeRoy, Minn.

Florence May Rorer (class of 1904, Bridgeton, N. J., and 1906, Samaritan Hospital, Philadelphia, Pa.), to Wheeler Boggess. Miss Rorer was a nurse at the American Baptist Dispensary, Rampuptnum, South India.

Esther Rosenthal (class of 1921, Washington University Training School, St. Louis, Mo.), to Myrle Bush, November 30. At home, St. Louis.

Lillie C. Saville (Park View Hospital, Savannah, Georgia), to J. T. White, M.D., December 7. At home, Charleston, S. C.

Guirditha K. Scaglia (class of 1921, Kahler Hospital, Rochester, Minn.), to James Spillane, November 4. At home, Rochester, Minn.

Zada E. Schoch (class 1922, Huntington County Hospital, Huntington, Ind.), to Stanley M. Casey, M.D., December 31. At home, Markle, Ind.

Nell Gertrude Tucker (class of 1920, Michael Reese Hospital, Chicago), to Wesley Eugene Robbins, December 18. At home, Chico, Calif.

Mary E. Wagner (class of 1919, Chester County Hospital, West Chester, Pa.), to Clive Sudell, December 2. At home, Parkersburg, Pa.

Maude Frances Walker (class 1919, Allegheny General Hospital, Pittsburgh, Pa.), to Raymond O. Dosch, November 29. At home, Pittsburgh, Pa.

Mabel Warner (Albany Hospital, Albany, N. Y.), to Frank Jacobs, December 9. At home, Albany, N. Y.

Elizabeth Maude Warren (class of 1913, Rhode Island Hospital, Providence, R. I.), to Thomas J. Flaherty. At home, Astoria, L. I.

Louise Weber (class of 1920, Burlington Hospital, Burlington, Iowa), to Wesley Barnett, December 23. At home, Stronghurst, Ill.

Addie Mae White, (St. Margaret's Hospital, Montgomery, Ala.), to J. B. Hawks, December 26. At home, Newport News, Va.

Marie Williams, (Georgia Baptist Hospital, Atlanta, Ga.), to Peyton H. Todd, M.D., November 16. At home, Atlanta, Ga.

DEATHS

Mrs. Etta B. Cummings (**Etta Brady,** class of 1876, Bellevue Hospital, New York City), on December 23, at her home in Tacoma, Wash., at the age of 73. Mrs. Cummings was the first graduate nurse of Bellevue to take up private duty nursing, which she followed until she retired from active work in 1907. Mrs. Cummings had lived in Tacoma thirty-three years. She was a charter member of the Washington State Nurses' Association and was state treasurer until 1922. She was an active worker among nurses and did all she could to uphold the standards of her profession. There are many in and around Tacoma who still remember with gratitude, the skillful and untiring care given to their loved ones. She will be missed by a wide circle of friends. During the convention in Seattle, last summer, Mrs. Cummings was daily in her place at the information desk and was unfailing in her courtesy and attention.

Mrs. Nellie Bussell (graduate of the Illinois Training School for Nurses, Chicago), recently, at the Presbyterian Hosptal, Chicago, after a long illness.

Ella Arthurine Day (class of 1918, St.

Louis Training School, St. Louis, Mo.), November 3. She was instantly killed in an automobile accident, while returning from duty. She will be greatly missed by her alumnae as she was unselfish in her devotion to duty, was cheerful and hopeful, and loyal to her school and profession.

Sarah C. Ebersole (graduate of the Illinois Training School for Nurses, Chicago), on December 12, at the Memorial Hospital, Worcester, Mass. Miss Ebersole was superintendent of the Freedmen's Hospital, Washington, D. C., before securing experience in Public Health Nursing at the Henry Street Settlement, New York. She was a member of the Visiting Nurse Association, Worcester, served as a public health nurse in Lackawanna and Scranton, Pa., and resigned her position to come to Worcester, where for ten years she was the social worker for the Memorial Hospital. She had traveled extensively in this country and abroad, studying nursing and social work. No task was too difficult for Miss Ebersole to undertake if it meant betterment of conditions for the needy, health for the sick, protection for youth, the aged, or infirm. None ever appealed to her in vain, and many boys and girls have been started on useful careers through her efforts. Many persons in all walks of life, mourn the loss of a friend. Burial was at Des Moines, Iowa.

Antoinette Faye (class of 1894, Orange Memorial Hospital, Orange, N. J.), January 9, in Denver, Colo. Miss Faye had recently moved west, after nursing in Orange for fifteen years.

Ruth Holdridge (class of 1902, Grace Hospital, Detroit), on November 14, at Royal Oak, Michigan. Miss Holdridge did private nursing for ten years in which capacity she proved to be a woman with highest professional ideals, exceptional ability, self-sacrificing, lovable, possessing an unusually buoyant temperament and devoted to her profession. She served on the staff of The Visiting Nurse Association and the Babies' Milk Fund from July, 1912 to July, 1919. Her work here was marked by excellence and unselfish devotion to the welfare of her patients and their families. Much of her work was in the interest of little children to whom she was especially attracted, and to whose mothers she so successfully appealed in her practical instructions and demonstrations in health protection and prevention of illness. She left this service to enter the nursing service of the Board of Health and was given charge of the Baby Clinic in the Franklin Street Settlement. While with the Visiting Nurse Association she had charge of the pre-natal and post-natal work in the Franklin Street Settlement, and she saw the great need of instruction. Viewing the children just beginning to walk she was worried by the many deformities she witnessed, and she worked to teach the mothers the care of their babies. Miss Holdridge had a great vision, and she kept at the work until the largest Babies' Clinic in Detroit resulted. The work she started is continuing and will never go down. The humble people of the Franklin Street Settlement pay her the highest tribute. In her love for the work, she never considered self and her strength proved unequal to the strain. She was obliged to resign in November, 1922. Her work was "a work well done."

Mrs. William N. Archer, **(Margaret F. James)** on December 10, at St. Anthony's Hospital, Oklahoma City, Okla. Miss James was married last July. She had previously been in charge of the training school at Roper Hospital, Charleston, S. C., and had taught at Fort McPherson, Georgia; Sandersville, Georgia; Ft. Wayne, Indiana, and other places.

Agnes Loveland (class of 1914, Northwestern Hospital, Moorhead, Minn.), on November 24, at St. Joe, Mo., of acute valvular heart disease. Miss Loveland served at Fort Riley during the war and held positions in Minot, N. D.; Dolhart, Texas, and Liberal, Kans. Burial was at Church's Ferry, N. D.

Leora Pitts (class of 1912, Wesley Memorial Hospital, Chicago, Ill.), October 22, at her home in Platteville, Wis. Miss Pitts was for five years assistant superintendent at Wesley Memorial Hospital. She will be greatly missed by all who knew her.

Mary Sullivan (class of 1894, Metropolitan School of Nursing), on October 28, in Corning, N. Y., after a lingering illness of many years.

Euphemia Wolfe (class of 1918, St. Louis Training School, St. Louis, Mo.), on September 8.

BOOK REVIEWS

DISEASES OF THE SKIN. By Henry H. Hazen, A.B., M.D. Professor of Dermatology in the Medical Department of Georgetown University and of Howard University. Second Edition. 241 illustrations. C. V. Mosby Company, St. Louis, Mo. Price, $7.50.

A book on the skin written by a teacher of medical students and medical practitioners is difficult to recommend unqualifiedly for nurses, or student nurses. A review of Dr. Hazen's book reveals so much that is good for the nurse to know, that one does not find it necessary to apologize for recommending that a special group of nurses, as those doing public health work, special nursing in skin diseases, or in executive positions attached to skin hospitals or skin clinics, or in the teaching of dermatology to nurses, use the book as their text. The early, one might say preliminary, chapters, all too often treated but lightly by the author of a book on skin diseases, has been especially well handled. The senior nurse will find herself at home in the chapter on the anatomy and physiology of the skin. Under the title of Etiology, Hazen discusses many of the well recognized group causes, but includes those that are new and only recently gaining prominence, as sensitization, and the vegetative nervous system. In this chapter, too, the subject of dermatologic lesions in the negro, to which Hazen has devoted especial study, receives adequate treatment, as does the mulatto. Nurses who work in the south, or among negroes in the north, will find much help in the paragraphs devoted to this exposition.

The symptomatology of skin diseases has a chapter of its own. Here the basic language of dermatology is given in short meaty paragraphs. The primary and secondary lesions of the skin are explained, and by a study of this chapter the nurse could easily become acquainted with the proper designation of what she sees upon the skin, and she need no longer use unscientific phrases, as pimples, blotches, etc., nor need she be ignorant of descriptions of maculopapular eruptions, or wheals.

Another of the chapters which might be read by the nurse with profit, is that on the hygiene of the skin, and the care of the hair.

The chapters on diagnosis and treatment are well written, but it would not be advisable to recommend that the nurse assume the obligations of the physician in either of these fields. The text on the individual diseases is clear, and with a known diagnosis, the nurse could read and understand the disease, should it be under her care or observation. The illustrations are those of the more common diseases, and for the most part are clinical pictures. For reference, then, this book, is fitted for the nurse in the capacities outlined in the opening paragraph of this review. This in no way mitigates against the volume for use among those for whom it was intended, and for whom it was planned and written.

HERMAN GOODMAN, B.S., M.D.
New York.

HUGHES' PRACTICE OF MEDICINE. Revised by R. J. E. Scott, M.A., B.C.L., M.D. Fellow of the New York Academy of Medicine. Twelfth edition. Revised and enlarged. 810 pages. P. Blakiston's Son & Co., Philadelphia. Price, $4.

As a reference book for nurses this book has much to commend it. The arrangement of material in the book is good, thereby making it a simple matter to find such information as may be sought about a disease. A complete digest is given of each disease, covering not only general medical diseases but neurological and skin diseases as well. The symptoms of each disease are clearly defined and particular attention is given to the possible complications of a disease.

The definitions in the book are clean-cut and the sketch of each disease is such that it will leave an impression on the reader. Fuller descriptions are given in a vivid way and for a nurse sufficient information may be obtained about any disease. The treatment advised is given in definite terms and may be followed without consulting other books. It is true that the author advises a great many drugs in certain diseases, but on the whole the treatment is conservative, presenting pretty well accepted methods of treatment, avoiding methods which have not yet been well established. There are some omissions in recent therapeutic measures but for a small volume in the Practice of Medicine, treatment is thoroughly discussed.

The chapter dealing with the symptoms of disease and physical signs will be especially helpful to nurses.

It represents one of the best works on the Practice of Medicine in a small volume and owing to its completeness commends itself to nurses thereby obviating the need of smaller special reference books.

ALBERT D. KAISER, M. D.
Rochester, N. Y.

BACTERIOLOGY IN A NUTSHELL. A Primer for Nurses. By Mary E. Reid, R.N., Charleston-on-Kanawha, W.Va. 232 pages. Price, $1.50.

When this little book first appeared, in 1904, Bacteriology was almost an unknown subject in the curriculum of a school of nursing. Almost no hospitals employed full time instructors, and none of these had had special training for teaching nurses. Laboratory teaching, except in Practical Nursing, was unknown, the instruction being given, for the most part, by lectures from the physicians and surgeons on the staff. Since the educational background of the nurses often was not high, these lectures were made simple and as interesting as possible, but rather superficial. As one reads the pages of Bacteriology in a Nutshell, she feels as if she had just attended some of these old-time lectures on the subject.

Nursing is on a more scientific basis than it was fifteen years ago, and teachers now agree that laboratory work is a necessity if a working knowledge of the subject is to be obtained. This is in contrast to a statement made in one of the numerous prefaces of this book, that "teachers agree that much laboratory work is unnecessary for the average pupil nurse."

The book contains eight chapters, plus two on Serum Therapy in the

supplement. Chapter One takes up the History of Bacteriology. This is interesting and is more complete than in most text-books. Chapters Two and Three, a matter of twenty pages, contain the general discussion of the characteristics, morphology, and relation of bacteria to disease. These chapters show the brevity of the book and many facts are omitted. Chapter Four, which takes up the defences of the body against bacterial invasion, is incomplete in itself, but with the addition of the supplement, the subject is more nearly covered, though here again, are shown the strides that the subject has made in the last few years. Chapter Five, The Common Communicable Diseases, is one of the best. The diseases and their application to nursing, are discussed with some thoroughness. Chapter Six considers Bacteria in Surgery. This material is usually given in the course in nursing procedures. It is hard to imagine the nursing staff of a modern operating room, committing the blunders which might cause sepsis, cited on page 125. Chapter Seven is on Solutions, Their Uses and Preparation. The old reliable solutions familiar to us all are given. Only the apothecaries' system of weights and measures is used, which seems odd, considering the common use of the metric system in making solutions. Chapter Eight, Hygienic Precautions against Bacterial Invasion, belongs in a book on personal hygiene.

This book might have a place as a text in schools for attendants or in schools of nursing in which the minimum number of hours is given to this subject. It does not seem adequate for a text in the schools giving a special course in their preliminary term. If a text-book is to be placed in the hands of pupil nurses, it should be a general one, based on laboratory study, indexed similarly to larger works on bacteriology, and an aid to further study. However, this would be good to have in the reference library, on account of its simplicity, and its historical notes.

Susie A. Watson, R.N.
Rochester, New York.

Plans and Illustrations of Prisons and Reformatories. Collected by Hastings H. Hart, L.L.D. Russell Sage Foundation, New York City. Price, $2.50.

This book is of interest to nurses because of the new emphasis on the health of prisoners; for example, Sing Sing has a Clinic Building in which every inmate will have a complete physical and mental examination, since it is assumed that the whole population of a prison may be abnormal. The building is described as a hospital equipped for the care of all types of illness. It is intended that the building shall be used, also, as a school for male nurses. Other interesting plans are those of the maternity cottage at the New Jersey State Reformatory for Women.

An Outline for Study. By Joseph B. DeLee, A.M., M.D. W. B. Saunders Company, Philadelphia.

The outlines of twelve lessons are for use in connection with the new edition of Dr. DeLee's "Obstetrics for Nurses." It will prove useful to instructors who use the book as a text and who have not had training in the organization of material.

OFFICIAL DIRECTORY

International Council of Nurses.—Secretary, Christine Reiman, Kronprinsessegade 50, Copenhagen, Denmark.

The American Journal of Nursing Company.—Headquarters, 370 Seventh Avenue, New York. Business Office, 19 West Main Street, Rochester, N. Y. President, Sarah E. Sly, Birmingham, Mich. Secretary, Elsie M. Lawler, Johns Hopkins Hospital, Baltimore, Md.

The American Nurses' Association.—Headquarters, 370 Seventh Avenue, New York. President, Adda Eldredge, Bureau of Nursing Education, Board of Health, Madison, Wis. Secretary, Agnes G. Deans, 370 Seventh Avenue, New York. Treasurer, V. Lota Lorimer, 1238 West Lake Avenue, Lakewood, Ohio. Sections: **Private Duty,** Chairman, Frances M. Ott, Morocco, Ind. **Mental Hygiene,** Chairman, May Kennedy, Chicago State Hospital, Chicago, Ill. **Legislation,** Chairman, Roberta M. West, Room 150, 34 S. 17th Street, Philadelphia, Pa. **Relief Fund Committee,** Chairman, Elizabeth E. Golding, 317 West 45th Street, New York, N. Y. Treasurer, V. Lota Lorimer, 1238 West Lake Avenue, Lakewood, O.

The National League of Nursing Education.—President, Laura R. Logan, General Hospital, Cincinnati, O. Secretary, Martha M. Russell, 317 West 45th Street, New York. Treasurer, Bena M. Henderson, Children's Memorial Hospital, Chicago, Ill. Executive secretary, Effie J. Taylor, 370 Seventh Avenue, New York.

The National Organization for Public Health Nursing.—President, Elizabeth G. Fox, 3800 14th Street, N. W., Washington, D. C. Director, Anne Stevens, 370 Seventh Avenue, New York.

Isabel Hampton Robb Memorial Fund Committee.—Chairman, Elsie M. Lawler, Johns Hopkins Hospital, Baltimore, Md. Treasurer, Mary M. Riddle, 223 Newbury Street, Boston, Mass.

New England Division, American Nurses' Association.—President, Mary M. Riddle, 223 Newbury St., Boston, Mass. Acting secretary, Esther Dart, Stillman Infirmary, Cambridge, Mass.

Nursing Service, American Red Cross.—Director, Clara D. Noyes, care American Red Cross, Washington, D. C.

Army Nurse Corps, U. S. A.—Superintendent, Major Julia C. Stimson, Office of the Surgeon General, Army Corps Division, War Department, 19th and B Streets, Washington, D. C.

Navy Nurse Corps, U. S. N.—Superintendent, J. Beatrice Bowman, Bureau of Medicine and Surgery, Department of the Navy, Washington, D. C.

U. S. Public Health Service Nurse Corps.—Superintendent, Lucy Minnegerode, Office of the Surgeon General, U. S. Public Health Service, Washington, D. C.

Nursing Service, U. S. Veterans' Bureau.—Superintendent, Mrs. Mary A. Hickey, Hospital Section, U. S. Veterans' Bureau, Washington, D. C.

Department of Nursing and Health, Teachers College, New York.—Director, M. Adelaide Nutting, Teachers College, Columbia University.

STATE ORGANIZATIONS OF NURSES

Alabama.—President, Elizabeth LaForge, 207 City Hall, Birmingham. Secretary, Catherine A. Moultis, 1032 Elm Street, Birmingham. President examining board, Helen MacLean, 1808 North 7th Ave., Birmingham. Secretary, Linna H. Denny, 137 N. 60th St., Birmingham.

Arizona.—President, Rose Benenato, 221 East Polk Street, Phoenix. Secretary, Mrs. Regina Hardy, 826 East Second Street, Tucson. President examining board, Edith P. Snowden, Phoenix. Secretary, Gertrude F. Russell, State House, Phoenix.

Arkansas.—President, Frankie Hutchinson, 2716 W. 6th St., Little Rock. Secretary, Blanche Tomaszewska, 815 Laurel St., Pine Bluff. President examining board, M. D. Ogden, M.D., Little Rock. Secretary-treasurer, Frankie Hutchinson, 2716 W. 6th St., Little Rock.

California.—President, Mrs. E. B. Conzelmann, State Hospital, Stockton. Secretary, Mrs. J. H. Taylor, Route A, Galt. Director, Bureau of Registration of Nurses, Anna C. Jamme, 724 Wells Fargo Building, San Francisco.

Colorado.—President, Mrs. Eda M. Pine, 301 West Ormon Avenue, Pueblo. Secretary, Jessie D. Stewart, 220 E. Yampa Street, Colorado Springs. President examining board, Blanche I. Lewis, 1116 East Boulder Street, Colorado Springs. Secretary, Louise Perrin, State House, Denver.

Connecticut.—President, A. Elizabeth Bigelow, 69 East Main Street, Meriden. Secretary, Kathryn E. Sherman, Hartford. President examining board, Martha P. Wilkinson, 34 Charter Oak Avenue, Hartford. Secretary, Mrs. Winifred A. Hart, 109 Rocton Avenue, Bridgeport.

Delaware.—President, Marie T. Lockwood, Ford Building, Wilmington. Secretary, Amy E. Wood, 213 Seventh Street, Wilmington. President examining board, Harold L. Springer, M.D., 1013 Washington Street, Wilmington. Secretary, Mary A. Moran, 1313 Clayton Street, Wilmington.

District of Columbia.—President, Ida F. Butler, American Red Cross, Washington. Secretary, Katherine Holmes, American Red Cross, Washington. President examining board, Margaret Hutchinson, 1337 K Street, N. W., Washington. Secretary-treasurer, Mary E. Graham, 1337 K Street, N. W., Washington.

Florida. — President, Theresa P. Fremd, Orange General Hospital, Orlando. Secretary, Elizabeth Steil, Riverside Hospital, Jacksonville. President examining board, Anna L. Felting, Box 196, Miami. Secretary-treasurer, Mrs. Louisa B. Benham, Hawthorne.

Georgia.—President, Mrs. Mae M. Jones, State Sanatorium, Millidgeville. Secretary, Chloe M. Jackson, 602 Chamber of Commerce, Atlanta. President examining board, Jane Van De Vrede, 464 North Boulevard, Atlanta. Secretary and treasurer, Jean Harrell, 110 Luckie Street, Atlanta.

Idaho. — President, Mary Brown Lowers, City National Bank Building, Boise. Secretary, Cora W. Palmer, St. Luke's Hospital, Boise. Department of Law Enforcement, Bureau of Licenses, Examiner, Napina Hanley, State Capitol, Boise.

Illinois.—President, Mabel Dunlap, 1531½ Third Avenue, Moline. Secretary, May Kennedy, Chicago State Hospital, Chicago. Superintendent of Registration, Addison M. Shelton, State Capitol, Springfield.

Indiana. — President, Ina Gaskill, State Board of Health, Indianapolis. Secretary, Eugenia Kennedy, St. Vincent's Hospital, Indianapolis. President examining board, Elizabeth E. Springer, Huntington County Hospital, Indianapolis. Secretary, Ida J. McCaslin, 501 East Noble Street, Lebanon.

Iowa. — President, Amy Beers, Jefferson County Hospital, Fairfield. Secretary, Nelle Morris, The Summit, D-1, Iowa City. President examining board, C. F. Launder, M.D., Garwin. Secretary, Rodney P. Fagan, M.D., Des Moines.

Kansas. — President, Ethel L. Hastings, Bethany Hospital, Kansas City. Secretary, Caroline E. Barkemeyer, Halstead. President examining board, Sister Catherine Voth, Newton. Secretary-treasurer, Sister Mary Helena, St. Luke's Hospital, El Dorado.

Kentucky. — President, Josephine Meyers, Newport. Corresponding secretary, Gertrude Bethel, 700 Francis Building, Louisville. President examining board, Sophia F. Steinhauer, Speers Memorial Hospital, Dayton. Secretary, Flora E. Keen, Somerset.

Louisiana.—President, Sara Babb, Charity Hospital, New Orleans. Secretary, Celeste Janvier, 1503 Robert Street, New Orleans. President examining board, J. T. Crebbin, M.D., 27 Cusachs Building, New Orleans. Secretary, J. S. Hebert, M.D., 27 Cusachs Building, New Orleans.

Maine. — President, Margaret Dearness, Maine General Hospital, Portland. Secretary, Louise Hopkins, 246 Essex Street, Bangor. President examining board, Margaret M. Dearness, Maine General Hospital, Portland. Secretary-treasurer, Rachel A. Metcalfe, Central Maine General Hospital, Lewiston.

Maryland. — President, Elsie M. Lawler, Johns Hopkins Hospital, Baltimore. Secretary, Sarah F. Martin, 1211 Cathedral Street, Baltimore. President examining board, Helen C. Bartlett, 604 Reservoir Street, Baltimore. Secretary and treasurer, Mary Cary Packard, 1211 Cathedral Street, Baltimore.

Massachusetts. — President, Carrie M. Hall, Peter Bent Brigham Hospital, Boston. Corresponding secretary, Mrs. Anna R. Ross, 636 Beacon St., Boston. President examining board, Mary M. Rdidle, Newton Hospital, Newton Lower Falls. Secretary, Samuel H. Caulderwood, M.D., State House, Boston.

Michigan. — President, Mrs. Barbara H. Bartlett, 329 Science Bldg., Ann Arbor. General secretary, Sarah E. Sly, Birmingham. President examining board, Richard M. Olin, M.D., Lansing. Secretary, Mrs. Helen de Spelder Moore, 206 State Office Building, Lansing.

Minnesota. — President, Irene English, Northern Pacific Hospital, St. Paul. Secretary, Dora Cornelisen, Old State Capitol, St. Paul. President examining board, Jennette M. McLaren, M.D., 803 Lowry Building, St. Paul. Secretary, Dora Cornelisen, Old State Capitol, St. Paul.

Mississippi.—President, Mrs. B. M. Hopper, Mattye Hersey Hospital, Meridian. Secretary, Mrs. James A. Cameron, 511 Bay Street, Hattiesburg. President examining board, Dr. J. H. Fox, Jackson. Secretary-treasurer, Ernestine Bryson, Houston.

Missouri.—President, Mance Taylor, Parker Memorial Hospital, Columbia. Secretary, Bertha Love, Parker Memorial Hospital, Columbia. President examining board, Mrs. Louise K. Ament, Lutheran Hospital, St. Louis. Educational director-secretary, Harriet L. P. Friend, 620 Chemical Building, St. Louis.

MEAD'S

NO CHARGE TO PHYSICIANS, DIETITIANS AND NURSES

for

Handy File Card Index Box

of

Corrective Diets for Infants and Children

CONTAINS

Diets for infants who fail to gain.
Diets for colicky breast-fed infants.
Diets for colicky bottle-fed infants.
Diets for the constipated infant.
Diets for infants with various diarrhoeas.
Diet in eczema, ammoniacal urine, marasmus, vomiting.
Protein Milk, Boiled Milk and Key to Modify Cow's Milk.
Diets for Older Children.
Extra file cards to jot down your own data.

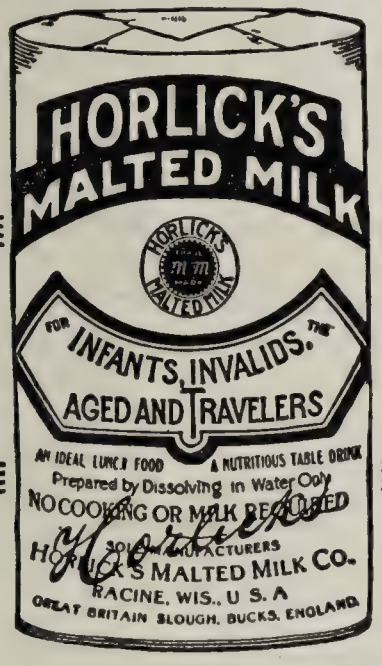
This handy one-minute reference for individual feeding SHOULD sell for one dollar, but will be sent gratis on request. Postage prepaid.

Please give name of hospital where training was received

Made By MEAD
Manufacturer of
Mead's Dextri-Maltose

MEAD JOHNSON & COMPANY
Evansville, Indiana, U. S. A.
and
163 Dufferin St., Toronto, Canada

RELIABLE FOOD-DRINK FOR ALL AGES



FOR HOSPITAL, NURSE, AND PATIENT

THE ORIGINAL

AVOID IMITATIONS

From training school to graduate nursing, "Horlick's" is conspicuous by its frequent use.

It fills an important position in the dietary problems when on private duty cases, or when engaged in institutional, clinic, industrial welfare, or public health nursing.

Refreshes and invigorates the busy nurse. Very conveniently prepared.

Send for samples and literature

HORLICK'S, Racine, Wis.

Montana. — President, Margaret Irish, 618 North 23rd Street, Billings. Secretary, F. L. Kerlee, Box 742, Billings. President examining board, E. Augusta Ariss, Deaconess Hospital, Great Falls. Secretary-treasurer, Frances Friederichs, Box 928, Helena.

Nebraska.—President, Lulu F. Abbot, 847 North 26th Street, Lincoln. Secretary, Cora E. Higgins, 2100 South St., Lincoln. Bureau of Examining Board, secretary, H. H. Antles, Department of Public Welfare, State House, Lincoln.

Nevada.—President, Mrs. Pearl Prescott, 652 Forest Street, Reno. Secretary, Mrs. Honore M. Donnelley, Box 504, Reno.

New Hampshire. — President, Anna C. Lockerby, Laconia Hospital, Laconia. Secretary, Mrs. Florence M. Knowles, Portsmouth. President examining board, Mae Morrison, Whitefield. Secretary, Ednah Cameron, 8 North State Street, Concord.

New Jersey.—President, Elizabeth J. Higbid, 449 VanHouten Street, Paterson. Secretary, Marie Louis, Muhlenberg Hospital, Plainfield. President examining board, Mary J. Stone, Room 302, McFadden Building, Hackensack. Secretary-treasurer, Elizabeth J. Higbid, Room 302, McFadden Building, Hackensack.

New Mexico. — President, Theresa McMinamen, 417 S. Arno Street, Albuquerque. Secretary, Bertha C. Rowe, 417 S. Arno Street, Albuquerque.

New York.—President, Mrs. Anne L. Hansen, 181 Franklin Street, Buffalo. Secretary, Ella F. Sinsebox, 443 Linwood Avenue, Buffalo. President examining board, Lydia E. Anderson, 461 Washington Avenue, Brooklyn. Secretary, Alice Shepard Gilman, State Education Building, Albany.

North Carolina.—President, Pearle Weaver, Hendersonville. Secretary, Harriet M. Lisowski, Mary Elizabeth Hospital, Raleigh. President examining board, Mary P. Laxton, Biltmore. Secretary-treasurer, Dorothy Hayden, Greensboro.

North Dakota. — President, Sarah Sand, Osgood Flats, Fargo. Corresponding secretary, Esther Teichmann, 811 Avenue C., Bismarck. President examining board, Ethel Stanford, State Sanatorium, Dunseith. Secretary, Mildred Clark, General Hospital, Devils Lake.

Ohio.—President, Grace E. Allison, Lakeside Hospital, Cleveland. Secretary, Grace Bentley, 1200 Ethel Avenue, Lakewood. Chief examiner, Caroline V. McKee, Hartman Hotel Building, Columbus. Secretary, Dr. H. M. Platter, Hartman Hotel Building, Columbus.

Oklahoma.—President, Olive Salmon, Pawhuska. Secretary, Virginia Tolbert, University Hospital, Oklahoma City. President examining board, Mrs. Idora Rose Scroggs, 324 West Grey Street, Norman. Secretary-treasurer, Lela Carr, 915 West 23d Street, Oklahoma City.

Oregon. — President, Grace Phelps, 616 Lovejoy Street, Portland. Secretary, Margaret A. Tynan, St. Vincent's Hospital, Portland. President examining board, Jane V. Doyle, 660 Johnson St., Portland. Secretary-treasurer, Mrs. O. E. Osborne, 512 Oakdale Avenue, Medford.

Pennsylvania. — President, Margaret A. Dunlop, Pennsylvania Hospital, Philadelphia. Secretary-treasurer, Gertrude Heatley, South Side Hospital, Pittsburgh. President examining board, Albert M. Blackburn, M.D., 34 South 17th Street, Philadelphia. Secretary-treasurer, Roberta M. West, Room 150, 34 S. 17th Street, Philadelphia.

Rhode Island. — President, Amy Allison, Rhode Island Hospital, Providence. Corresponding secretary, Edith Barnard, 425 Broadway, Providence. President examining board, Henry C. Hall, M.D., Butler Hospital, Providence. Secretary-treasurer, Lucy C. Ayres, Woonsocket Hospital, Woonsocket.

South Carolina. — President, Frances Bulow, 40 Coming Street, Charleston. Secretary, Annie Meyers, Mercy Hospital, Charleston. Secretary, board of nurse examiners, A. Earl Boozer, M.D., Columbia.

South Dakota.—President, Ellen McArdle, Aberdeen. Corresponding secretary, Carrie E. Clift, Rapid City. President examining board, Clara S. Ingvalson, Flandreau. Secretary-treasurer, Mrs. Elizabeth Drysborough, Rapid City.

Tennessee. — President, Mrs. Dorsey T. Gould, 1305 Edgewood Place, Nashville. Secretary, Annie Feltus, 809 Madison Avenue, Memphis. President examining board, Willie M. McInnis, University of Tennessee, Memphis. Secretary-treasurer, Dr. Reese Patterson, Knoxville.

Texas.—President, Helen Holliday, Baylor Hospital, Dallas. Secretary-treasurer, A. Louise Dietrich, 1001 E. Nevada Street, El Paso. President examining board, Helen T. Holliday, Baylor Hospital, Dallas. Secretary, Eula Whitehouse, Route 4, Cleburne.

Utah.—President, Daphne Dalton, County Hospital, Salt Lake City. Secretary, Alice Hubbard, Salt Lake County Hospital, Salt Lake City.

Vermont. — Acting president, Anastacia Corry, 16 Colchester Ave., Burlington. Secretary, Mrs. Rose A. Lawler, Springfield. President examining board, Donley C. Hawley, M D., Burlington. Secretary, Mary G. Kane, Montpelier.



Protected by Professional Honor

THERE is an essential difference between a Squibb Product and the ordinary, commercial article.

This difference is readily appreciated by nurses who realize the great importance of using only *professional products* in ministering to health. They know that the Seal of Squibb on any article means that it is as pure as it is possible to make it, of finest quality and efficacious.

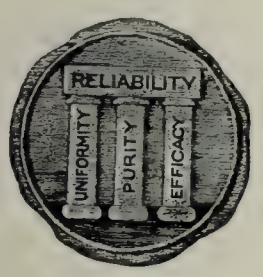
The highest standard is the only standard of the House of Squibb. Its founder, Edward R. Squibb was himself a physician and chemist of distinction. In founding the Squibb Laboratories his sole purpose was to render service to the medical profession through the manufacture of pure and reliable chemical and pharmaceutical products.

For more than three generations the House of Squibb has maintained the high professional standard of purity and quality set by its founder. Rigid control exercised over every product bearing the Squibb label insures the distinctive quality demanded by the Squibb standard.

When you use or recommend any of the familiar household products described on this page —or any medicinal product, there is one name that assures you of the protection of professional honor and knowledge. That name is Squibb.

Squibb's Boric Acid
Squibb's Castor Oil
Squibb's Bicarbonate of Soda
Squibb's Magnesia Dental Cream
Squibb's Dental Prophylactic
Squibb's Cold Cream
Squibb's Stearate of Zinc
Squibb's Nursery Powder for the Baby
Squibb's Flexible Collodion
Squibb's Glycerine Suppositories
Squibb's Cod Liver Oil

Sold by reliable druggists everywhere, in original sealed packages.



SQUIBB

THE "PRICELESS INGREDIENT" OF EVERY PRODUCT IS THE HONOR AND INTEGRITY OF ITS MAKER

General Offices: 80 Beekman Street, New York City
Laboratories: Brooklyn, N. Y.; New Brunswick, N. J.

Copyright 1923, E. R. Squibb & Sons

Virginia. — President, L. L. Odom, Sarah Leigh Hospital, Norfolk. Secretary, Blanche Webb, King's Daughters' Home, Norfolk. President examining board, Virginia Thacker, Lewis-Gale Hospital, Roanoke. Secretary-treasurer, Ethel Smith, Craigsville.

Washington.—President, Mrs. W. M. McKinney, 5302 14th Street, N. E., Seattle. Secretary, Katherine Major, King County Hospital, Seattle. Director of Licenses, Fred J. Dibble, Olympia.

West Virginia. — President, Mrs. Susan Cook, Lock Box 457, Wheeling; home address, Bridgeport, Ohio. Secretary-treasurer, Mrs. R. J. Bullard, Lock Box 457, Wheeling; home address, 510 Catawba Street, Martin's Ferry, Ohio. President examining board, Frank LeMoyne Hupp, M.D., Wheeling. Secretary, Jessie A. Clarke, Ohio Valley General Hospital, Wheeling.

Wisconsin. — President, Agnes W. Reid, Bradley Memorial Hospital, Madison. Secretary, Erna Kowalke, 85 Oneida St., Milwaukee. Director, Bureau of Nursing Education, Adda Eldredge, State Board of Health, Madison.

Wyoming. — President, Ida Mae Stanley, Wyoming General Hospital, Rock Springs. Secretary, Mrs. Clyde W. Peterson, 2004 Maxwell Street, Cheyenne. President examining board, S. J. McKenzie, St. John's Hospital, Cheyenne. Secretary, Mrs. H. C. Olson, 605 East 21st Street, Cheyenne.

TERRITORIAL ASSOCIATION

Hawaii.—President, Alice M. Yates, 1250 Manumea Avenue, Honolulu. Secretary, Harriet B. Delamere, Queen's Hospital, Honolulu.

HOW DOES YOUR STATE STAND?

The following table shows the rating of each State Association by percentages in a comparison of the membership with Journal subscribers for the month of January:

Over 100%
Oklahoma

Between 70% and 80%
Alabama, Florida

Between 60% and 70%
Mississippi, Kentucky

Between 50% and 60%
West Virginia, New Mexico, South Dakota, Illinois, Wisconsin, Indiana, Ohio, Wyoming, Virginia

Between 40% and 50%
Pennsylvania, Kansas, North Dakota, Arizona, Iowa, Idaho, North Carolina, Maine

Between 30% and 40%
New Hampshire, Georgia, Michigan, Massachusetts, Minnesota, Nebraska, Oregon, Arkansas, Texas, South Carolina, New Jersey, District of Columbia

Between 20% and 30%
Delaware, Rhode Island, Nevada, Washington, Connecticut, Montana, Colorado, New York, Tennessee, Missouri, Maryland, Louisiana, Vermont, Hawaii

Less than 20%
California, Utah

WHERE TO SEND MATERIAL FOR THE JOURNAL

Send all news items, notices and reports of meetings, subscriptions, changes of address, Want advertisements, all other advertisements and all business correspondence to the Rochester office, 19 West Main Street, Rochester, N. Y.

Send articles for publication, books for review, and editorial correspondence to the New York office, 370 Seventh Avenue, New York.

THE LIBRARY
OF THE
UNIVERSITY OF ILLINOIS



A Henry Street Visiting Nurse Meets a Proud Italian Mother Whose Baby Is Registered on the Records of the Settlement as a "Prize Case"

THE AMERICAN
JOURNAL OF NURSING

VOL. XXIII MARCH, 1923 No. 6

THE OUT-PATIENT DEPARTMENT AS A FIELD FOR NURSING EDUCATION

BY MARY B. HULSIZER, R.N., A.M.

IN the autumn of 1921, Cornell University Medical College reorganized its long established teaching clinic as a pay clinic, aimed to provide self-supporting individuals of moderate means with a high grade of medical service.

By the spring of 1922, a large public response to the opportunity thus offered was evident and the future of the pay clinic seemed assured. It was the desire of both college authorities and the Committee on Dispensary Development that every possible use be made of the facilities of the Clinic for educational purposes, not only in the training of medical students, but for the education of men and women in dispensary administration, and in those phases of nursing and social work in which an out-patient clinic provides instructive material. It was believed that such an educational use of the Clinic would improve the service to the patient as well as meet an active demand for personnel trained along these lines. The Committee on Dispensary Development agreed to make, in behalf of Cornell, a detailed study of such educational possibilities of the Clinic with a view to drawing up a plan of action. The nursing service in the Clinic is one important part of this study.

SERVICE to humanity should foster true human sympathy, while education joined with scientific research should have a potent influence of high intellectual worth upon the clinic personnel.

The author of this paper, under the general direction of Michael M. Davis, Jr., Executive Secretary of the Committee, and with the aid, as consultants, of S. Lillian Clayton, M. A. Nutting, and Annie W. Goodrich, undertook the work. A large part of the report necessarily related to details, of interest only to the authorities of the Cornell Clinic, but certain facts and principles appeared of general interest to nursing educators.

The out-patient department or dispensary has been, at least until very recently, a neglected part of hospital work, and as regards the training of nurses, very little use has been made of it. It seems well to call to the attention of the nursing profession, and in particular to nursing educators,

those portions of the study which bear upon the importance of the out-patient department as a field for nursing education.

The out-patient clinic is organized primarily for the benefit of its clientele. Service to humanity should foster true human sympathy, while education joined with scientific research should have a potent influence of high intellectual worth upon the clinic personnel. In maintaining a clinic, the practice of medicine and of social service which come into such intimate relationship should fuse into an harmonious whole —thus accomplishing the full measure of its usefulness. It is important also that its programme be a link of the entire public health movement. What opportunities, then, are there for the education of the student nurse, both graduate and undergraduate, in such an organization? The answer to this question may be found in:

1 Technical experience.

2 Nursing knowledge derived from the various clinic specialties.

3 The study of the social aspects of nursing education.

That basic technical training fundamental to the education of every properly trained nurse will have been acquired for the most part during the hospital period. There are, however, certain well defined skills peculiar to the various clinic specialties in which, unless the field covered by the hospital has been all inclusive, the nurse will have gained little or no practical experience, such, for example, as the dispensary methods in the skin, X-ray therapy, nose and throat, eye and ear clinics. There might be diagnostic practices and treatments with which the nurses might not be very familiar.

Besides these procedures in which the nurse may have received little or no actual training, there are certain phases of the work of the general medical and surgical clinics which are seldom seen in institutions, as they do not require hospital care,—such as digestive disorders, glandular and nervous disturbances, common colds, many chronic and minor surgical conditions, as well as certain postural defects, to give but a few illustrations. Another example which may be cited is the supervision given to convalescent orthopedic patients after discharge from the hospital—a situation necessitating the correlation of the hospital with the clinic treatment.

Along with the further development of technical skills made possible by the very nature of the out-patient department, the nurse should gain an understanding and knowledge of disease and injury, sickness prevention, and public health promotion which would enable her to see the patients in relation to environmental conditions in a way that is seldom afforded in the hospital. These are the great opportunities in the out-patient department for the nurse. The atmosphere of the clinic is inherently more conducive to the health idea than is that of the hospital where the emphasis is mainly curative.

Thus the very nature of the out-patient department should imbue the student nurse with a sound point of view toward the whole health movement, including its social background. The social aspects of the dispensary are almost as varied as humanity itself. By studying under competent direction the problems which the patients present, the

nurse should become more fully aware of the causes and of the social and economic significance of disease. Through the clinic relationships with the outside social agencies, she should gain a true perspective of the importance of health in the social fabric. She would get a more vivid and real picture of the patient, as a person, in the dispensary. She sees him in his own clothes, with his friends (probably), and with some of his social environment still clinging to him. In the hospital, after he is divested of his clothes and put in bed, he seems a different person and it is harder to visualize him in his own social setting.

The graduate as well as the undergraduate nurse might be benefited by this experience and study. There would be a field for the graduate nurse who desires to specialize in nursing administration, in executive management, and in supervision of nursing in clinics. Since every graduate nurse has a responsibility to the public in regard to health education, no matter in what field of nursing she may be engaged, the clinic experience would be invaluable for the nurse who had not had the opportunity to study the social phases of public health. The graduate nurse might be more fully prepared by this training in the clinic for school, industrial, child welfare, and other branches of public health nursing. She would have gained, beside, additional knowledge of minor diseases and of the principles underlying their treatment. By definite affiliations this experience might be used to supplement the education of under-graduate nurses who are in hospitals where there is no dispensary service.

The carrying out of any such program in connection with the training school of an established hospital would require considerable modification of the usual curriculum of the undergraduate nurse; the effectiveness of the educational work in the out-patient clinic would depend not only upon the interest and intellectual grasp of the educational directors and instructors, but even more upon the spirit and coöperation of the whole clinic force,—the medical service, the administrative service, the nursing and the social service. Close correlation must necessarily be maintained with training for social service in connection with the educative work for the nurse in the out-patient department.

So little has thus far been done in a practical way to utilize the out-patient department in connection with the training of nurses to anything like its full educational possibilities that the whole matter must be regarded for the present as a field for experimentation. It is a field in which experiment is greatly needed.

Superintendents, educational directors and instructors of training schools of the country are urged to consider this phase of nursing education carefully and to take such immediate steps, as may be practicable, to utilize more fully the vast educational possibilities of the out-patient department in connection with the existing systems of graduate and undergraduate training.

THE PRIVATE DUTY NURSE[1]

By Helen F. Hansen, A.B., R.N.

So much prominence has been given to institutional and public health work of all kinds at the state associations, and in the nursing journals during the last few years, that at first thought, it would seem either that interest is being lost in private duty nursing, or that there has been no advancement in its progress. This is, however, not true; although progress has been more noticeable in some parts of the country than others.

For a great many years no one thought of private nursing as of any kind other than of twenty-four hour duty, but this has gradually become a thing of the past, especially for hospitals, in most of our eastern cities, and in many of the western cities. Even many years before this became prevalent throughout New York City, such well known hospitals as the Presbyterian, St. Luke's, and Mt. Sinai had done away with twenty-four hour service for private duty nurses.

The reasons for this change have been based upon the benefits derived therefrom by the patient, the hospital, and the nurse.

Let us first consider the welfare of the patient. A very ill person requires the constant attention of an alert nurse both day and night. Such a patient in a private room needs to have two nurses more than does one in a ward, for here a nurse is always present who can watch the patient's needs and condition much more carefully than if that patient were in a private room without nurses.

The only objection to twelve-hour duty seems to be the expense to the patient. If a patient can afford the expense of a private room, that patient can usually afford proper nursing care, otherwise a few days of skilled nursing care both day and night in a semi-private room would be of more benefit to the patient during the time he is desperately ill, than would be the seclusion of a private room with a nurse on twenty-four duty. If a nurse does not obtain six hours sleep during the night, the hospital theoretically relieves her for six hours during the day. Everyone knows how that works out in practice. If the patient is so sick during the night that the nurse does not obtain much sleep, it means that she must usually shorten her regular hours off duty rather than obtain extra ones. While the nurse is away, one of the relatives usually stays with the patient. If the patient is very ill, this is entirely too long for him to go with the amount of nursing that floor nurses are usually able to give during this time.

When a patient is not in need of much attention during the night it is to his advantage to have a day nurse, and have floor care at night unless he can afford to have two nurses. During the recuperating period a patient will be able to receive much more comfort from a nurse during the afternoon than he would from a twenty-four hour duty nurse at night. A nurse gets up to fill a hot water bottle, to give the patient a drink, to pull up a blanket, or perform some other trivial act which could be attended to just as efficiently by a nurse caring for other patients.

---

[1] Read at the seventeenth annual meeting of the Nebraska State Nurses' Association, Omaha, October 31, 1922.

A nurse who has spent the night away from the hospital, comes back alert, bright, and ready for work, thus bringing new hope and confidence to the one for whom she is caring. She, too, on account of a proper night's rest, is well fitted to expend real energy in doing the routine work, as well as in aiding to stimulate her patient with optimism and courage.

An ill person rests much better at night when there is not a second individual sleeping in the room. Oftentimes a patient who is nervous, and most sick people are, is disturbed by the heavy breathing, or by some movement of the nurse, and is kept awake for hours.

The second reason for allowing only twelve-hour nursing in hospitals is for the sake of the hospital itself. The hospital is a public place whose business it is to care for the sick in an adequate manner. Whenever a private bath and dressing room are not provided in connection with the patient's room, the nurse must go through the corridors at various times during the night, meet doctors and porters in the halls, and doctors may call upon her patient. The very fact that she is in night attire is demoralizing to the hospital, and often causes a very wrong impression to be entertained by the public.

In all kinds of industries hours are regulated and precautions taken that no one shall fall asleep at his post and thus endanger the lives of others. Should hospitals be less responsible for the lives that are at stake there and depend upon a nurse to immediately detect hemorrhage or sudden changes in the patient's condition when she is going without the proper amount of sleep?

The welfare of the nurse must not be considered least in this question, not only for her own sake but also for the sake of her future service to others. Many of these reasons may seem trivial but they are of great importance to the nurse and her patient.

Not only is a nurse's rest broken at night by serving her patient but also often, by an improper place to rest. The cots provided are usually very narrow, and are often too short for the comfort of the nurse. What is still more disagreeable than this is the unsanitary condition of the cots. Storing them under the patient's bed prevents free passage of air about the patient's bed, and lack of proper daily care of the nurse's bed and bedding. This arrangement is particularly obnoxious under conditions which are frequently present when a patient is helpless, or when there is drainage. Then, too, a patient may not approve of plenty of fresh air at night and thus deprive the nurse of a proper amount for herself.

It could hardly be expected that a nurse under these conditions could appear as bright and eager for the day's work as if she had spent the night away from the hospital, and it is well recognized that the cheerfulness and vivacity of the nurse are very important factors in the patient's recovery.

Not least among the makeshifts a twenty-four hour nurse must endure are little or no privacy in dressing, and very poor facilities for bathing.

Many nurses in the last few years have been giving up private duty nursing for other kinds of work, their main reason being that they cannot stand continued broken rest.

One often hears it said that a nurse's working life is ten years. There is

absolutely no reason why this should be true of nursing more than of any other profession. Hospitals are spending a great deal of money for their education, and instructors and supervisors are exercising patience and ability that every opportunity for perfecting themselves may be given. These girls leave the hospital energetic, skillful, and full of enthusiasm for their chosen profession. Does it not seem then that the result of this work is too precious to be sacrificed for pecuniary reasons and that this enthusiasm and efficiency are too precious to be allowed to become dull? Does it not rather seem that every effort should be made to conserve the energy of those women and to lengthen their working lives that they may continue to minister to the needs of others and be of ever increasing service to the public?

SOME METHODS IN TEACHING MATERIA MEDICA

By Lois C. Spraker, A.B., R.N.

THE purposes for which Materia Medica is taught, are so familiar to any who may be interested enough in the subject to read this article, that they need not be dwelt upon here. But the methods by which these purposes may be accomplished are matters upon which each instructor may have an opinion.

The principles of teaching which are so emphasized in the preparation of a teacher for our public schools, must not be ignored by instructors in a training school, simply because they are dealing with students who have graduated from high school. Interest, attention, coöperation, the stimulation of observation, are all necessary factors in any class room.

For this reason, if for no other, and there are others, it seems unnecessary to conduct Materia Medica classes by the lecture method, when there are such good text books as Dr. Blumgarten's Materia Medica for Nurses, for example, from which the student may get her foundation of the subject matter, and to which the instructor may add as opportunity offers. When class after class is taken up by the lecture of an instructor, the students' interest and receptivity are too frequently passive. Because they have given nothing to the lesson, because nothing has been required of them except the taking of notes, they do not finish the course as thoroughly saturated with the subject as they would have done, had they been expected to present material for discussion. In schools where text books of Materia Medica are not placed in the students' hands, it will be necessary for the instructor to present most of the subject matter. In that case, every second or third lesson should be given over to a review of material already studied, since in that way, only, does the class make itself responsible for every lesson. No matter how conscientious a student may be, she is inclined to leave most of her studying until just before the examination, if she is not expected to be prepared for each class period.

When trying to get from the students

the material they have studied, it is well to present concrete examples as seen in the hospital. For instance: a student reports to a head nurse that she believes a certain patient who is on the Alonzo-Clark treatment for peritonitis is showing symptoms of poisoning. What reasons would she give for her opinion? What would be the treatment? Or, a man is brought into the accident ward, suffering from acute morphine poisoning. What are his symptoms? What treatment may be applied?

It is well to assign a certain amount of outside reading for each lesson, if reference books are obtainable, and to require notes to be taken on the material read. W. A. Bastedo's Materia Medica, Pharmacology and Therapeutics and Sollman's Text Book of Pharmacology make rich additions to text book material. Note taking may seem an antiquated method to some, but it is a means of learning whether work assigned has been covered, and it gives the student a source of easy reference.

In order to create and sustain interest in Materia Medica, material from all related subjects must be brought to the class to clarify and emphasize material being taught. When certain drugs are studied, the anatomy and physiology of the parts of the body affected by them should be reviewed; the diseased conditions frequently met with in that organ or tissue should be considered, and the pathological condition to be found there can be described by the instructor. Chemistry, Anatomy, Physiology, and Medical Diseases can all be brought in to make the Materia Medica course richer.

Several times during the course, it is very worth while to have case reports given, perhaps one oral and one written. The patient discussed should be a medical case and one who receives considerable medication and treatment. The report should include the patient's complaint, that part of the history and physical examination bearing on his condition, the diagnosis, the medication, the treatment, and the prognosis. These case reports have proved to be of great value in making the administration of medicines more real and their actions more apparent. They are best given by the students as they stand before the class, without notes. They are also valuable in helping to form the students' vocabulary; they talk more scientifically and with more ease and understanding after they have familiarized themselves with a patient's history and chart.

A method of conducting the class which has met with success in some instances is to have the students in turn prepare to teach a lesson. After the student teacher has brought out the points she considers the most important, the instructor leads the discussion on those phases of the subject matter which were omitted or which need particular emphasis. Such a method should be preceded by considering with the class the best means of presenting material, of asking questions, of arousing interest, and of holding attention.

Another group elected a secretary for a week at a time, and she recorded the material presented in class. At the beginning of each lesson the minutes were read, and thus the class began with a comprehensive review of the former lesson. In this way, also, gaps or

inaccuracies of expression which had not been noticed in the interest of the class period itself, were filled in or corrected.

Frequently, in order to produce a deeper impression, it is necessary to have the class prepare material not always related to the lesson of the day. Each student may be required to prepare on successive days, a one-minute talk on the slowest acting drug, the quickest acting drug, or the one used most commonly on her ward, giving the source, the method of administration, the effects, and the uses. Also, lists of the most potent drugs, and those commonly found in every home can be prepared.

Whenever possible, subject matter should be made more clear by the use of charts or free hand drawings. Miss Parker has some particularly useful diagrams in her Materia Medica and Therapeutics, which the instructor can put on the board as she talks. They frequently emphasize a point or make perceptible an action upon which much of the lesson depends. During the review lessons, it seems very practical to have the students make a chart of the effects on the various organs and tissues. The exact manner of representation can be left to the ingenuity of the individual student, but the general idea is to represent the various organs diagrammatically, as nearly as possible in their proper relation to each other anatomically, and beside them to write the most important drugs affecting each. The preparation for and completion of such a task would help to permanently fix in mind these drugs and the parts they affect.

Whenever an opportunity offers, it is well to introduce problems into the lessons, as it seems impossible to give students too much practice in this line. The administration of a certain number of grains from a bottle marked .67 gm = z†, as of urotropin, or from a stock solution, as a 25% solution of magnesium sulphate, and the making of a weak solution from a strong, seem to involve the most difficult principles for the students to master.

To round out the course, it has been found very impressive to have a pharmacologist demonstrate the action of stimulants and depressants on a dog. The actual visualizing of the effects of stimulating the vagus by an electric current and by the injection of digitalis; of depressing the vagus by the inhalation of amyl nitrite and then the effect of severing it; the effect of pilocarpine and the counter-effect of atropine, and the action of strychnine leave an inerad-icable impression.

Not all the methods herein described can be used with any one class. The number of hours given the subject, the mental ability of the students in the class, the amount of time they have for preparation, the use of a text book or lectures by an instructor, are all factors which must be considered in the preparation of a course in Materia Medica. The important points to keep in mind are: to make the subject as clear as possible; to correlate the work with other subjects whenever the opportunity offers; to bring material from the wards to the class room; to make use of the nurses' experience and observation in order that the subject may be practical; and to require as much preparation from the students as is commensurate with their free time and their preparation for other subjects.

AN EVENING TO REMEMBER

By Sallie Calkins Wood, B.A., R.N.

(Notes on the Formal Opening of the Central Administration Building of the Henry Street Visiting Nurse Service, 99 Park Avenue, New York City, January 12, 1923.)

THERE were low bowls of roses in front of the fire-place, and high vases of freesia. In the soft lamplight the assembly hall, comfortably square, with its beamed ceiling, had somehow the look of home. It looked as if here people must meet who liked each other, who could laugh together as well as talk about the things which lay nearest to their hearts. The room did not have that empty look of being completely new. It looked as if the old memories of Henry Street had already trooped in and were there to welcome the friends who came that night.

It was an evening for the friends of Henry Street. Not all its friends could be included in the moderate sized room, but the distinguished and powerful men and women who had made possible by their support the remarkable development of its service gathered to dedicate a new part of it and pledge their own interest again. Sometimes it has been a burden to the nursing profession to feel its inevitable dependence on boards of laymen but the nurses there that night could only feel that their work was enriched by those who gave to it such careful understanding and deep personal feeling. There was very deep feeling in the talk. Personal memories, like the sorrow which an old lady with dark eyes and frail silver hair had for her husband who died a year ago; and like the memories of the early struggles when the top floor of a tenement was the headquarters of a nursing service of two,—were lost in the wide purpose of serving humanity. Officially this was the formal opening of the new Administration Building, given to the Henry Street Nursing Service by Mrs. Jacob H. Schiff in memory of her husband. Really it was the meeting of a group of friends, of those who had the strongest bond of friendship, a mutual ideal. Speaking was interrupted by affectionate joking about each other. Instead of sitting in front of a platform they sat in front of a fireplace.

Paul D. Cravath who presided like a host who has a special smile for each member of the company, spoke first of visiting nurses. Since the building was theirs they had a right to the first word. He considered that the visiting nurse had become a national institution and that her work was one of the most marvelous social achievements of the century. Next he spoke of Miss Wald from whose lonely labors the Henry Street Nursing Service began and who had fostered it until, instead of two, there were two hundred and fifty nurses with equipment and methods no one would have dreamed of thirty years ago. He compared her with St. Francis and described the beautiful chapel which was built over his humble shrine.

But this building enshrines the house on Henry Street better than Assisi does St. Francis' shrine, he said, for Henry Street is here, is everywhere. Besides it was five hundred years before a grateful world erected a church over the humble oratory of St. Francis, and this temple is built by Miss Wald's own generation.



Copyright by Underwood and Underwood, New York.

NOTABLE WOMEN WHO HAVE CONTRIBUTED TO THE SUCCESS OF HENRY STREET

Left to right: Annie W. Goodrich, Jane E. Hitchcock, Georgiana B. Judson, M. Adelaide Nutting, Henrietta Van Cleft, Rebecca Shatz, [illegible] Magaun Brown, Lavinia L. Dock, Elizabeth A. Frank, Lillian D. Wald.

The building itself, which was open that night for inspection as well as the afternoons of the four days following, was explained by Felix Warburg, chairman of the Building Committee. The great call for it was the growth of the nursing service into many up-town branches as far away as the Bronx, so that Henry Street was no longer a central headquarters. Beside the advantage of central offices, lecture room, demonstration room, library and lunch room, the building also houses adequately Henry Street's valuable mass of records which are now available to students of medical and nursing statistics. "To get all these manifold activities into this frame," the architect united two old houses. "Mr. Schiff always loved that a thing should be dignified," said the speaker, "and I think the building is dignified in every detail." He hoped that it was worthy of the name it carried and of the nurses. "To be worthy of its sweet donor is quite a task," and the speaker turned to the little white haired lady sitting far back in her chair. "Instead of this beautiful assembly tonight," he said, "I wish you could see the nurses here in the afternoon, eager to get the instruction which they receive," and, adding a phrase of understanding, "some of them looking tired after their day's work."

When the building had been described and the preliminaries were over came the unusual honor of the evening, the Governor's speech. The Governor's convention-storming voice was lowered in that small room for the intimate audience, as he told of his long friendship for Mr. Schiff and his pleasure that his friend's memorial should be in the form of an increase in the facilities of Henry Street, which was in "the heart and center" of his own Assembly district and so well known to him. He said that anyone could see now the value of Henry Street, but Mr. Schiff's interest in it dated from its earliest days and "it took a courageous heart and a brilliant mind to see ahead of time that it was going to be a success." He said also that the outgrowth of private endeavor, like a visiting nurse service, had now come to be recognized as a public necessity. For some it was significant that Governor Smith was there as a tribute to his friend; for others, that such a high official should attend a function in the interest of nursing; and for others, it was most interesting that a former East Side boy should help to launch a new project of the nursing service which is caring for so many East Side boys of this generation.

Stephen B. Duggan, director of the Institute of International Education, followed the Governor by praising the work of the American trained nurse in other countries. He reminded the audience that when the Queen of Belgium visited the United States she left the request that two young women of her country be sent to Teachers College to take the Public Health Course in connection with Henry Street. The Queen of Roumania has also sent two girls here. "The international diplomacy of our government has not always been successful," said Professor Duggan. The best link between nations is service and no form of service is more important than the one nurses give. "If dozens of young women could come to this country to study this splendid activity and then go back and practise it in their own, they would be better

carriers of international goodwill than any diplomat could ever be."

Few speakers can be placed on a program after the Governor of a state, who happens also to be a popular idol, and hold the interest of an audience, but all nurses know that Miss Goodrich is among that number. She began with a beautiful phrase, full of meaning, "the key of the street," quoting the saying that Dickens had that key, if ever man did, Dickens the interpreter of the poor, the crushed, the warped, the crowds who swarm up and down between tenements. Miss Wald, she said, possessed the master key of the street, having earned it first through contact with all races and conditions of people in the wards of a great hospital. These peoples' steps have ceaselessly passed and repassed through the House on Henry Street and in imagination one can hear them passing through this building too. Within five years this staff of at no time more than 200 have cared for something over 196,000 cases. The gratitude of the people is often apparent even on the nurses' brief reports. Never once has mention been made of the perils the nurses go through. Last year 1200 new citizens were welcomed by these ministrants, more than half of them at night." Miss Goodrich paid tribute to Miss Wald who had long dreamed of a building such as this and for whom all the work of Henry Street is "the child of her mind and heart." She also named all the brilliant group of nurses who had been associated with her in developing the service and closed with one of her favorite themes, "For a long time this country will be motivated by the word democracy. Born of democracy is the increasing army of health workers. Press forward, for in you is incarnated the universal brotherhood of man."

With this high note the preliminary addresses ended and the actual presentation of the building took place. Mortimer L. Schiff spoke for his mother with fine simplicity. He said that it was almost thirty years ago when Miss Wald first came to his grandmother and father with this ideal of district nursing and he knew of no ideal which had resolved into such results as this one. It was natural, then, to think of embodying his father's love of mankind in a building to carry on the work. "This building," he said, "does not mean to our mother and to us, her children, a structure of brick and mortar. * * * It is dedicated to service, to suffering humanity, and we know, Miss Wald, that in your hands and those of your associates the ideals which it represents will be cherished and its mission fulfilled."

Mr. Cravath then rose and said, "The introduction of the next speaker will be very simple,—Miss Wald." Miss Wald spoke first of "all the loyalty and love and toleration" that had gone into the past thirty years and said her memory was not dim for the experiences that had first made her go to Mr. Schiff and Mrs. Loeb. Her own ardor did not seem to have grown dim either, for it gave the impression of being just as young and forward-looking as one can imagine it was on that far off day when she unfolded her plan to them. The circle of those who felt that the venture should be tried "soon widened with other people and that circle, as it has grown and widened, has never b r o k e n, a circle t h a t has

comprised people of all religious faiths and of all nationalities who have given evidence that there is inherent in the human heart that single passion for humanity." In speaking of the extent of the work she said, "In the north and south of China, in the Philippines, in Hawaii, in Italy, in Japan and all the states of our country, there are women who call themselves Henry Street nurses because they believe, in their generosity, that something was given to them here that will help them wherever they may be at work." Miss Goodrich she called "our gallant leader" and Miss Wald said there was "no limit to her ambitions." Then, turning to Mrs. Schiff, she said, "This beautiful house and its beautiful furnishings * * * is immeasurably enhanced because it comes through you in memory of our dear friend, * * * and in memory too of those who have built the place, helped develop its conception, thought of it, labored over it. * * * We can say of them as the poet has said, 'Such service doth outlive the set of sun, which men call death.' "

The very heart of the building may be found in the inscription over the fireplace which was written by Jane Addams:

This Building is Given in Memory of Jacob Schiff by Therese, His Wife, and Is Dedicated to the Cause of Public Health Nursing Which He Long Fostered for Love of Progressive Education, Civic Righteousness and Merciful Ministration.



Ready for the Day's Work

A MENTAL HYGIENE CLINIC

A year's Survey of Cincinnati by the National Committee for Mental Hygiene revealed:

That two out of every three children coming before the Jnvenile Court are mental cases.

That 75 per cent of the inmates of the jail are mentally abnormal.

That three out of every four adults applying to the social agencies for relief, or being cared for in dependency institutions, are people suffering from some mental disability.

That 13 out of every 100 children in the public schools are not in normal mental health.

As a result of these findings a Central Mental Hygiene Clinic is being established by the Community Chest in coöperation with the College of Medicine to serve the social agencies, Juvenile Court, public and parochial schools, and eventually the Municipal Court.

NUTRITION IN THE PUBLIC HEALTH PROGRAMME

By L. H. Gillett

THE whole world is astir with a realization that good health is an asset from which returns may be measured in terms of greater happiness and larger usefulness. In our own country where especial emphasis is being placed upon the value of good health, both public and private organizations are working to make every man, woman and child appreciate its importance. Doctors, nurses, and social workers, sent as delegates from other countries so that they may benefit by our experiences, take back with them such ideas as may be applied beneficially to their own respective people. Our ideals are being spread far and wide.

Because our public health workers are looked to for progressive ideas, we are constantly considering which things are fundamental so that we may develop along the lines that are most worth while.

To say that nutrition is now being recognized as one of these fundamentals is not, I feel sure, assuming too much. Nutrition, to be sure, is still in its infancy and perhaps some of the accusations that what we learn today will be questioned tomorrow may be true; but this is no more true of food than of medicine. In food as in medicine our store of knowledge is ever increasing. Recent developments in nutrition have made us feel more strongly than ever that it is indeed a waste of time to combat disease with medicine without proper attention to the diet, especially of growing children. Some say that instinct is a safe guide, so why bother about what we eat? but when we consider the large amount of indigestion, constipation, recurrent cases, and inefficiency in general which results from ignorance or a disregard of health and dietary essentials, we are forced to respect the laws of nature with regard to nutrition. Many of the social evils, many of the problems of public and private health agencies and institutions are due to sickness which might have been prevented by attention to nutrition. The earlier in life good nutritional habits are started, the better for the individual and the more economical for the community.

A child, poorly nourished, grows to adult life physically below par with his chances for success considerably lessened. He becomes fatigued easily, he has a low vitality, little resistance to disease, his earning capacity is subnormal, he cannot compete with his strong, robust co-workers. The children of such parents are likely to be undernourished, also, and perhaps the whole family may become a public charge. They move in a vicious circle. What is the remedy? Who shall assume responsibility?

Low incomes play a part, to be sure, but good nutrition is fully as much an educational problem as a financial one. Many children in families with low incomes have been brought into splendid nutritional condition through education in the principles of good nutrition.

Nutrition is, however, so c l o s e l y

related to household management and other family problems that it cannot be handled solely as a nutrition problem. In one family the income was adequate, but spent in such a way that the children were very poorly nourished and frequently absent from school. The family was also in debt, and the mother discouraged. Only through help in managing the whole family budget was she able to make both ends meet and to feed the children properly. In a short time, however, through proper handling of her money, the children were on the road to rapid recovery and the family was out of debt.

Many cases of illness are cured only temporarily because the individual does not know how to care for himself and thus avoid future attacks. The real source of many diseases—poor nutrition—is not found; consequently, it is not eliminated. Hospitals and dispensaries might be saved much time and expense if they would educate recurrent cases to establish good health habits.

Many illnesses are the result of constipation. The majority of constipation cases can be prevented by proper dietary habits, especially in childhood. Yet too many people are depending on laxatives and cathartics and the evil remains. Such people frequently become chronic invalids, suffering physically, and inconvenienced in business because of forced absences from work. A little Italian girl averaged two days a week away from her work because of headaches, dizziness, nausea, and other ill effects of constipation. At each attack she was given a cathartic, sent to bed for a day, and then returned to work, much the worse for wear, the following day. When she was persuaded to eat vegetables twice a day, to eat coarse bread, to drink plenty of water, and to take milk instead of coffee, these attacks ceased and she became a happier, healthier girl. She was probably saved from the life of an invalid. It is quite certain that her usefulness was considerably increased. But how about those who have not been taught? How may they be reached?

No one has a better opportunity of reaching the people, of educating them in all health essentials than has the nurse. Her close relationship with the family gives her an excellent opportunity to impart information, to save the children from sickness and its resultant effects.

Through the very nature of her work the nurse can win coöperation, interest, and the support of the public for concerted action in such a vital subject just as she has won respect in her curative programme. She can teach mothers in homes, children in schools, and people in industry. She has a tremendous opportunity to mould public opinion as to the importance of good nutrition. But the training of the majority of nurses has not prepared them to cope with the need. Nurses have been taught to feed the invalid,—not the person in health, or for health. The invalid diet is planned to cure and is adjusted to an abnormal condition. It is not planned to prevent disease or recurrent cases. The nurse, in order that she may do her share in this preventive nutritional programme, should have a thorough understanding of the principles of normal nutrition and food economics.

It is not necessary, probably not possible, for a nurse to become a nutrition specialist. She can usually consult with

such a person in special cases, just as a general practitioner calls in a nose and throat specialist, or a heart specialist, or someone who has made a special study of skin diseases, for difficult cases, but she should teach every family with which she comes in contact, the elements of good nutrition, the dangers of poor nutrition and how to avoid them.

"A little learning is a dangerous thing," however. Her knowledge of general nutrition should be thorough and up to date. It cannot be gained in six lessons or in six weeks. Much harm may be done by a superficial knowledge. Now that the subject of nutrition is unfolding so rapidly, the nurse's training should teach her also how to keep informed and where to look for help when she needs it. Too much confidence in one's own ability is dangerous in nutrition. Whatever else her training may do for her, it should make her feel that it is far wiser to say: "I don't know, but I will find out" than to appear intelligent and to give advice which may undermine health.

The nurse who goes into rural communities will be at a disadvantage because specialists in nutrition may not always be available for consultation. For her it is even more important that her training be adequate to make her understand normal nutrition. She should study her territory to find out the most convenient and reliable place to which to write for advice and information. Every public health worker should be prepared to do her share in spreading the gospel of prevention. Someone has said that "to cure is the voice of the past; to prevent, the divine whisper of today." [1]

[1] Food for the Family, an exceedingly practical bulletin on this subject, may be obtained by sending twenty-five cents to the Association for Improving the Condition of the Poor, 105 East 22 Street, New York.

THE REPORT OF THE ROCKEFELLER FOUNDATION ON NURSING EDUCATION: A REVIEW AND CRITIQUE

By Richard Olding Beard, M.D.
University of Minnesota

(*Continued from page 358, February Journal*)

The University School of Nursing

THE Survey Report gives due recognition to the University School of Nursing, and it has nothing to say by way of criticism of its existing conditions. It declares that "for advanced training the development of the University School of Nursing has been, perhaps, the most notable feature in the progress of nursing education during the past ten years." It further says, quoting its own words:

> If its present functions be clearly understood the University School of Nursing possesses unique advantages in respect to both of the essentials for success in nursing education, to which reference has been made in a preceding paragraph. It possesses the power of independent educational leadership and is grounded on the solid foundations of educational ideals, to a degree which a training school committee, ultimately responsible

to a board of hospital trustees, can seldom hope to realize; and it is likely to obtain financial resources to a more nearly adequate extent. Furthermore, through its university contacts, the University School of Nursing has unique opportunities to attract students of the type so much needed for the fulfillment of the higher tasks in the nursing of the future.

When we come to look presently into the future of nursing education, as illuminated by the Report, we shall find something to be said about the limitations it assigns to the University school.

Public Health Nursing

The initial purpose of the Survey was an inquiry into proper measures for the development of public health nurses, but it became apparent, very early in the investigation, that the question was so inevitably tied up with the whole problem of nursing education that it could not be fairly considered save as a part of the far greater whole. To the recognition of this fact we are indebted for the superlative values the Report contains and for the influence it is destined to have upon the course of events in nursing education in the near future.

Of the present status of public health nursing the Report says socially very much and educationally very little; possibly because there is very little, educationally, to be said of present conditions. It says some very notable things of the future trend it has to follow and of the ideals of development it has to attain; and to these literal law-givings and prophecies we shall presently return.

As I have already suggested it estimates the need of 50,000 public health nurses in America, and the available supply at 11,000. A keener analysis, a more inclusive statement of the existing situation could hardly be made than that which follows in its own terms:

It is obvious that the public health movement has passed beyond its early objectives of community sanitation and the control of the contact-borne diseases by isolation and by the use of sera and vaccines. Major health problems of the present day, such as the control of infant mortality and tuberculosis, can be solved only through personal hygiene, through an alteration in the daily habits of the public, and through the establishment of new contacts with the public,—contacts which shall permit the applications of medical science at a stage in disease when they can produce the maximum effect. Such changes in the daily habits of the people and in their relation to their medical advisors, can be accomplished by but one means—education. In its present phase of emphasis on personal hygiene, the public health movement has thus become during the past two decades preeminently a campaign of popular education.

The Future of Nursing Education

We may congratulate ourselves upon the broad basis which this review of the present status of nursing education gives upon which we may further and more safely build. We turn to ask of the Survey:—What of the future?

I think it will prove profitable if we consider the proposals of betterment in the Report from the ground up,—that is, if we begin at the lower rounds of the ladder of nursing education which we may presently ascend.

That brings us to the question, first of all, of a subsidiary type of nursing education and service. At the outset of its discussion of this subject, the Report suggests a difference of opinion among physicians upon this matter. It finds those who call for higher education and those who advocate lesser

training for the nurse. It does not suggest any division of judgment among nurses. Its recommendations upon this subject savor of compromise and are hedged about with precautions.

As I have already said, it disclaims an economic reason for the development of the sub-nurse. Upon a wage-basis it admits no room for any material distinction between types of nursing service. Yet it proposes the institution of "sub-nurses," with nine months training and without high school education, of whom the public cannot expect "a salary level much below that of the registered nurse," while the latter still carries a high school diploma and completes from three to five years of professional education, and would earn practically the same wage.

It finds the sole argument for the institution of the "sub-nurse" in the recognition of a distinctive service she may render, and at practically the same cost as the graduate nurse, in the care of cases of mild and chronic illness or convalescence.

One cannot help but ask wherein society is to be profited in receiving less valuable service at approximately the price of superior nursing. Apparently this will not lessen the burden of illness for those upon whom it falls most heavily.

The distinction between the two types of illness to be served severally by the graduate nurse and the "sub-nurse" is to be made, the Report suggests, by the physician; but how often is the physician not called in "mild cases"; how often does the mild case drift into the serious illness; how unexpectedly do serious and even fatal symptoms appear in convalescence; how difficult to handle, even for the most accomplished nurse, is the chronic patient.

The Report surrounds the proposed institution of the "sub-nurse" with difficult and involved safeguards and conditions. It recognizes clearly that "the dangers of a loosely defined and unregulated group of partially trained workers, in the same field as a more highly educated type, constitute a real and serious complication." It refers to graduates of short courses who "after 48 hours' training have practiced as graduate nurses and received $5 a day for their services." It says that the control of "sub-nurses" after graduation "is loose and unsatisfactory." So the Report proposes legislation to regulate the education and the practice of the "sub-nurse." "Furthermore," it says,

> We believe that a useful development in the training of nursing aides can only be expected when the standards of the schools for such aides and their activities after graduation are controlled by a properly safeguarded system of state legislation, such as now exists in Missouri. With these assumptions we would recommend, as Conclusion 9,
>
> THAT WHEN THE LICENSURE OF A SUBSIDIARY GRADE OF NURSING SERVICE IS PROVIDED FOR, THE ESTABLISHMENT OF TRAINING COURSES IN PREPARATION FOR SUCH SERVICE IS HIGHLY DESIRABLE; THAT SUCH COURSES SHOULD BE CONDUCTED IN SPECIAL HOSPITALS, IN SMALL UNAFFILIATED GENERAL HOSPITALS OR IN SEPARATE SECTIONS OF HOSPITALS WHERE NURSES ARE ALSO TRAINED; AND THAT THE COURSE SHOULD BE OF EIGHT OR NINE MONTHS DURATION, PROVIDING THE STANDARDS OF SUCH SCHOOLS BE APPROVED BY THE SAME EDUCATIONAL BOARD WHICH GOVERNS THE NURSING TRAINING SCHOOLS.

The Committee finally says that "the splendid professional and public service rendered by the (graduate) nurse entitles her to the protection of her existing professional status"; and so it insists that a distinctive name shall be applied to the "sub-nurse."

It does not suggest how the cost of this new form of nursing education is to be met; but it does say that "reasonable financial support must be secured before this or any other educational enterprise can be honestly undertaken." Apparently it does not realize that the "sub-nurse" will not be able to return to the hospital the value of her education in nursing service, a value which the institution certainly receives in full during the three years of the training of the regular nurse. Everybody knows that during the early months of her education the student nurse of any type does not return very much to the hospital by way of service. The training of the "sub-nurse" for a period of eight or nine months will be in large part, a free gift,—a serious tax upon the hospital or the fruit of somebody's beneficence.

There yet remains the open question of the social demand for the "sub-nurse." There is room for d o u b t whether anyone wants nursing service of an inferior type. And there remains the larger doubt whether the young woman of good red blood and normal ambition is to be found anywhere, in any material numbers, who wants to be a "sub" of any kind. It has not yet been demonstrated that she does.

With so clear an eye to the economics of the present nursing situation it is strange that the Committee has not realized the economic results of the invasion of the nursing field by a new and inferior type. As the figures of the Report show, the graduate nurse of today is unemployed, upon an average, one-fourth of her time. The estimate is further made that over one-fourth of her time is occupied with mild, convalescent, or chronic cases which are to be assigned, theoretically, to the "sub-nurse." This done, the graduate nurse would be left without employ for more than one-half of her time. The inevitable economic deduction follows that her present wage must be increased by one-third; or that, in the proportion of one-third of her group, she must go out of business. The inevitable end result is the reduction of the registration of student nurses in hospital services just when an increase is most needed, a reduction that would spell economic disaster to the hospitals,—a deepening of the privation they have been suffering since the war. The economic shortsightedness of the proposition is astonishing.

Hardly can we dismiss the revolutionary proposal of the "sub-nurse," not original, by the way, with the Committee, without reference to the Committee's own recognition that an inferior type of nurse has always been with us. If 150,000 practical nurses still remain in the United States, why add to the mass of inferiority by the introduction of a new sort? It is one of the virtues of the practical nurse that she does not pretend to an education save in the School of Experience and Hard Knocks; that she usually recognizes her limitations; that she seeks but a lesser wage. The "sub-nurse" with her store of little knowledge will be dangerous simply because she does not know the end of her

tether. No tag will efficiently label her. No law will keep her within safe bounds. No economy will be realized, as the Report admits, in her employ. The mere fact that a certain section of the medical profession wants, or thinks it wants, a less highly trained nurse, is not enough.

The Destiny of the Hospital Schools

A higher and more hopeful note is sounded by the Report in the survey of major hospital schools. Not only is their betterment, as we have seen, in present progress, but the Committee offers suggestions by which they may be further bettered. To its recommendations of the general adoption of the high school requirement and of the preliminary course in the basic sciences and in elementary nursing procedures we have already referred. It is proposed that the preliminary course be followed by a "period of twenty-four months devoted to a carefully graded and progressive course in the theory and practice of nursing, with lectures and ward practice so correlated as to facilitate intelligent case study, and *with the elimination of routine duties of no educational value*"; and that *"the working day for the student nurse, including w a r d w o r k and class-room periods, should not exceed eight hours."* "Training school experience" it is said, "as well as that accumulated in other educational fields, makes it clear that a longer period of scheduled work for the student is incompatible either with educational attainment or with the maintenance of health."

The Report says in continuance:

> By such an organization of the course of study, and *particularly by the elimination of unrewarding routine service*, we are convinced that the period of training may be safely shortened from the present standard of three years to twenty-eight months. Such a saving would mean an increase of over 20 per cent in the potential output of the training schools, through the saving of time alone. The shortening of the course would, in itself, prove an attraction to the prospective student; but the main consideration to be kept in view is that the shorter course projected would not imply a lowering but a raising of educational standards.

No more vital observation is found in the whole Report than this, "It is the experience in every other field of education that the way to attract students is to raise standards, not to lower them." Slackers are to be found everywhere, but it is a part of the psychology of every student group that it seeks the best.

In conclusion, the Report maintains "that courses of this standard would be reasonably certain to attract students of high quality in increasing numbers."

Of course, the prime prerequisite of this proposal is the transfer to ward maids, in sufficient numbers, of those routine duties which are not of educational value and are now undertaken by student nurses strictly for the benefit of the hospital. To confuse the ward-maid with the "sub-nurse" would make the course for the latter extremely unpopular. *Given the elimination of educationally unprofitable service and only when and where this can be definitely done,* I should hold the shortening of the period of study not only justified by this relief, but as likely to contribute to the student's more intensive education and to a higher degree of scholarship. I have so long held that nursing education must, sooner or later, and

everywhere, be conducted for its own sake, rather than for the sake of the hospital the student of nursing serves, that I hardly need to voice my appreciation of these recommendations of the Survey.

While such a period of study, so regulated, should amply fit the student for graduation into private duty nursing, in home or in hospital, it should be quite definitely understood that it would not fit her for public health nursing, for the duties of the nursing educator, or for institutional administration.

The University Education of the Nurse

Conclusion 8 of the Rockefeller Report reads:

THAT THE DEVELOPMENT AND STRENGTHENING OF THE UNIVERSITY SCHOOLS OF NURSING IS OF FUNDAMENTAL IMPORTANCE IN THE FURTHERANCE OF NURSING EDUCATION.

"The University School of Nursing," it adds,

> should be the keystone of the entire arch. It will not only train leaders and develop and standardize procedures for all other schools; it will, by its permeating influence, give inspiration and balance to the movement as a whole and gradually improve the efficiency of every institution for the training of nurses of whatever type.

The conception is a noble one and it is only to be regretted that the Committee is more or less bounded in its views of the more ordinary functions of the University School; that it does not sense the larger vision of the wide extension of the University education of the nurse that is surely to come in the near future.

It puts metes and bounds about its field of usefulness. The University School is for the "*advanced training*" of students. It "will furnish a body of *leaders* who have the fundamental training essential in administrators, teachers and the like." "The numerical proportion of the nursing profession to be contributed by the University School will perhaps always be a *relatively small one.*" "The Committee does not recommend that nursing schools in general should work toward the establishment of courses that a University would accept for a degree." All this is inspiring appreciation of the major service of the University School, but it falls short of appreciation of all the possibilities of achievement that lie in our immediate possession.

One cannot escape the inference that the Committee suffers from its own environment. Its membership, almost exclusively, lives and works in the eastern States where University atmospheres feel the barometric low pressure of conservatism and do not readily convey the electric spark of new ideas or react to the stirring winds of western progress. One cannot but wonder whether recent developments do not find the Survey, which in its main body of material is still on the press, just a little bit behind the times.

The Report refers to the five-year courses in Arts and Nursing in thirteen (it should say, sixteen) University Schools. It does not mention the fact that ten major Universities have Schools of Nursing giving, also, three-year courses, all their own. It has not surveyed sufficiently the registry of alumnae of these Schools, or it would have found that the Universities have educated a due proportion of private duty

nurses, serving in homes and hospitals,—a function to be accounted as valuable as that of graduating leaders.

It suggests the affiliation of hospitals with University Schools, if the Universities have not teaching hospitals of their own. It does not realize or, at least, it does not record, that such an association is an accomplished fact and that the possession of teaching hospitals is no bar to other alliances. Perhaps it could not then have known that a central University School, educating nurses for four major hospitals and controlling their nursing services for educational purposes, actually exists in Minnesota, or that in this year of our Lord, 1922, it will have the largest registration of any School of Nursing in America. It does not appear to have noted the similar projected development in Cleveland and Philadelphia.

The day of the University education of the nurse has only begun. What has happened and is still happening in medical education is destined to happen,—is already happening, in nursing. The major schools will become University Schools by association of their hospitals with the University for practical teaching purposes. These University Schools will gradually absorb the registration of students, because they are in a position to offer better opportunities for education. The lesser hospital schools, with steadily decreasing numbers, will gradually go out of business; their nursing services will profitably change to the graduate type; and by applying the principle of general duty instead of special duty nursing in their wards and rooms, small groups of private patients may be successfully handled by each graduate nurse. It should be insisted upon that in the practice of this principle of subdivided hospital nursing, the patient should share in the saving the subdivided service involves equally with the hospital. The hospital must not turn from exploiting the pupil nurse to exploiting the graduate nurse to its own profit and at the expense of the patient. The patient should pay for that share only of the nursing service received. Any other system would out-Herod any alleged extravagance of charge of which any private duty nurse anywhere has ever been guilty.

To one recommendation of the Report, in the interest of the highest and broadest development of the University School of Nursing, we should give, I believe, our heartiest support. "This type of nursing school," says the Survey, "should, in the judgment of the Committee, be a separate and independent department of the University, cognate in rank and organization with the School of Medicine or the School of Law. It should have direct responsibility for all instruction given during the years of hospital training and in the post-graduate nursing year."

(*To be continued*)

MUSTARD PLASTERS

Two things I have learned that make mustard plasters less disagreeable: Laying them on a hot water bag for a moment to remove the first chill, and spreading the vaseline on the contact side of the plaster instead of on the chest. The latter avoids disturbing the patient longer than is necessary, and prevents smearing the body unnecessarily.

Rose Edna Rogers, *California.*

"THERE OUGHT TO BE SOMETHING"

By Minnie Goodnow, R.N.

WE Americans are called extravagant and wasteful, and not unjustly. We waste not only money and materials, things which can be replaced, but also life and experience, things which cannot be replaced. Mature judgment, which is the fruit of experience and only of experience, is a very valuable commodity, probably one of the most valuable in the world; yet we, with a desire to see things move, no matter in what direction nor to what end, often insist upon youth, with all its crudity, just because it sets something in rapid motion. Far be it from us to disparage youth. Everyone who thinks knows that youth's very rashness is its strength; that wherever two or three mature wiseacres are gathered together to explain why a certain thing cannot be done, just around the corner is some youngster engaged in doing that identical thing. Still, there is no substitute for mature judgment, if founded upon training and experience. Why throw it away?

Only too keenly do the older nurses feel this. Only too well do they, who have skimmed the cream of private duty, who have developed a public health programme, who have formed or reformed their quota of institutions, know the bitterness of feeling that they are getting passé. If they have worked overly hard, and have borne burdens a trifle too long, the physical side of their nature may have asserted itself and some mild organic disease, some partially disabling ailment, may have developed, to preclude a longer life of strenuous endeavor.

Every one of these women feels—knows—that there is much good stuff in her yet; that she could do worthwhile, even active work if it might be at just a little slower pace and within the bounds of her slightly old-fashioned training. She rebels, and rightly, at being pushed aside for the immature youngster who learns at public and private expense. She wishes wistfully that there might be something, she feels that there *ought* to be something, into which she could put the results of her years of training, her decades of ripe experience, and out of which she could at least get a living. She even assures herself that there *are* such jobs,—if only she could find them.

Henry Ford recently made the amazing assertion: "There are more places in industry that can be filled by blind men than there are blind men. There are more places that can be filled by cripples than there are cripples." Astonishing as his statement is, you can if you choose prove for yourself the truth of it. There are factories, live, commercial, money-making concerns, that employ the blind alongside of the sighted, at a living wage, who could use more blind men and women if they could get them. There have been found over two thousand jobs which are possible for cripples, and the Institute for Crippled Men (New York) has in time past placed cripples in these jobs at the rate of two thousand a year. The Hospital Social Service Bureau of New York places many hundreds of cardiacs and other handicapped persons in industry every year. There is a live factory in

the Bronx which employs only the tubercular. Henry Ford himself employs many cripples, tuberculous, and some insane, and insists that he makes money out of them. Instances can be multiplied *ad libitum*.

If all these physically handicapped people, many of them uneducated, can earn a living, why should a nurse, who is merely tired or unequal to the strenuous life, be unable to do the same? She has back of her her technical training, her years of contact with health problems, with social problems, with personal problems. Surely there is a demand for such valuable qualities. There is; and one of the best openings is one of the newest, the field of occupational therapy.

The medical world is conservative, and when cure by occupation came into the lime-light during the World War (It was in reality a very old line of treatment), d o c t o r s, hospitals and nurses were slow to admit its value or do much toward making use of it. It therefore fell into the hands of the laity, with the result that the so-called occupational aide is usually a young and inexperienced woman, with little or no medical knowledge. Note that her name and her position are still that of "aide," even though in many instances she has developed a considerable degree of skill in the cure of disease or injury by occupation.

We have had our experience with the occupational aide and pronounce her work good; she herself realizes how much better it would be if she knew more of medicine and surgery and sickness. We wonder sometimes whether we did not begin at the wrong end, whether it would not after all be quicker and better to train a nurse in crafts and trades than to let a lay artist or craftswoman learn medicine and surgery empirically.

The nurse, especially the mature nurse, is eminently fitted for the work of occupational therapy. She knows sick people. She knows what they can and cannot stand. She knows why they should or should not do certain things. She knows what muscles are involved in certain movements; she knows what organs are stimulated or depressed by them. With a comparatively small amount of technical training, she could be ready to help the sick or convalescent in this new—yet old—way which is producing such brilliant results.

It is a field for the mature nurse, not for the recent graduate. The younger woman has not the requisite background of experience with sickness and with people, nor the requisite patience, to make good in it. Nor is she likely to be interested.

Take the case of the psychasthenic man or woman, made so by too strenuous business or society life; that of the victim of an automobile accident, who has a partially disabled arm; that of a nervous, ill-nourished child; the child recovering from poliomyelitis; the workman who has lost a leg; the middle-aged woman with glaucoma; the cardiac who is the father of a family; the recovering or recovered tubercular; and a hundred others. The nurse with training and experience knows both the physical and mental side of these cases. Under guidance and with advice and a modicum of technical training, she can help them,—and at the same time help herself.

It might work out as follows: A

tired-out nurse, aged forty, might be the possessor of a small farmhouse and a mild case of rheumatism. If her farmhouse were suitably located, she might open a tea-room, *one* room, that would involve work light enough to be within her strength and disability. She might sell therein not only tea, but gifts and other things, articles made by the disabled. Thousands of well-made, beautiful, saleable articles are being produced in hospitals and asylums, and they need a market. A small commission on each sale, with her tea profits, would give her a modest income. Incidentally,—and the incidentally is probably the most important,—the neighborhood or passers-by might get interested in the fact that these were the products of disabled persons, and some cripple or disabled person might come to her to know if anything of the sort were possible for him. She might put him into touch with a center that knew the details unfamiliar to her, and so with him, advised by this center, work out the beginnings of his rehabilitation. She might sell his produce, when it became good enough, in his own community, especially if it were some practical object, not "fancy goods."

Meantime, she might discover that she was rehabilitating herself, partly because she had ceased to overwork, and to worry, partly because her joy in helping humanity amounted to a physical stimulus, partly because she was learning how occupational therapy works,—her own occupation being therapeutic.

Probably the greatest factor in success in occupational therapy is that of coöperation. The nurse who tries it needs not only a little training, but advice and aid from a center, someone who knows the game. This touch with other life and other workers will be the life of her and her work.

The above is only suggestive. There are many other ways of working in the field of occupational therapy.[1] If it is possible for a tuberculous or cardiac man to earn a living while he is getting well; for a blind man to support himself; for a cripple to support a family; why should it not be possible for a nurse who is but slightly disabled or only very tired, but still alert, eager, earnest, to occupy herself with her own cure while she aids in the cure of others, by occupation?

The field of occupational therapy is a wide one, and involves every line of human endeavor. It has as yet been but imperfectly worked, and is far from being fully developed. It is emphatically a field for the mature nurse. If she herself be somewhat disabled, so much the better!

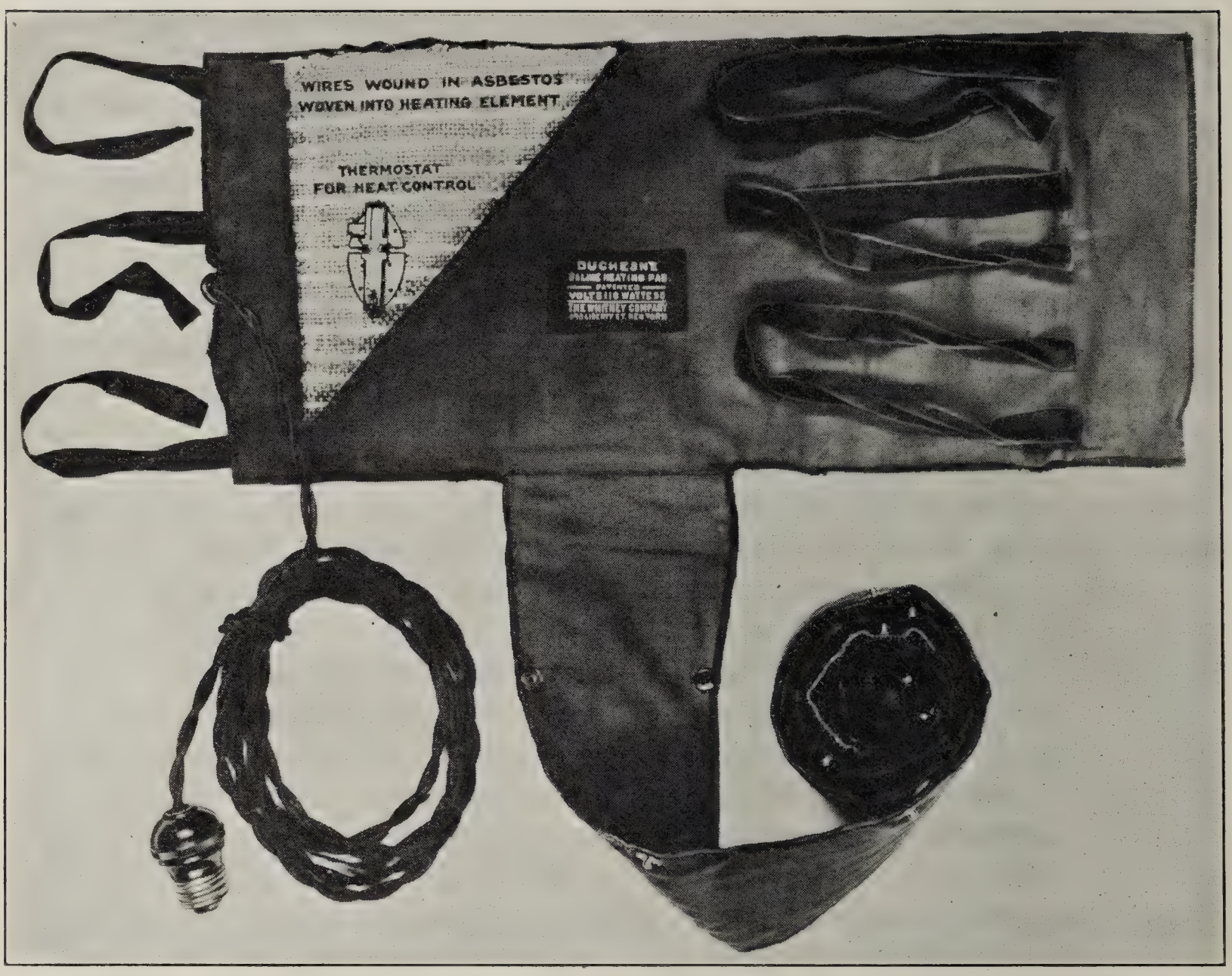
---

[1] Miss J. M. Leach, Somerville Hospital, Somerville, Mass., and Miss M. Goodnow, Children's Hospital, Washington, D. C., were recently appointed a committee to help develop the nursing side of occupational therapy. They will be glad to answer inquiries in regard to it, and to suggest where coöperation may be had.

Recent valuable bulletins of the American Hospital Association are Bulletin Number 40, the exceedingly practical and helpful report of the Committee on Laundry Equipment and Supplies; Bulletin Number 50, the report of the Committee on Hospital Forms Pertaining to Annual Reports; and Number 51, the report of the Special Committee on Gauze Reclamation, which gives a tried method for washing gauze together with startling figures as to the economy effected. The bulletins can be obtained at a cost of 25c apiece from the Association at 22 Ontario Street, Chicago, Ill.

A LABOR-SAVING DEVICE

By Mary Louise Duchesne, R.N.



THE electric pad here illustrated is a mechanical device by which we can improve our practical procedure in giving intravenous infusion, hypodermoclysis and proctoclysis to the advantage of the patient, the nurse and the hospital. The pad with its tail is pliable, light, perfectly safe, easily adjusted and always ready for immediate use, as it can be attached to an electric light socket, heats quickly, maintains a definite degree of heat as long as desired and the cost is reasonable.

Advantages to the Patient

With this appliance the solution will reach the patient at a regular and definite degree of temperature throughout the treatment whether this be ten minutes, one hour, or twelve hours. At the same time by eliminating the necessity of a periodical readjustment of the apparatus, which is always a source of disturbance and annoyance to the patient, we are creating the most favorable condition under which the treatment can be given in order to obtain the desired result.

Advantages to the Nurse

It is not only a labor-saving equipment for the nurse, but an energy-saving device by which the maximum result is obtained with the minimum

expenditure of time and energy. It provides her with a better understanding of the important points necessary in preparing and giving the treatment, for it is just as important that she should know exactly at what degree of temperature the solution will reach the patient at different periods of the treatment, as it is necessary that she should know at what temperature the solution must be prepared.

Advantages to the Hospital

It is a distinct economical factor although the initial cost may seem high. Its safety, durability and labor-saving properties will more than overbalance the cost.

Description of Heating Device

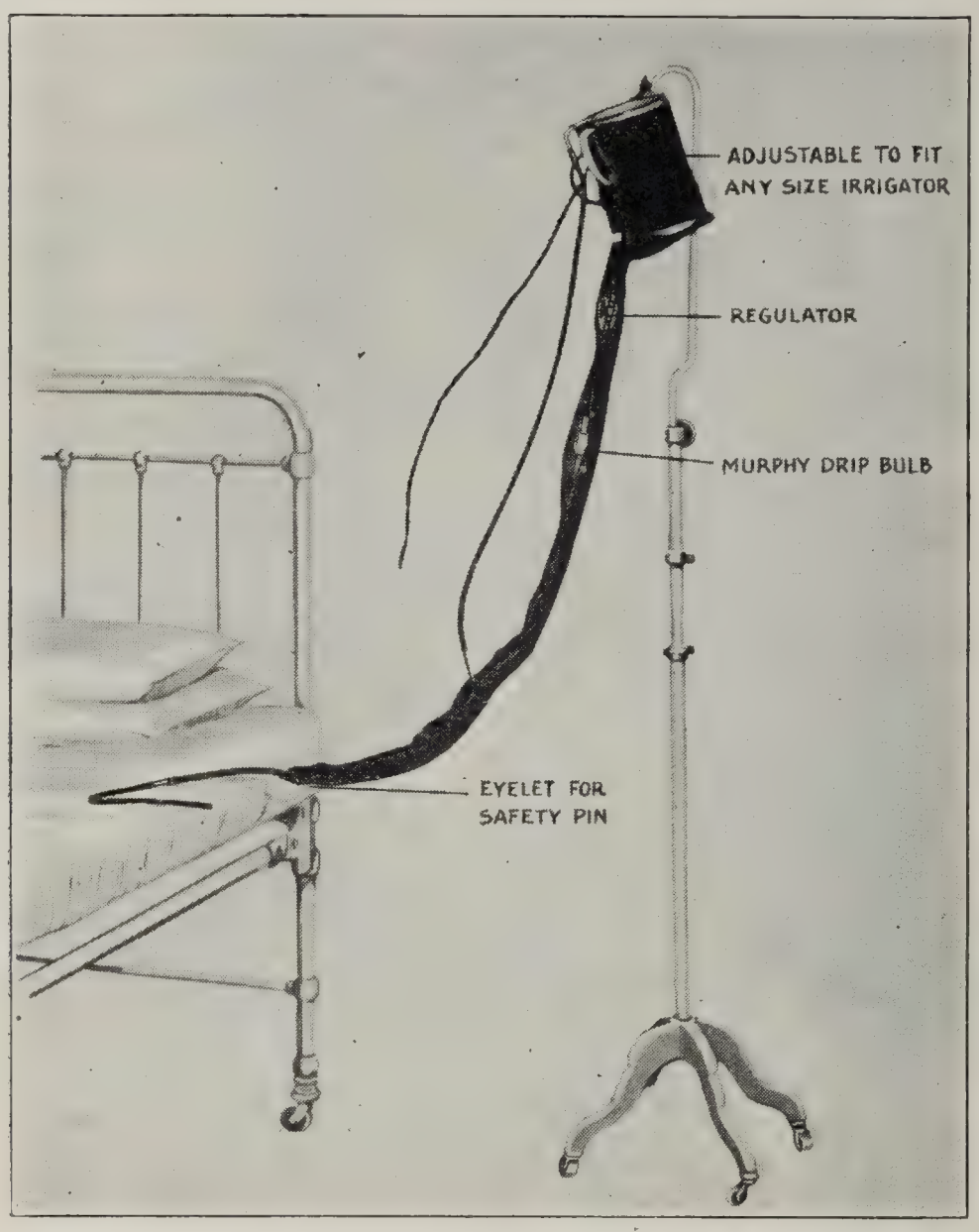
The heating element inside the pad and tail consists of wire interspersed with strands of woven hemp. This wire is of special alloy and thread-like fineness, but is very strong. It is thoroughly insulated with asbestos. A platinum contact thermostat is attached so that a definite degree of heat is controlled automatically at all times when in use.

The pad is 9 inches wide by 21 inches long and can be adjusted to receptacles of various sizes and shapes, by tapes attached to either end of the pad. The tail is 54 inches long and 4 inches wide, provided with snaps so arranged as to completely wrap the tubing, and the end may be secured to the mattress or draw sheet with a safety pin through the eyelet provided for that purpose. The outer covering of the pad and tail are of waterproof material.

This device is so arranged that the heat produced in the pad will keep a solution prepared at 110 degrees Fahrenheit and placed in an open receptacle such as an irrigating can, at a minimum of 96 degrees Fahrenheit, after a number of hours. The temperature of the solution is raised to 106 degrees to 108 degrees Fahrenheit, as



it passes through the tubing by the drop method. Taking into account the loss of heat in that portion of the tube covered with bed clothes, which is 6 degrees to 15 inches of tubing, the solution reaches the patient at 100 degrees to 102 degrees Fahrenheit. This device may be used for intravenous infusions and hypodermoclysis by preparing the solution at the temperature mentioned above (110 degrees F.) and leaving one-half of the sterile tubing uncovered. This solution will reach the patient at 102 degrees to 104 degrees F.



This pad can be adjusted to smaller receptacles by folding both ends back 2 or 3 inches and tying the tapes to hold it at the desired size. It is then secured in place around the bottle with an extra piece of tape. By leaving an open space of one inch between the ends of the pad the graduated scale on the bottle can be easily observed. Only nurses who have, quite literally, spent hours in filling and carrying hot water bags intended to keep solutions warm, can appreciate fully the simplicity of this carefully worked-out device.

THE DELANO MEMORIAL

The Delano Memorial Committee intends to begin work on April 15, the fourth anniversary of Miss Delano's death in France, and the Fund will be closed on that date. The Committee has over $23,000 in hand. $50,000 is needed if a really suitable statue is to be erected, something comparable in dignity and beauty and equally impressive of service rendered, to that recently placed under the dome of our national Capitol in memory of the pioneer suffragists, Lucretia Mott, Elizabeth Cady Stanton, and Susan B. Anthony.

The Committee is sending out letters to groups of nurses everywhere, except those who have already given generously. It is not the intention of the Committee to ask those who have done their part to contribute again, but it is difficult to avoid duplication in mailing lists. Fifty cents apiece from every nurse in the country would over-subscribe the desired amount. Nurses are urged to get together on this. Make yourself responsible for ten gifts of fifty cents each. Make the check payable to the Jane Delano Memorial Fund and forward it at once to the Jane Delano Memorial Committee, Room 1535; 370 Seventh Avenue, New York City. Miss Albaugh is acting as secretary to the Committee.

EDITORIALS

A Boomerang

THE editor of the *Medical Review of Reviews* must be more than a little disconcerted to find that, instead of hitting the nursing profession at which he aimed, he has dealt himself and the profession he is supposed to represent a vigorous blow.

Advance sheets of the February issue, containing a vitriolic and cowardly attack on nurses were sent broadcast to daily papers throughout the country. The avowed intention of the perpetrator of the article was to inaugurate a campaign to put nurses, whom he described as vulgarians, profiteers on illness, and worse, in what he conceives to be their proper place as fifteen-dollar-a-week servants.

A very few papers carried the statements without qualification. A highly gratifying number, including at least one in Canada, rushed unsolicited to our defense and their Editorial writers have said all that needs to be said on the subject. The following, quoted in part from the New York *Globe* is fairly typical of them all:

> The nurses need no defense from such an attack. Their work and their character speak for them. Of course, there are selfish nurses and incompetent ones. The profession was diluted by the great demand during the war, when necessity compelled a lowering of standards. Some women who pose as nurses are undoubtedly ignorant, many are inadequately trained, and others are in the profession merely for the monetary rewards. It is doubtless possible to find some who have infringed against the criminal code. But of what profession and business is this not true? Does no doctor work for fees? Has none ever become a drug addict? How about ministers and priests or even the twelve apostles? Was each faithful to his trust? It might even be possible to find editors who have not measured up to the full opportunities of their profession. It is certainly possible to discover one, both an editor and a doctor, who has displayed in a single article all of the vulgarity which he imputed to nurses.
>
> The medical profession has made much of its code of ethics. Here is an occasion to show its vitality. The professional organizations of this community should upon the first occasion publicly disclaim participation in this affront to common decency and rebuke their associate who has been so wantonly insulting.

Dr. Royal S. Copeland, who has recently resigned the position of Health Commissioner of New York City in order to take the seat in the United States Senate to which he was elected last fall, in a published interview said:

> It's a terrible article. If there are any "Angels of Mercy" left in the world today, they are to be found among the nurses. There are worthy and unworthy members in every profession, no more in the nursing profession than anywhere else. My experience goes back to the time when there were no trained nurses —when one merely instructed a servant girl to read a thermometer as Dr. Robinson advises, so I can speak with authority on the subject of the trained nurse versus the untrained. Of course, there are some unworthy nurses—but there are some unworthy doctors, too. In general, for high ideals, integrity and high character, the nursing profession stands in a very high position. There are people in many occupations using drugs and the percentage among nurses is certainly no greater than any other group or profession.

Speaking of the nurses in his own Department, Dr. Copeland said,

> There is no group of citizens anywhere as conscientious, as hard working, as self-sacrificing as these nurses.

Said the *American Legion Weekly,* speaking editorially,

> Such a ridiculous piece of unfounded criticism would never be given wide circulation in these columns were it not for the fact that it furnishes the *Weekly* an opportunity to voice the sentiment of the men, who, during the war, in Hospitals from California to Switzerland, learned how singularly blessed a woman can be when a man really needs her.

Letters of appreciation and quantities of informational material, much of which has been published, have been sent to the press by the Headquarters Secretaries of the three national nursing organizations.

The net result of this remarkable effort "to put nurses in their place" seems to be that the daily press is more thoroughly informed than ever before on the whole subject of the professional standards of nursing and that public opinion has been definitely stimulated in favor of nurses instead of against them as was so confidently expected by the author of the attack.

A Mistake in Emphasis

THE legislatures of some forty states are in session. Nurses are approaching a number of them, hoping to improve the nurse practice acts; others desire amendments to their laws, but are awaiting later and more favorable opportunity. In at least one, Missouri, pending legislation threatens to break down desirable standards already established.

There is much misunderstanding of the purpose of nurse practice acts. Some of it is wilful and based on prejudice or purely selfish interest. It is formulated usually in two ways: First, that nurses are dog-in-the-mangerish and, although not numerically strong enough to take care of all who are sick, are trying to prevent any other persons from doing so.

The second charge commonly brought against nurses is that they are already (save the mark!) over educated. One despairs of ever convincing that portion of the public which should pay for nursing education that no subject has ever been added to our curriculum before its need has been felt by large numbers of nurses, that most nurses secure their nursing education by painful effort and that they go on and on acquiring knowledge because of the growing and changing needs of patients brought about by the constant advances in medical science. Talk of nursing education quite commonly brings out discussion of class distinction and class legislation,—subjects that are anathema in a democracy.

Nurses need not expect the laity to see the profession as nurses see it. We view it from within and have intimate knowledge as a basis of judgment. The public sees it from without and, far from having an intimate knowledge, they see only the high lights. Our mistake has been that of assuming that legislators, and the public they represent, can see nursing as we see it. They see the distinction made between graduate, undergraduate, and practical nurses as discrimination between individuals. They do not realize the extreme liberality of the waiver clauses which have given opportunity to those who have demonstrated ability in actual practice. We see that distinction in terms of safety to the patients and communities served, and are deeply concerned to maintain a standard for the registered nurse that will really mean that she is a safe person to be trusted with the care of the acutely ill; and to see that other groups

are definitely fitted for valuable service but that, in the interests of safe care for those employing them, their limitations should be known. In our eagerness to arrive quickly at our objective we have made a mistake in emphasis. We have talked of the education and registration of nurses and, to the unsympathetic, have seemed to have been primarily interested in our own status, and more concerned about our educational machinery than about our educational product.

Our state boards and the administrators of our schools will continue, in the interest of their patients and of the students who will one day be graduate nurses, to labor for better teaching and richer curricula. In the heat of the day's work they sometimes give the impression to uninformed persons that the teaching and the curricula are ends in themselves. We have a definite objective constantly in our own minds,—that of meeting the demands upon graduate nurses for many kinds of nursing and health service. We must see to it that this, our true objective is made clear to the public. In all of our thinking and discussions let us place our emphasis on education *for nursing* instead of on the education *of nurses*. When we have "sold" that idea to the public we shall have less difficulty in securing legislation that is intended to measure in terms understandable to the public, the soundness of the preparation of the various types of persons who are prepared to give care to the sick. We shall then have less difficulty in happily and comfortably fitting square pegs in square holes and round pegs in round holes. Not until we have learned to emphasize nursing instead of nurses shall we really be in accord with our public and the change in emphasis will add to, rather than detract from, the dignity of the profession.

Nursing

IT is rather sad that the public can never really get close to the throbbing heart of nursing. Only nurses can know the real rewards of their service but they are inarticulate or deliberately repress expression of their feeling, fearing that they may be misunderstood.

Only the nurse herself can know the lure,—the force that makes her rise from discouragement and face the problems of each day as it comes. All true nurses know the thrill that comes from participation in affairs that are vital, the satisfaction that comes from duty well performed, resulting in improved health and increased happiness for others. Who but a nurse could believe that the cry of a new born child could produce the same upwelling surge of emotion in the calmly efficient supervisor who is witnessing the miracle of birth for the thousandth time as that which all but overwhelmed her when she first heard the sound that announces the arrival of a new soul in the world?

None but a nurse can know the exaltation that comes when she sees the answer to her oft reiterated but unuttered prayer that her skill may help restore a needed life to the family circle. Real nurses know these things. They lie too deep for words and so those we serve judge us by the masks we wear—the masks that convention demands of us all.

Mechanical Ingenuity

SOME wag has said that a man requires a whole kit of tools to accomplish what a woman can do with a hair-

pin! Possibly the feminine gift for getting along with make-shifts accounts for the relatively small number of patents secured by women, or it may be that women have allowed men to appropriate their ideas.

Few, indeed, are the hospitals that do not give abundant evidence of the mechanical ingenuity of nurses but only occasionally are the ideas made available to other institutions. It is a genuine pleasure to find a nurse testing and perfecting by patient experiment a device that will improve nursing technic. The Saline Heating Pad described in this issue is the result of many hours of observation, testing, and careful adjustment. The result fully justifies the effort. Modern efficiency demands maximum results from minimum effort. Miss Duchesne's success in perfecting a device which will obtain this result in the treatment of many conditions should stimulate other nurses to careful experimentation and sound achievement in developing appliances that will give increased comfort to patients and will also reduce nursing effort, thus freeing the nurse for other service.

Personal Hygiene

UNTIL live and stimulating teaching of health becomes the rule in public and private schools, personal hygiene will continue to be a difficult subject to teach in our schools for nurses. Perhaps it is because the subject has been so long pecked at in a perfunctory way in the secondary schools that so many student nurses approach the subject with an air of boredom.

Our Students' Page this month is given to an article based on a very practical application of the address on the health of nurses given by Dr. Caroline Hedger at the Seattle Convention, published in the October *Journal*. At least one instructor made the article a required reading in the preliminary course and instead of giving a set of examination questions on the course, she asked her classes to embody the principles of personal hygiene in a form suitable for an address before a group of high school and college students, in a letter to some one needing such advice, or in the form of an article suitable for publication in the *Journal*.

In our judgment the article fully justifies itself but beyond that, the class has learned to look upon the professional journals as a source of sound information and it gives us an opportunity to express appreciation of teaching of a particularly high type.

League Membership

THE National League of Nursing Education, by establishing an Executive Secretary at National Nursing Headquarters, is prepared to greatly extend its service to members and to hospitals and organizations interested in the education of nurses. A maximum growth of this service is dependent on an increased membership. All who are directly concerned with the education of nurses should ally themselves with this organization. If you are a member, make it your immediate concern to interest those associated with you. Secure application blanks for the persons you know to be eligible and who can be interested if you but do your part.

It is well known that the League was organized as the Society of Superintendents of Training Schools. The change in name which was brought about in

June, 1912, is indicative of its present inclusive membership. No longer is it an association of superintendents, but of those who are actively participating in the education of nurses. The list of positions included in the membership is an ever growing one. In addition to superintendents of hospitals and schools for nurses, it includes assistants, supervisors, instructors, head nurses, heads of departments, members of boards of examiners. It should be remembered that these persons are no longer to be found only in the schools. Many directors, teaching supervisors and others engaged in public health work are directly responsible for some phase of teaching. They are not only eligible to membership, but have a real contribution to make to the group as a whole. Members should seize every opportunity for interesting them in the work of the League.

The Membership Committee believes that a one hundred per cent increase in membership is possible. Every League member should bestir herself to interest those about her, in order that this desirable end may be accomplished. Make a point of securing the application of at least one new member before the meeting in Boston in June.

The public health campaign of the present day is becoming more and more clearly an educational movement, dominated by the motive of improving the hygienic conduct of the individual life with the aid of preventive advisory medical service. In teaching the individual the principles of healthy living, and in bringing the individual into timely contact with the medical resources of the community, the public health nurse has proved herself the most useful agent at our disposal; and the programme of modern public health work in a given community may be measured very closely by the extent to which public health nursing service has been developed.—*From An Ideal Health Department for a City of 100,000 Population, by C. E. A. Winslow and H. I. Harris, M.D.*

The longer on this earth we live
And weigh the various qualities of men,
The more we feel the high, stern featured beauty
Of plain devotedness to duty.
Steadfast and still, nor paid with mortal praise,
But finding ample recompense
For life's ungarlanded expense
In work done squarely and unwasted days.

—*James Russell Lowell.*

WHO'S WHO IN THE NURSING WORLD



XIX. MARY E. LENT, R.N.

BIRTHPLACE: New York State. PARENTAGE: American. PRELIMINARY EDUCATION: High school. Private school, one year. Summer courses at Johns Hopkins University. PROFESSIONAL EDUCATION: Johns Hopkins Hospital. POSITIONS HELD: Head nurse, Johns Hopkins Hospital; Superintendent Instructive Visiting Nurse Association, Baltimore; Associate Secretary, National Organization for Public Health Nursing; Financial Secretary, National Organization for Public Health Nursing; Directing Nurse, U. S. Public Health Service. Helping to raise the endowment fund of the Johns Hopkins School of Nursing. AUTHOR OF: Articles on Public Health Nursing. ADDRESS: 160 Waverly Place, New York.

DEPARTMENT OF NURSING EDUCATION

LAURA R. LOGAN, R.N., DEPARTMENT EDITOR

THE PLACE OF THE TEACHING SUPERVISOR IN OUR EDUCATIONAL PROGRAMME

BY S. LILLIAN CLAYTON, R.N.

IN thinking of this subject, one naturally tries to answer the questions that are presented by the thoughtful individuals who, conscious of a real need in the educational programme of our training schools, are earnestly trying to meet it. We will, then, take up these questions and consider some of the answers that have been submitted.

We are told repeatedly that there is a need for more and better ward teaching. This fact seems to be recognized by everyone as one of the weakest points in our present educational programme. First, Who shall do this ward teaching,—instructors, head nurses, or a new type of teaching supervisor? Second, What should be the function of this supervisor, largely administrative as at present, largely teaching, or a combination of both? Third, What relation should she bear to the head nurses, to the assistant superintendent of nurses, and to the instructors? Fourth, What qualifications must she have, what background, professional and educational? Fifth, What kind of training does she need? How can this training be secured? Sixth, What financial status should she have and what should be her official or academic status in the school?

Some efforts are being made in different places to concentrate on ward teaching, especially in special branches. In Bellevue, a good piece of work is being done in the Pediatric Department. In the Lakeside Hospital, Cleveland, medical training has been organized in the ward. The oldest kind of specialized teaching is that done by the teacher of nursing technic.

It will be enlightening to know what those who have started this work think of it. I shall quote from letters received, believing that it will be better to secure the opinions first hand.

One teaching supervisor tells us that the possibilities of this work loom high, the field is one of keen and important interest, there is great room for development, the problems are many, and to me they present themselves as follows: First, the orientation to the ward situation to determine what it holds in student nurse experience that would be preparation for the work of the future, to make studies of prevalence and prevention statistics, of dispensary and social service activities and to compare these with studies of the individual ward as to kind of disease, hospitalization, treatment, prevention, etc.; second, the following up of the work and study of each individual student on the ward so that the round of experience in medicine may be a definite organization and vital part of her nursing education, (This is extremely difficult because of the constant change of personnel and variety in length of service); third, the presentation of individual cases of rare interest and typical cases of group importance; fourth, the correlation of classroom subjects with the work of the ward; fifth, the relating of the human interest element as the essential of case interest; sixth,

---

Submitted at Seattle in June, 1922, as a report of a sub-committee of the Education Committee of the National League of Nursing Education.

the making of sources of information for more intensive study, both for emergent knowledge and for more protracted, especially designed duty, more accessible; seventh, the developing of a student attitude rather than that of a satisfied perfectly efficient mechanism.

In order to meet these needs, the writer tells us that

this teaching must be done by a teaching supervisor who must be a "teacher of teachers" as well as of the students. She must be a teacher of head nurses. Her work must be largely teaching though her power must be administrative. She must be aware of and alive to the desirable changes in routine and details of housekeeping. She should be in a position to train the students for administrative work. She can best accomplish this through her relation with head nurses, through mutual understanding of working toward one end, through conferences, ward surveys, etc. Her qualifications should be imagination, initiative, human interest, dynamic personality, studiousness, and adaptability. She should have preparation in the sciences, in psychology, sociology, and should have had administrative experience. She must have had hospital training in nursing with a short course in public health nursing and a combination of preparation as an instructor and administrator such as is given in the Department of Nursing and Health, Teachers College, Columbia University. Her status should be the same as the principal's assistant.

In reviewing the qualifications of this teaching supervisor as presented by this worker, we see that she should be a woman with unusual personal qualities, having a sound background of scientific and professional knowledge, with the necessary experience in dealing with practical hospital problems which would make her capable of administrative duties.

To this woman who is so well prepared are offered rare possibilities of service, a work full of keen interest, personal, social, scientific and human. We find that the opportunities for development are curtailed only by her own and the institution's limitations.

Another supervisor who has tried to solve the problem shows a close correlation of duties, administrative and teaching, so close that one can scarcely separate them. Again I quote:

First, I think in a large place the head nurse has too many administrative duties. The work, therefore, of the teaching supervisor should be largely teaching, though her duties must be partially administrative. There will be a great loss in efficiency of the department if there is not a close correlation between the administrator's and the teacher's work. The two must have informal conferences where they shall feel free to suggest and differ so that methods adopted may be the result of general discussion. Second, as to qualifications, she should be able to get along with people and be willing to compromise when necessary, though persuasive enough to secure coöperation for the most part, for otherwise there will be friction and only surface coöperation. She should have had quite a little experience in her line. Educationally, she should have had professional training in teaching. Third, in position she will be the next step above a head nurse.

Again we find the same qualifications necessary. The same rewards offered but a greater combination of theoretical and administrative duties.

Another supervisor who writes concerning the training of teaching supervisors in Obstetrics emphasizes the importance of preparation, of preliminary education, academic work and professional training; also of personality and experience. After writing at length of these, she reaches the following conclusion:

Having the ability and the knowledge to teach is important, but of equal, if not greater importance, is the *desire to teach*. A supervisor may possess both the ability and the knowledge necessary for teaching, but

unless she really wishes to give that knowledge to others, she will never be a success as a teacher. This desire to teach should be so strong that it will not be lost as she assumes other responsibilities.

I am sure some of you will at once ask if a supervisor should have other responsibilities and I answer yes. I think the one who teaches Obstetrics should be the Supervisor of the Obstetrical department, responsible for the care of the patients as well as the teaching of the students. She should have a sufficient number of assistants to relieve her in the detailed work so as to give her time to teach both the theory and the practice, but she should be responsible for both the teaching and the carrying out of that teaching in the care of the patients. I wonder if the present trend of training teachers is not to separate too much the theory from the practice. Is the teacher who is responsible only for the teaching and not for the use which the student makes of the subject taught, doing the best kind of teaching; can the student, without help, apply to best advantage what she has been taught? Who can give her the best help; should it not be the teacher who has taught the subject?

We have felt we should get away from the apprenticeship method of teaching,—but should we get away too far? Is not the ideal teacher of Obstetrics the one who combines scientific knowledge with the practical methods and who checks up each student's daily care of the patients, showing her how to make use of her scientific knowledge?

In the light of these opinions from those in the actual field, together with a large number of opinions to which I have not referred, may we not answer the questions that have been asked us by the thoughtful individual who, conscious of a real need in the educational programme of our training school, is honestly trying to meet it as follows: We desire to meet the need by bringing to it as much as is needed in the form of preparation, of ability, personality, and experience. At the same time we must not divide the feeling of responsibility or take any of the real life out of the ward unit by so dividing the interests and obligations as to weaken the foundation upon which it has rested.

It has been necessary in the growth and development of the ward unit to introduce into our system teachers who have been especially trained for their positions, some to teach nursing technic, some to teach sciences, others to teach in the wards at the bed-side of the patient all the details of the disease from which the patient suffers. The last-named teacher is called upon to correlate the science, the technic, and the disease. All of this has seemed necessary and has been a step in the right direction. It has been difficult for the hospitals and schools to make the adjustment. The women who have occupied positions as head nurses have felt that some of their responsibilities in the education of the nurse have been taken away from them; that to them has been left the department only,—in other words, the case that has held the jewel. They have recognized, if they have been thoughtful people, the importance of the case if the jewel is to be protected, but they have lost interest in it when it has been separated from the real life of the department which is offered through contact with the student nurse in her relation to the patient.

This has been the g r e a t e s t loss that our present system has brought to us. The advantages have been many. Is it not possible to have this person of whom we are speaking so placed in the department that the good in the old system can be retained with the added value of the new?

The following statement comes from one of our group who has been a head nurse, a teacher, a supervisor and a superintendent, and after due consideration of all of these points of view she makes the following statement which is worthy of our careful consideration:

Therefore, I can think of a ward unit from the standpoint of teaching, only in terms of one properly qualified head nurse (call her what you like) with properly qualified assistants and enough nurse helpers to relieve the students of all work unrelated to nursing but commonly judged a necessary part of her preparation, of routine duties so often repeated by student nurses and which can be delegated to a nurse helper or a ward maid. I believe the head nurse, in coöperation with the instructor of nurses, should be the logical teaching supervisor. Given the proper assistance and a stimulus, the criticisms now made of this worker can be overcome. Among the criticisms are the following,—that there is difficulty in combining supervision and teaching, that there is insufficient supervision, that the head nurses do not have the proper point of view regarding the student's needs, and that the head nurses lack an objective, which detracts from concentration on the teaching of nurses.

An innovation of a new teaching supervisor would not correct these criticisms, for there would be confusion due to the duplication of authority. There would be a division of responsibility with a consequent evasion of responsibility for thoroughness in nursing technic, accuracy, and interest in the nurses and patients.

The teaching supervisor is really a new and better head nurse whose qualifications should be considered very carefully from the educational and professional standpoint. She should have a high school education, should be a graduate of an accredited school of nursing that provides a well grounded experience in all phases of nursing, and in addition to this she should have a thorough groundwork in nursing technic combined with a knowledge of sciences, in order to interpret her work scientifically to the students. Her personal qualifications should include a stimulating personality, enthusiasm, adaptability, dignity, the desire and ability to impart knowledge, patience, and willingness to repeat. She must have respect for the opinions of others and ability to win coöperation. She must have a keen and sympathetic understanding of students' problems. She should have enough outside interest to avoid a lifeless routine that tends to make her work mechanical and enough vision to see her opportunity as a teacher in relation to the students.

The salary attached to this position should be sufficient to prevent frequent changes so that continuity in the teaching of nurses be maintained.

As to her position in the school, she should be a member of the faculty.

These head nurses or teaching supervisors may be prepared for their work by having definite courses established in the colleges for them. These courses should be carefully arranged and planned to be applicable to their work.

You see by the above statement that I believe the function of this supervisor is educational, administrative, and supervisory; that given proper means and help, she will see that the students have more time for finished technic and nothing in the ward unit of life and interest will be lost.

We should like to offer this last quotation to the eager questioner of today as a way in which the real need in our educational programme may be met and our women recognize the advantages that this position offers. The following present themselves as important; first, it will be necessary to provide a most thorough preparation for it; second, hospitals must demand these properly qualified officers; third, a premium must be placed upon an intelligent, efficient service; fourth, added to this will be the proper recognition of their preparation and of their position from the standpoint of salary and professional status.

The fact that these things have not

been done is largely due to the process of development of our institutions and to the lack of understanding on the part of all concerned. The adjustments are being made gradually.

To such a position, the woman properly trained must offer her interest in science, her interest in the social problems surrounding her. She must hear the call presented by the human problems and last but not least in her relation to the student she must as a teacher, as a supervisor, and as an administrator be concerned with the greatest problem of all,—the development of women.

ITEMS OF INTEREST

On January 2, 1923, Effie J. Taylor took office at the National Nursing Headquarters as the full-time Executive Secretary of the National League of Nursing Education. Miss Taylor is well known to the nursing world as the former Associate Principal of the Johns Hopkins Hospital School of Nursing.

To League members she is known for her splendid service for many years on its Board of Directors and as Secretary during 1916 and 1917.

Miss Taylor tells in this issue how the National League Headquarters plans to serve to the fullest extent the interests of nursing education.

At the meetings of the Board of Directors of the National League of Nursing Education held in New York, January 16-19, 1923, it was announced that the Illinois State Nurses' Association had voted to give $1,000 to the National League of Nursing Education. This sum was set aside by the Illinois State Association in 1920 for the work of an Interstate Secretary.

That the nurses of the State of Illinois are interested in fostering nursing education there can be no doubt.

This gift is most timely. The League has undertaken a large programme for the coming year. In order to carry out this programme effectively it has been necessary to install a full-time executive secretary and the League has been particularly fortunate in securing the sesrvices of Miss Taylor for this office. Such an expansion of work necessarily calls for an increased budget. Illinois has set a royal example in the way of substantial financial encouragement.

The maintenance of productivity and the advancement of the things of the spirit depend upon the ever renewed supply from the mass of those who can rise to leadership. Our social, economic, and intellectual progress is almost wholly dependent upon the creative minds of those individuals with imaginative and administrative intelligence who create or who carry discoveries to widespread application.—*Herbert Hoover in American Individualism.*

HEADQUARTERS NATIONAL LEAGUE OF NURSING EDUCATION

By Effie J. Taylor, R.N., *Executive Secretary*

IN 1914, at the Joint Convention in St. Louis, Clara D. Noyes suggested that a committee be appointed to consider the question of establishing a National Nursing Headquarters. The Committee was formed with a member from each organization: Mary C. Wheeler, Chairman, representing the American Nurses' Association; Martha M. Russell representing the National League of Nursing Education, and Edna M. Foley representing the National Organization for Public Health Nursing.

The need for a central place from which the national nursing organizations could function had long been felt. A home was needed in which could be gathered all data relative to nurses and nursing and from which could go authoritative information and helpful advice.

Particularly was this need felt by the National League of Nursing Education as its Secretary who carried a great deal of the work of the organization was always a volunteer worker and often an important officer with a full and more often over-flowing day's work in a busy hospital or school of nursing.

For this reason a frequent change in officers occurred which necessarily influenced the progress of developing educational work to a great degree.

Between the years 1914 and 1918, the Committee, changing somewhat in personnel, was at work studying ways and means by which the idea could be made practical to the nurses in general and the plan satisfactorily financed.

In 1919, the Bureau of Information for nurses was established by the Red Cross to assist nurses when demobilizing to obtain positions in hospitals, schools of nursing and in the public health field. Not only was this bureau helpful in placing the nurses returning from service in suitable positions but it also served a great need to institutions by having the credentials of a great number of nurses in an active file from which the hospitals and schools of nursing could appoint suitable and desirable persons to fill important educational and administrative positions. It was a means of fitting the right person in the right place which demonstrated again the value of a central place to which one could turn. The use that was made of this bureau during the period when it was one of the Red Cross activities, demonstrated its value to the nurses themselves and also to the institutions.

The time, however, drew near when the immediate need for which it was organized would be over and as the Red Cross is specific in its function it felt that its attention could not be directed to what was no longer an emergency. The question of National Headquarters was revived and at Atlanta it was voted to establish a National Nursing Headquarters office in New York. A Committee of three from each organization, including the American Red Cross, was designated a Joint Headquarters Committee, and funds for financing it, through the influence of Miss Noyes, were contributed by the Red Cross for one year.

During this period the headquarters work of the American Nurses' Association and the National League of

Nursing Education was conducted under the direction of R. Inde Albaugh, who was Director of the bureau when it was organized as one of the Red Cross activities.

As a Headquarters of the National Nursing Associations the work began to expand, and one of the first responsibilities undertaken by it was the development of a plan to recruit student nurses. A sub-committee of the Joint Headquarters Committee prepared publicity material and developed a plan for its distribution. This entire piece of work was financed by the Red Cross and it is gratifying to find how far-reaching in its influence it has become. Material for recruiting student nurses is still available in large amounts and State Leagues and other organizations are urged to make use of it. The material is prepared in such a way that it can be used in the future as well as in the present.

The second year it was necessary that the responsibility of financing the Headquarters of the American Nurses' Assocition and the National League of Nursing Education be assumed by each organization. It was always the hope of the organizations that the time would come when it would be possible to appoint an Executive or General Secretary at Headquarters for each of the two National Organizations to hold a similar position to that held by the Executive Secretary or Director of the National Organization for Public Health Nursing, but during the first year of assuming their own financial responsibility this was impossible, as it was a serious problem how to meet the expenses even if kept at the minimum. Because of this the personnel was not increased and while the organizations functioned separately, as their needs and responsibilities were separate, they were still managed under the direction and guidance of one office director.

With the present year and a possibility of an increased income, a Secretary was appointed to develop the work of each organization in accordance with its own particular purpose.

In 1920, at the Atlanta Convention, Miss Nutting, Chairman of the Committee to present a plan for the transfer of the Bureau of Information to the National Organizations, described with her wonderful insight and vision for the future, some of the possibilities for the development of the work at Headquarters.

The plan as outlined by Miss Nutting included:

1. Offices for representatives (secretaries) of each of the three National Associations where information could be obtained concerning their work; where their records would be kept, and from whence their publications, reports, etc., would be issued.

2. A Bureau of Appointment and Advice for nurses seeking positions, and for hospitals and training schools and other organizations seeking suitably trained workers. Advice concerning possible fields of work and special training would also be given here.

3. A division of publicity should be established as soon as possible.

4. An office for the American Journal of Nursing, the official journal of two National Associations, providing a center into which news and information would be constantly flowing.

5. A library and reading-room which would contain all important nursing literature, complete files of the nursing journals of this and other countries, full reports of Proceedings of all our societies, state laws dealing with registration of nurses and current nursing, hospital and health periodicals and

other publications of interest and importance to nurses.

6. Finally the combined forces of all these departments would be constantly and actively at work upholding better educational standards, and caring for the professional interests of nurses and nursing throughout the country.

The headquarters would be in a word a common symbol of our common purposes—a center to which we could all continually turn for help.

And now, after two years, how far has this vision become a reality?

The Secretary of the National Organization for Public Health Nursing was already established with a well equipped and thoroughly organized office and staff of assistants but it was not till January first of the present year that Secretaries for the two other National Organizations assumed the duties at Headquarters. The offices had been organized by Miss Albaugh and in coöperation with the Education Committee of the League and an active Publication Committee, of which she was Chairman, reprints and literature on nursing and nursing education were made available and many hundred copies were sold or distributed from which was netted a substantial return for the development of the work.

As a means to assist further in the financing of League Headquarters, three Calendars,—1921, 1922, 1923,—were compiled by the Publication Committee, printed and sold through Headquarters, from which were realized several thousand dollars.

The 1922 Calendar was bound in the form of a booklet that the important information which it contained and the photographs of American early leaders in nursing may be preserved as part of one's library on the History of Nursing, and the 1923 Calendar will be bound as soon as the Calendar is out of issue. The 1923 Calendar contains sketch biographies and photographs of the later leaders in nursing and the 1924 Calendar which will be issued at Christmas will add twelve more to the number. One can hardly afford not to own these publications which are still available at Headquarters. Calendar at $1.00 and booklet at 35 cents.

The Placement Bureau is being developed and should be an important and valuable help to our nurses in the field and to administrators in hospitals. Not only is it available and useful to nurses seeking positions in hospitals, or schools of nursing, and to administrators in hospitals seeking a competent staff, but it is being developed to be of assistance to all nurses who need information and advice in the selection of any branch of nursing work. Scarcely a day passes without some new problem being brought to this Bureau, and questions come for solution of which one had not even thought. In this activity the secretaries of both the American Nurses' Association and the League coöperate. Problems relating to hospital administration and education naturally come to the Secretary of the League, while problems relating to laws, registration, nursing registries, and many other lines of work not primarily institutional nor educational branches of nursing, are referred to the Secretary of the American Nurses' Association. It is in mind that a study of nursing registries may be soon made, and when information is obtained, the private duty nurse will find the help she needs in making a selection of the right place in her community to which she

should refer. Nurses are engaged in so many lines of work that it will be difficult to limit the number of studies which it will be desirable to make.

A file is in process of making which eventually will contain answers or references to the many questions which now come and will come in greater numbers to Headquarters for solution. It is the aim of the three Headquarters Secretaries to obtain information as rapidly as possible on everything pertaining to nursing so that when the child comes for bread it will not be given a stone.

Records of the credentials of nurses and institutions are rapidly being compiled and placed on file so as to be available to the three organizations and each has now the advantage of the other's investigations as soon as they are complete.

The community spirit and the spirit of good fellowship is everywhere demonstrated at Headquarters, and each organization has a share in the wealth of the other.

One of the great advantages of Headquarters is the pooling of interests and resources, thus preventing a duplication of work and effort in passing over information. Conferences are held almost daily on some question or other which is settled more easily, satisfactorily, and efficiently because of the opportunity for an interchange of thought and advice, and many questions which might become serious because of misunderstanding, may be quickly and clearly understood.

In addition to the three National Nursing Organizations, the *American Journal of Nursing* has an office at Headquarters, and here the Editor of the Journal meets in conference with the Secretaries and through her a wealth of helpful information pours into the several offices. Many times a day she is seen at the door of one or other of the offices of the Secretaries with a pencil and paper in hand, giving or seeking advice on some problem which she feels of vital interest or one which has been brought to her attention, for the Editor makes innumerable contacts, both lay and professional, and not being definitely attached to one or the other but representing all three organizations, to some extent at least, her advice and judgment are unbiased, and for that reason is all the more helpful because free from prejudice.

The division of publicity Miss Nutting dreamed of in the first outline, has not been developed to a large extent. The publicity material compiled by the Committee for the Recruiting of Student Nurses has indeed been of tremendous value, but other and more active forms of publicity are in process of consideration. The first time that Headquarters was given publicity in a magazine other than the *Journal of Nursing*, was in the last issue of *The Survey* when it was decided to call the attention of the public to the fact that at 370 Seventh Avenue, the only official Nursing Headquarters was established. This advertisement was designed to correct the impression given to the public through an announcement in the foregoing number of *The Survey* that a registry in Chicago was official headquarters for information and advice.

The dream for Headquarters has become a reality, but Headquarters will not or cannot fill the need or fulfill the greatest function to the nurses, institutions and general public unless it has

the unqualified support of every nurse who is a member of our great National Organizations.

Headquarters is for you and belongs to you and the Secretaries are there to gather together all the wealth of information they can find for your use and benefit, to help maintain standards and assist more quickly in bringing to pass our ideals for nurses and nursing.

AN INSTITUTE FOR INSTRUCTORS

An institute for instructors and all nurses interested in teaching in Schools of Nursing was planned and carried on by the St. Louis League of Nursing Education, January 26 and 27. The lectures and demonstrations were given in the amphitheatres and class rooms of Barnes Hospital, Children's Hospital, and Washington University Medical School.

The opening session on Friday morning was conducted by Helen Wood, Director of Washington University Training School, who discussed the various bills regarding registration for nurses which are being presented during the present session of the Missouri legislature. At 10:30, Janet Ritchie, Director of the Junior League Workshop of Barnes Hospital, gave an interesting talk on Occupational Therapy and Its Relation to Nursing which was followed by a visit to the shop, watching the patients at work.

During the afternoon, demonstrations of procedures in medical and surgical nursing were carried out by pupil nurses under the direction of two instructors,—Alma Corbitt of Washington University Training School and Pearl Castile of St. Luke's Hospital Training School. Preparation for delivery in the home was demonstrated by Ferol Eckman of the Jewish Hospital. Orthopedic appliances were shown at the Children's Hospital by two of the head nurses, Doris Weber and Louisa Hudson.

The main feature of the evening's programme was a most interesting lecture on Infant Feeding and the Care of Sick Children given by Dr. W. McKim Marriott, Professor of Pediatrics of Washington University Medical School.

On Saturday morning, members and guests assembled in the Department of Chemistry at the Medical School where Irene Koechig spoke on Aims and Methods of a Course in Chemistry for Student Nurses. The correlation between Chemistry and the other sciences was strongly emphasized. Following this excellent paper groups of students carried out certain experiments in the laboratory, proving that they had learned to connect this study with certain facts that they had learned in Physiology. During the remainder of the morning Miss Weeden of Harris Teachers College gave many helpful suggestions regarding the teaching of Personal Hygiene and showed charts, graphs, and scrap-books which had been made by some of her enthusiastic pupils.

The afternoon session was opened by Grace Lieurance, Superintendent of Nurses of St. Luke's Hospital, who spoke on Teaching of Ethics and History of Nursing and showed lantern slides illustrating the latter subject. The institute closed with a short paper by Grace Reid, Instructor in Washington University Training School, on Teaching Drugs and Solutions, followed by a demonstration class in recitation and laboratory work. Specimens that may be easily obtained from any butcher and that are most helpful in teaching Anatomy, were shown at this time, also.

The interest in the success of this institute was evidenced by the hearty coöperation of the members and the attendance which included nurses from Missouri cities three hundred miles away.

DEPARTMENT OF RED CROSS NURSING

CLARA D. NOYES, R.N., DEPARTMENT EDITOR
Director, Nursing Service, American Red Cross

REINSTATEMENT PRIVILEGES ON LAPSED INSURANCE POLICIES FOR EX-SERVICE NURSES

THE U. S. Veterans Bureau is endeavoring to advise every nurse who contracted for government insurance, as a member of the Army or Navy Nurse Corps during the World War, of their rights to reinstatement privileges on lapsed insurance policies. Very liberal terms are offered by the Bureau whereby payment of two such premiums is in some instances sufficient to bring insurance back into effect.

U. S. government life insurance offers all the usual forms of policies such as Ordinary Life, Twenty-Payment or Thirty-Payment Life, Twenty-Year or Thirty-Year Endowment, and Endowment Maturing at Age Sixty-Two. In view of the fact that the government carries the overhead cost of this great insurance business, it is able to offer insurance at more liberal terms than commercial companies can do.

Every nurse who has allowed her government insurance to lapse shsould inquire at the nearest District or Sub-District Office of the U. S. Veterans' Bureau concerning the possibility of reinstatement. War Term Insurance (the form of insurance issued originally) should be converted prior to March 3, 1926, into some one of the permanent forms of insurance listed above.

NEW BUILDING FOR SCHOOL OF NURSING IN HAITI

The readers of the *Journal* will probably recall that a School of Nursing under the supervision of Red Cross nurses has been slowly developing in Port-au-Prince, Haiti. The details in connection with the organization of this School were described some months ago in the *Journal*.

About two years ago the American Red Cross gave $10,000 for the purpose of erecting a building for this School. The construction of this has been completed, and on the 13th of January, 1923, it was formally opened and immediately occupied by the students. It is located in the grounds of the City General Hospital which, although maintained by the Haitian government, is under the general supervision of the Sanitary Engineer of Haiti, who is a medical officer of the United States Navy. It is a two-story building of brick, and about forty-seven by sixty feet in dimensions. Living rooms, dining rooms, pantry, two class-rooms, reception rooms, and shower baths occupy the first floor. The second floor is used for sleeping purposes, with a study room for the nurses. In a letter from Marion Stanley Doane, who has recently assumed the direction of the School, she states:

> The new home provides very satisfactory rooms for demonstrations and lectures. I need charts and necessary teaching equipment.
>
> (A Chase doll has already been sent.)

Text-books form the greatest difficulty, as only one student out of twenty-four speaks English, all the others speaking French. There appear to be

no text-books in French available, while the work of translation would be too expensive. Vashti Bartlett, the first Red Cross nurse to be assigned to that country wrote a small textbook on Dietetics, while Miss Griffith, her assistant, wrote a brief circular on Surgical Procedure, both in French. With the exception of these two books no other French textbooks are at hand. This, of course, makes the question of class instruction exceedingly difficult, and the students must depend largely upon their notes and the practical instruction at the bedside of the patient or in the class rooms. Since the organization of the school, twenty-six nurses have graduated, while something over twenty are now in training. The question of employment after graduation has been a serious one, but as the position of the nurse and her usefulness begin to be understood, the demand for them is growing.

News From Greece

Recent communications from Greece estimate the number of refugees anywhere from seven hundred thousand to a million. The first report of one million and a half was probably an over estimate. The condition among the refugees in and about Athens, Salonica, the Greek Isles and Corfu gives a tragic picture of the conditions. In a letter dated December 22, 1922, from Salonica, Stella Mathews makes the following statement:

Conditions change rapidly, today one family may be here and tomorrow another. The government is moving them on as rapidly as possible to villages and farms, but others are then sent from worse places, some absolutely without covering other than sacking. Yesterday at camp the kiddies and nursing mothers received the first supplementary feeding of corn grits, which has only now been received, and they enjoyed the food very much. Milk stations and also stations for the other foods are being arranged at all of the camps, and this will help greatly, but not so much as it would if there were a greater supply of quinine. Almost every child has an enlarged spleen and is copper colored. Everyone has malaria. Clothing from materials which we have is being made at the camps, by refugees, for the children. There is not nearly enough yet to go around, but we can give to the worst cases.

Since this letter was written, supplies from the American Red Cross, clothing made by the Chapters all over the country, knitted goods, and food have reached that country in large quantities. Even under the pressure of hard work, harrowed by the distress of the refugees, Miss Mathews still has an opportunity to observe from the Personnel House, where the Red Cross workers live as one family, the beauty of the surroundings. She states:

It is a fine location, (the Personnel House) looking over the Bay which is filled with all sorts of vessels, mostly with sails, which are always beautiful especially with the sails set. We face the West, and the sun sets back of Mt. Olympus, so every night there is a changing picture of beauty. On the other side we see the old ruined town with minarets that were erected by the Turks when they ruled Salonica. From another window we see the White Tower built in the fourteenth century, and even today used for a prison, but fit for nothing except as a relic. It is cold here, there has been ice in the Bay, the first in fifteen years, but when the sun shines it is very warm.

One can picture the terrific distress of the refugees, suffering from cold and the consequent illness and mortality that must follow. Some of the pictures which have been sent by the nurses show this in a most acute manner. The organization of the camps is rapidly

being accomplished, clinics are being developed, medicines distributed, and while only a small number of Red Cross nurses are being utilized, they are directing much of the work and utilizing such individuals from among the refugees as are qualified. In a recent letter, Mrs. Charlotte Heilman speaks of the great need for layettes, such as those which the Red Cross Chapters have made in large quantities, and although thousands of them have been shipped from this country the need for more seems never ending.

Adaptation of the Red Cross Course in Home Hygiene to the Girl Scout Merit System

A plan of coöperation has been developed by the National Girl Scout Organization and the American Red Cross, and a pamphlet is issued jointly by them which contains comprehensive information as to the national plan of coöperation. It also includes an outline of the instruction, which is the Red Cross standard course in Home Hygiene and Care of the Sick, but shows a rearrangement of the subjects under the Girl Scout merit tests of "Health Winner," "Home Nurse," "Child Nurse," and "First-Aid." The receipt of a Red Cross Home Hygiene certificate will entitle the Girl Scout, without further examination, to these merit badges, provided she has lived up to the additional Scout requirements in these subjects. It is expected that this plan of coöperation will result in a wider use of the Red Cross Home Hygiene course, and a closer relationship of the two organizations, both nationally and locally, and in increased community service.

Any local Council of Girl Scouts interested in Home Hygiene instruction may apply to the nearest Red Cross Division Director of Home Hygiene and Care of the Sick, who will supply information as to the necessary procedure.

Delano Red Cross Nurses

Three Delano Red Cross Nurses are now serving as "missioners of health" to widely scattered areas of United States territory. Stella Fuller on the Alaskan Peninsula, Edith Spiers on the islands off the Coast of Maine, and Margaret Harry at Highlands, North Carolina. These nurses send interesting accounts of their work and the great distances they must travel from time to time in order to reach isolated cases.

Miss Spiers in a recent letter speaks of the intense cold on Swans' Island, and explains why she could not secure photographs requested by National Headquarters, as follows:

> Old Sol has deserted us and we have only snow and rain accompanied by wind which I will remember all the rest of my life.

She uses skis to get about from patient to patient and is establishing a center where the classes, clinics, etc., can be held. The makeshifts that she must use and the difficulties under which she must work speak of great devotion to duty. If Dr. Frederick H. Robinson, Editor of the Medical Review of Reviews, in an editorial in which he ascribes to the nursing profession every known fault and the lowest of motives, could read the letters of this one nurse alone he might realize that the spirit of sacrifice and devotion displayed by Florence Nightingale and which he says "no longer exists" is still burning brightly in the hearts and souls of many nurses.

Nursing Notes

Theodora Legros, who has served under the Red Cross in Roumania, has been reassigned to service in connection with the School of Nursing at Sofia, Bulgaria, under the auspices of the American Red Cross. She sailed on January 27 to serve as Miss Torrance's assistant.

Fanda Ruzickova, from Prague, Czechoslovakia, who has been a student at the Massachusetts General School of Nursing, graduated with the class of 1923 on January fourth. Miss Ruzickova was brought to this country by the American Red Cross to be prepared to assist in the School of Nursing at Prague, which was organized and has been directed by American Red Cross nurses since 1919. She returns on the first of March.

From far away China where a number of Red Cross nurses are engaged in various parts of that country in developing Schools of Nursing, come interesting messages. Nina D. Gage, who is Dean of the School of Nursing at the Hunan-Yale School, Changsha, China, to whom a Christmas card had been sent by the Director of Nursing in Washington, D. C., extending Christmas wishes to her and her students, sends the following message:

> You were very kind to think of us, and send that Christmas card to the Red Cross nurses. I have circulated it, and everyone was so pleased to see it, and appreciative of your thought of us.
>
> And as for my pupils—if you had seen their eyes shine in the chapel when I told them of your card! I had your greeting translated, and posted the card on the bulletin board afterward, and the crowd around it was great. They really felt that they were a part of a great world profession, because they had Christmas messages from someone in the United States, who is in the same work as they hope to be later. They wanted me to thank you very specially, and send you their heartiest good wishes for a glad and happy New Year.

Miss Gage continues her letter by the statement—"they are now beginning the old discussion of the 'over-trained nurse' in China. The doctors are beginning to worry lest the nurses are learning too much." She speaks of the receipt of the Rockefeller Report, and is looking forward to it as a great support to the work of nurses in China. She also reports that some films of their work have been taken, and that they are busy cutting out the superfluous material, so that progress in nursing is to be noted in China as well as elsewhere.

A letter from Cora E. Simpson, who is Secretary of the Nurses' Association of China, and a member of the Red Cross Nursing Committee at Shanghai, brings the following message:

> We want you to know that we want to do all that we can to make the Red Cross loved over China even more than it is now, and that will be saying a great deal. I was at Swatow a few days ago, and wish you could have heard the expressions of gratitude. One Chinaman whose English was lacking, but not his appreciation, said: "Red Cross he bury all dead men. All men not die he give new pair pants for head and arms and legs and feet. He all have big heart." He was much interested in my pin which I always wear.

The American Red Cross has done a great deal through its Committee in China to assist through various calamities such as flood and famine.

FOREIGN DEPARTMENT

LAVINIA L. DOCK, DEPARTMENT EDITOR

SISTER Agnes Karll writes with touching appreciation and responsiveness in regard to gifts of money which are reaching her from American nurses. She is able to make every dollar go to its utmost in relieving pathetic cases of illness, breakdown, or destitution from unemployment among the older Sisters.

The newspapers make it perfectly plain that the middle classes of Germany are undergoing severe hardships and as it is to that class that nurses, medical men, teachers, etc., belong, we may realize what it means to them when the cost of living doubles over night.

One would think that the world generally would feel some wish to help a country which has thrown off its imperialistic militarism; which has enfranchised women and given them seats in Parliament; which has been taking "hate teachings" out of the school books; which has become a republic with a sincere, upright working-class President; which is now offering only "passive resistance," moral force, to physical force.

But instead, sadly enough, the opposite seems to be the case and it often seems as if the young, struggling Republic were detested more than the autocratic Empire, and as if other countries were more determined now, to kill out a dawning democracy than ever they were of old to get rid of Empires and Emperors. Meanwhile the nurses are thankful for the help we can send them.

(In the December *Journal* it was requested that contributions for German nurses should be sent to Sister Agnes Karll. Sister Agnes has been recently called to her mother who is ill, in a country place, so contributions may be addressed, instead, to Berufsorganisation, Regensburger Str. 28 IV, Berlin, W. 50, Germany.)

The newly organized Association of Uruguayan Nurses, according to *La Manana* the first of its kind in South America, has decided to adopt as its badge a white cross on a light blue field, bearing the initials A. U. N., and the words Honor, Patria,—the motto of the Association.
—*Bulletin of the Pan American Union,* November, 1922.

NURSES AND INFANT MORTALITY.—Using data given by Dr. Julio A. Bauza, director of the baby welfare stations in Montevideo, *La Manana* of that city presents in an editorial a highly interesting statement of infant mortality conditions and considerations arising therefrom. At the beginning of 1921, the population of Montevideo was given as 363,000; somewhat more than 2,000 children under 2 years of age died in 1920. The public welfare board spends almost $1,000,000 annually for the Larranaga Asylum, the protection to infancy service, Pereira Rossell Hospital and mothers' homes. More doctors, *La Manana* believes, are not necessary for future work, but many intelligent, well prepared nurses. The Uruguayan Red Cross has offered to supply this need, at least partially, by offering free to the public welfare board the services of 100 nurses. "It is demonstrated fact," says *La Manana,* "which needs no discussion, that ignorance is the chief cause of infant mortality. To control this factor the teaching of the kindly, intelligent nurse is necessary in the homes of the poor."

DEPARTMENT OF PUBLIC HEALTH NURSING

A. M. Carr, R.N., Department Editor
National Organization for Public Health Nursing

PINE GROVE CAMP

By Adele S. Poston, R.N.

IS there anyone who does not occasionally feel an urgent desire to bury himself in the greenness and fresh solitude of the woods?—however much the practical details, such as the clinging dampness of rain, prevalence of ants, worms, spiders, and unknown animals, may detract from his ever carrying out the desire?

It is for those who have been buried in noisy cities, or who have been ill and to whom vital energy is slow in returning, or who have been living in situations in which they cannot seem to find their right place, that Pine Cove Camp has been established. Here a group of highly trained advisors may be found, to help such persons in the long pull back from ill health or unhappiness. The directors and counsellors of the camp are all in a position to skillfully direct the problems of young people in need of exceptional requirements, and the soothing influence of our Maine woods, with the carefully regulated routine of camp, bring more than the desired results.

A girl who loves athletics may find at Pine Cove every opportunity to swim, paddle, row, play tennis, baseball, basketball, and all the other sports she loves. On the other hand the girl who has never known how to use her body skillfully is taught those sports best suited to her needs. Here she learns the value of keeping a level head, of thinking and acting quickly. And here too she feels the joy of the keenest effort, and the thrill of a healthy body responding instantly to her command.

Having once been started on the trail of perfect physical health, mental blessings begin to crowd in on these campers in untold numbers. The relaxing influence of the sun, wind—yes, and the rain—which constantly surround those living in the out-of-doors—chases away unhappiness. The depression which may follow illness is changed to a cheerful, wholesome point of view, and a balance is gained as to the best means of dealing with life.

Too often do we find or hear of the girl who has never had the proper social outlet which every young person should





have. Either through circumstances or through lack of effort on her parents' part, she may never have had the opportunity of mingling in the normal social life which alone will broaden her mind and interests. Or, being timid, she may have withdrawn within herself, longing for expression, but unable to find the way alone. This state of mind, a hindrance to the normal viewpoint, can never be productive of anything but physical and mental ill health. In the light of the most advanced methods of preventive health work there is no need for these states of mind.

It is to Pine Cove Camp that such cases are sent, to be studied and directed. Under the normalizing influence of interesting occupations, careful diet, the crisp outdoor air, and last, but not least, the sure sympathy and friendship of the leaders, the camper cannot fail to attain a new attitude toward herself and toward life in general.

From the physical examination given each person at the beginning of camp and every month thereafter, special exercises are prescribed for each individual. It is this department of the work which shows the most tangible physical results. One person may have stiff, cramped, unflexible joints and muscles. Through disuse she may never have known what it was to have a well oiled, up-to-the-mark piece of bodily machinery. By the exercises chosen for her, she soon develops elasticity, and an ease of motion equally as good when she stands on her head as when she assumes the ordinary standing position. For many of the exercises given do necessitate a well poised position, lying on a mat, with the heels in the air. Through the mastery of these motions the bodily sense of equilibrium and space is gained.

Another camper may have poor posture, or anemia, or poor circulation or elimination. Through her special exercises for strengthening those muscles which hold her well poised, and those exercises which will stimulate her heart



and other organs to their normal, regular, functioning, she finds her way back to physical energy. For each varied weakness the proper exercise is found and used. And because of this careful individual discrimination, results come many times more quickly than with the general gymnastics in common use.

Not that these are wholly omitted, for they too have their valuable place. A brisk setting-up drill is the indispensable beginning to the day at camp.

One of the most interesting activities carried on here is the fencing. In no other pastime or art is the interest so intense or so concentrated. Every faculty of the brain, every muscle of the body, is alert. Fencing gives to the body suppleness, ease, and grace of movement. Besides this it necessitates the most absolute courtesy and consideration for the opponent, whether one is winning or being humiliatingly defeated. A balance is here practiced, between the brain and the emotions, which quickly shows results.

Another exceptional activity at Pine Cove is the eurythmics class. This is for the purpose of studying rhythm through exercises done to music. Jaques Dalcroze, originator of this system, points out the value of such work by saying:

> The gift of musical rhythm is not a mere mental affair; it is physical in essence. . . . Rhythm is a force analogous to electricity and the great chemical and physical elements,—an energy, an agent—radio-active, radio-creative—conducing to self-knowledge and to a consciousness not only of our powers, but of those of others.
>
> The study of rhythm conduces to the formation of an individuality for all purposes of life—that is, a manner of expressing oneself according to the rhythm most natural and native to one's being, which again is largely dependent on one's constitution, blood circulation, and nervous system.

Certainly there is no other form of motion which gives the participant so keen a sense of achievement as thus coördinating the body and mind through concentration and will power.

As well as these unusual opportunities at the camp, the directors, two registered nurses, believe that time should be found for craft, hikes, games, and those small events which make up the ordinary camp programme. They feel that the play spirit in those who particularly need this camp life has all too often remained submerged, where it should have been brought out.

The end of the camp day, and the end of the camp season, find the camper of Pine Cove refreshed in body and soul, with a love for these liberating activities such as can be derived only from the personal experience of having lived them.

Pine Cove Camp is another example of the rapidly developing "health" and "rehabilitation" activities open to women with a nurse's training.—Ed.

HOSPITAL AND TRAINING SCHOOL ADMINISTRATION

ALICE SHEPARD GILMAN, R.N., DEPARTMENT EDITOR

HOSPITAL STANDARDIZATION [1]

BY AMY M. HILLIARD, R.N.

THROUGH standardization, we effect economy of time, supplies, and money; make possible better care of patients and better teaching facilities for student nurses and physicians.

Through weekly inventory of all supplies in use and replacement by exchange of all equipment broken or defective, we keep the ward equipment intact and never give ground for the complaint that untidy or shiftless nursing on the part of a student is the result of her inability to find the proper supplies to use. The deposit of a breakage fee by each student enforces economy and makes for better care and supervision of ward supplies. It is not necessary to charge a student the whole price of a broken or destroyed piece of equipment, but it is necessary to charge enough to make it to her interest to take reasonable care of and to check up her equipment frequently. This is advantageous, not only to conserve the funds of the hospital for legitimate purposes, but to teach the student a proper regard for the property of others,—a habit which, from the complaints of the public, I fear she has not always formed before graduation from her school of nursing.

Under standardization of service, we should consider in detail the following hospital departments:

[1]The first article in this series appeared in the February *Journal*.

MEDICAL DEPARTMENT

Attending and resident physicians, surgeons and medical students; their responsibilities and duties; physical diagnoses, histories, orders for treatment, hospital records, filing charts, etc.

SCHOOL OF NURSING

Faculty, supervisors, head nurses, students; their responsibilities and duties.

SPECIAL MEDICAL DEPARTMENTS

Admission and Discharge, Ambulance, Pharmacy, Operating Rooms, X-Ray, Pathological Laboratories, Metabolism, Electrocardiograph, Dispensaries, Social Service.

WARD UNITS

Medical, Surgical, Pediatric, Gynecological, Obstetrical, Psychopathic, Communicable Disease, Eye and Ear, Nose and Throat, Private Pavilion, etc.

DIETARY DEPARTMENT

Dietitian, Student Dietitians, General Dietary (a—patients, b—staff, c—nurses, d—employees, e—special diets); purchase, preparation and distribution of food supplies, checking waste.

HOUSEKEEPING DEPARTMENT

Housekeeping supplies, employees' appointment, discharge, supervision of work; linen, laundry, carpentry, painting and repairs.

ENGINEERING

Steam, hot water, electricity, refrigeration, plumbing, repairs for same.

GROUNDS AND ROADS

CLERICAL DEPARTMENT

Bookkeepers, historian,, stenographers, telephone operators.

MEDICAL AND SURGICAL SUPPLIES

MEDICAL DEPARTMENT

Inasmuch as the Trustees in the last analysis are responsible for all affairs pertaining to the hospital, and are liable in suits for damages against the hospital, and as the superintendent is their representative as the administrative officer of the hospital, it follows of necessity that the Medical Staff should be responsible to the superintendent for the conduct of its medical affairs. The Staff should be organized into the various services with a chief in charge of each service. It should appoint a Chairman and Secretary and such other officers as may be necessary, and meet at least monthly, not only to discuss the medical business of the hospital, but to hold clinical sections as well.

It should appoint an executive committee to supervise the medical affairs of the hospital; to standardize procedures such as pre-operative, post-operative and medical care of all patients in the hospital; and to make and enforce regulations governing the work of internes, such as the recording of accurate and complete physical histories, filing charts, and keeping complete medical and surgical statistics of the hospital. All applicants for appointment to the Medical Board should be approved by the Board before ratification by the Trustees. All recommendations concerning changes in medical procedure should be approved by the Medical Board before adoption in the hospital. Adequate space and facilities should be provided for meetings of the Board and its Clinical Section. Separate quarters with bedrooms, bathroom, smoking room and library, should be provided for internes.

The house staff should be appointed by the Medical Board. There should be junior, senior and house officers. Each should have definite services allotted to him. The "house" should have supervision of private patients and special services; the senior, the surgical services; the junior, the medical, dispensary and ambulance services. The senior house officer should be held strictly responsible for taking and recording accurate physical histories and for filing charts of all patients discharged from the hospital. These should be checked up in the historian's office before nine o'clock every morning. Breakfast should be served not later than eight a. m. and rounds made on wards by internes not later than 9 a. m. It will be difficult, if not quite impossible, to regulate the hours for rounds for the surgical staff owing to the fluctuating number of daily operations, but the administration should encourage early morning surgical operations for the sake of the patients,—not only to conserve their nervous energy, but to give them the advantage of the skill of surgeons before they are fatigued by the day's arduous demands. Rounds should also be made by house officers at 8 p. m. and at such other times during the day as the condition of patients require. (Never at meal times.)

If the pathological laboratories are under the direction of an experienced pathologist and a technician appointed to assist him, the house staff will be saved much repetition routine work, but they should make all routine blood and urine tests except those made by student nurses. They must also be held responsible for teaching orderlies and supervising their technique for catheterization, etc. They should not

be expected to give anaesthetics, except under the supervision of an experienced anaesthetist.

School of Nursing

The School of Nursing should not be a hospital department. It should have independent status. In addition to its personnel, the hospital should provide: Offices; school buildings with (a—Single sleeping rooms, b—General lavatories and baths, c—Reception and recreation rooms, d—Lecture hall, e—Suite of class rooms, f—Teaching equipment and supplies, g—Libraries, reference and general.)

Special Medical Departments

Pathological Laboratory. — There should be a paid pathologist in charge of the pathological laboratory and a trained technician to assist him. Routine urine and blood tests should be made on all patients admitted to the hospital and on dispensary patients whenever indicated. There should also be routine pathological tests of all tissue specimens from the operating room. Special tests should be ordered whenever indicated. If the patient is to receive the full use of the laboratory, it must be understood that he shall receive as varied and frequent tests as may be necessary for diagnosis or treatment. The simplest way to insure this is to charge each patient a fee for laboratory service. A charge at the rate of one day's stay in the hospital is workable. If a patient is paying $5.00 a day, the laboratory charge which includes all pathological tests that may be needed or ordered shall be done for $5.00; if the patient is paying $2.00 a day it should be done for $2.00 and if it is a free patient, it should be done for nothing. The number of tests that the patient receives should not be controlled by the amount of money he is able to pay.

The laboratory should be for the use of the hospital exclusively and for the use of physicians in association with it. The pathologist should not be allowed to do city, county or private work in the hospital laboratory; he should conduct a laboratory of his own for such purposes outside the building.

The rate charged for tests ought to pay the salaries and provide the equipment and supplies of the laboratory, but it will not give a surplus.

X-Ray Department

X-Ray Department.—The roentgenologist should be a specially trained physician and the most competent and experienced man in this work in the community. He should have a graduate nurse to assist him. It will not be necessary for the nurse to be on full time as this service can be in conjunction with other services in the hospital, such as the giving of anaesthesia, the charge of dispensary, the work of a historian, etc. A good working basis is to pay the director one-half the receipts and have him pay one-half of the running expenses. This will keep up his interest in the department and enforce economy.

Operating Rooms.—The operating rooms should be in charge of a graduate head nurse. In addition to the usual operating room furnishings and equipment, the delivery room may be situated here unless the hospital is large enough to have a separate maternity department. The operating rooms should have the same system for ordering supplies as obtains in all other hospital departments and in addition it should

order the supplies of gauze and cotton for the entire hospital. All surgical supplies should be prepared, sterilized for use, and distributed from this center.

In addition to the graduate and student nurses, there should be an orderly on duty who should be held responsible not only for assisting with the lifting of patients, but for the cleanliness of the entire department as well as for the mending of gloves, cleaning of instruments, etc.

Admission and Discharge Department.—Very few small hospitals are so built that a central admission department is practical. Such a department should be under a competent head. Patients should not only be admitted here, but should receive medical examination, and be given an admission bath. Care should be taken of clothing and other valuables. The admission clerk should make all arrangements concerning responsibility for payment of the bill and should be responsible also that the patient receives all his belongings upon discharge from the hospital.

Electrocardiograph Department. — This department is seldom found in hospitals and is very rarely used wherever it may be found. It is introduced particularly for teching medical students and is usually found in hospitals in affiliation with medical schools. The apparatus is very delicate and should be supervised and all work done by one person, preferably a physician. Changes in personnel here are very disadvantageous to both the hospital equipment and to the patient.

Metabolism Department.—The same situation is found here as in the electrocardiograph department. It is for research work or for teaching medical students and must be in the hands of experts, both medical and nursing. It is not generally used therapeutically.

Ambulance.—This is one of the most wasteful services in the entire hospital and it is difficult to standardize, owing to the jealousy between hospitals. There is very seldom any use in having a separate ambulance for each hospital. A central ambulance service, supported by all the hospitals of the community, would be cheaper and quite as effective. The present system is very demoralizing to the drivers and to other employees with whom they come in contact. If it is impossible to effect a centralization of ambulance service, the hospital can most economically run the ambulance by having the relief work done by one of the engineers, or by other hospitals.

Pharmacy.—It is unsafe to have any one but a graduate pharmacist in charge of the pharmacy. It is unnecessary, however, to have a full time man and it is usually possible to find such a man in one of the pharmacies of the community who can give the necessary service for reasonable compensation. The pharmacist should be held responsible for keeping accurate reports of the use of alcohol and narcotics and should check up their use on the wards with the orders of the physicians and surgeons. This system of check-up is likely to reveal mistakes in the giving of medications. The amount of drugs kept in the medicine closet on each ward should be regulated by the Medical Staff. The simplest way to effect this standardization is by making a list of the drugs ordered on a given ward over a period of six months. If each super-

vising nurse will make such a list from her drug order book and if the superintendent will call a meeting of the Executive Committee of the Medical Board, there will be little trouble in getting the authorization of a minimum list of drugs to be kept in the ward medicine closet. Such a plan eliminates unnecessary purchasing and prevents deterioration through lack of use of a very substantial number of drugs. All mineral waters should be kept in the pharmacy and the pharmacist should be held responsible for their distribution and for the charge for the same, as well as for the charge for special prescriptions and proprietary medications. He should requisition all drugs needed for this department. These requisitions should be ordered only after approval by the superintendent.

Dispensary and Social Service.—If the dispensaries are organized so that all shall be held during morning hours, one succeeding the other, it will be found that one graduate supervising nurse with the assistance of student nurses can manage them successfully in conjunction with the work of the Social Service department. This plan leaves the nurse available, afternoons, for follow-up work on both hospital and dispensary cases. She should have had post-graduate preparation for her work and should be given the backing of a strong committee, to whom she should report at regular and frequent intervals.

(*To be continued*)

OUR CONTRIBUTORS

Mary B. Hulsizer, R.N., A.M., is a graduate of the Johns Hopkins Training School for Nurses, with degrees from Oberlin and Teachers College. Miss Hulsizer was Director of Physical Education, Y. W. C. A., St. Paul, before taking her nurse's training. She is now Field Supervisor in Nursing Education, Department of Nursing and Health, Teachers College.

Helen F. Hansen, A.B., R.N., is a graduate of the University of Omaha, and of the Mount Sinai Training School for Nurses, New York. She is at present Assistant Superintendent at the Jennie Edmundson Memorial Hospital, Council Bluffs, Iowa.

Lois C. Spraker, A.B., R.N., was a member of the Vassar Training Camp, completing her training at Lakeside Hospital, Cleveland, where she is now Theoretical Instructor. She received her B.A. from the University of Michigan.

Sallie Calkins Wood, B.A., R.N., a graduate of Wellesley College, began her nursing education in the Army School of Nursing and completed it at the Highland Hospital, Rochester, N. Y. She is a traveling secretary of the Eastern Council for Nursing Education, New York.

Lucy H. Gillett, B.S., M.A., is Superintendent of the Nutrition Bureau of the Association for Improving the Condition of the Poor, New York. She was a teacher of Home Economics for many years; she has done research work in Food Economies, and is one of the authors of Dietetics for High Schools.

Minnie Goodnow, R.N., Superintendent of the Children's Hospital, Washington, D. C., is well known as the author of First Year Nursing and of Outlines of Nursing History. She has made a special study of Occupational Therapy, and has spent two years in that line of work.

Mary Louise Duchesne, R.N., a graduate of St. Joseph's Hospital, Providence, R. I., has done both private duty and public health work, as well as filling several hospital positions. At present she is Director of the School of Nursing, Manhattan Maternity and Dispensary, New York.

S. Lillian Clayton, R.N., is Superintendent of Nurses at the Philadelphia General Hospital of which school she is a graduate. She is a former President of the National League of Nursing Education. Further information is reserved for a future "Who's Who."

Adele S. Poston, R.N., has a long record of administrative work in the field of mental nursing. She was for ten years Superintendent of Nurses at the Bloomingdale Hospital, White Plains, N. Y. She is at present engaged in the organization of a camp for young girls presenting personality problems. Further information will be given in a future "Who's Who."

B. M. Lefevre is a student in training at Highland Hospital, Rochester, N. Y.

STUDENT NURSES' PAGE

HEALTH [1]

By B. M. LeFevre

Highland Hospital School of Nursing, Rochester, N. Y.

WHEN one thinks of doctors and nurses, what is the most closely connected thought that follows? Sickness. We see and hear so much of illness and disease that we forget health. Freedom from disease does not necessarily mean health. We have all seen people who were free from disease and yet were constantly ailing. Health is a state in which the mental, moral, and physical makeup is in condition to enable one to live efficiently and happily. With these conditions in mind let us look for a person who has health. Unfortunately, such an one is hard to find.

Here comes a group of nurses just off duty from a hard day's work in the wards. Few of them could be said to possess health,—real health,—positive health. Here comes one; why is she different from the rest? Her day's duty has not left her exhausted. How high her spirits seem, how bright her color, and how clear her eyes are! Let us observe this girl and try to discover the source of her abundant health.

Notice how easily she carries herself. Her body is plainly her very obedient servant. What an erect posture she maintains, chest and head are well up, abdomen flat, all organs in a normal position. How easy and springy her walk is. Can it be that her shoes would make that difference? Notice the flexible sole, the broad rubber heel, and the room in the toe space. This room for the exercise of toe muscles accounts for her graceful ankles. No flat feet with her sensible shoes!

There she goes ready for a walk; no fear for exposure, even on a windy day because she is seasonably dressed. She recognizes the fact that a walk in the open air brings appetite, color, and good sleep.

While she is out, let us notice her room. How clean, light, and airy it is. Here are her skates and tennis racquet. Sports and play help to keep our wise girl fit and efficient. About ten hours from each day are spent in this room, at least eight of them in sleep. No morning headaches or tiredness for her. She knows that sound sleep builds up a fatigued nervous system and gives it a chance to repair injuries.

What does she eat? Does diet have any relation to health? We find that she uses no tea or coffee, takes meat sparingly, and does not eat an excess of sweets. Milk, eggs, fruits and vegetables are her main foods. She drinks plenty of water. She uses diet, not drugs, to keep her digestive tract free from waste materials.

One of her hobbies is cleanliness. A daily bath is never slighted. Always followed by a cold shower, her bath acts as a tonic to her body and also decreases her susceptibility to colds. Hair, nails, and teeth are all kept scrupulously clean and consequently beautiful.

---

[1] Written as a class exercise.

Another rule she has is to read some beautiful poem, see some beautiful picture, or hear some beautiful music every day. She says this is bathing her mind and spirit. She keeps broad minded and develops herself physically, mentally and morally to the best of her ability.

Let us all keep her ideals in mind and strive to do likewise that we may build a foundation of health that will last us as long as we care to live.

HOW DOES YOUR STATE STAND?

The following table shows the rating of each State Association by percentages in a comparison of the membership with Journal subscribers for the month of February:

Over 100%
Oklahoma

Between 70% and 80%
Alabama, Florida

Between 60% and 70%
Mississippi, Kentucky, South Dakota, West Virginia

Between 50% and 60%
New Mexico, Illinois, Wisconsin, Ohio, North Dakota, Pennsylvania

Between 40% and 50%
Kansas, Indiana, Wyoming, Arizona, Idaho, Iowa, Virginia, Maine, North Carolina, New Hampshire

Between 30% and 40%
New Jersey, Michigan, Massachusetts, Arkansas, Texas, Georgia, Nebraska, Delaware, Rhode Island, Oregon, Minnesota, South Carolina

Between 20% and 30%
Washington, Connecticut, Utah, District of Columbia, New York, Tennessee, Montana, Missouri, Nevada, Maryland, Colorado, Vermont

Less than 20%
California, Hawaii, Louisiana

WHERE TO SEND MATERIAL FOR THE JOURNAL

Send all news items, notices and reports of meetings, subscriptions, changes of address, Want advertisements, all other advertisements and all business correspondence to the Rochester office, 19 West Main Street, Rochester, N. Y.

Send articles for publication, books for review, and editorial correspondence to the New York office, 370 Seventh Avenue, New York.

LETTERS TO THE EDITOR

The editors are not responsible for opinions expressed in this department. Letters should not exceed 250 words in length and should be accompanied by the name and address of the writer.

A WIRELESS FROM CHINA FOR YOU !

DEAR EDITOR: The message comes from the General Secretary of the Nurses' Association of China. "Need desperate. Call urgent. Can you respond?" Superintendents are breaking at their posts, leaving Schools of Nursing unprovided for. Old Registered Schools will have to be closed. New schools clamoring to be opened have no Superintendents to care for them. Splendid young men and women wanting to be trained have to be refused. Calls for graduate nurses can not be answered. Who ever heard of a hospital without a nurse? and yet there are scores in China where the doctors have asked for some, for years, and no nurses come to help. These calls come to me until the cry has gotten into my very soul and tonight, on a little coast steamer somewhere off the coast of China, as I am making the rounds of our Schools of Nursing, I am going to tell you about it. I care not what your nationality, if you are a nurse I am telling this to you. I am pleading for China, for the China I love. China the ancient! She has a written history of over five thousand years. China the Beautiful! A great world traveler has said, "God has ravished earth and heaven to make China beautiful." China the Great! Her borders extend from bustling Shanghai to the snow-capped mountains of Thibet and from frozen Russia to sun-kissed Kwangtung. China the wonderful! Think of her two thousand miles of the Great Wall, her Altar of Heaven, where sacrifices have been offered for thousands of years, of her hundreds of miles of artificial water way, imperial canals, of her great stone bridges, pagodas, and temples and with her wonderful written character language. China, the multitude! Over four hundred million people or one-fourth of the world's population belong to China. China the needy! All diseases known to humanity are here and many kinds never heard of outside. One-third of the babies born in the world are Chinese babies. The best doctors tell us that eighty per cent. die before they are five years old. Seventy-five per cent. of the blindness is due to babies going blind before they are eight days old. One death from tuberculosis occurs every thirty-seven seconds. Mothers die without care or help, when only a little care would save both lives. Cities, whole districts, are yet untouched. Nurses are breaking at their posts, invalided home. A few years ago, a few of us came to China. There was no Association, no textbooks, no schools of nursing, and no word for "nurse" in the Chinese language. We were told that China did not want us, did not need nurses, and we were advised to take up educational work, but a few slipped by, and got in, and began the education of nurses. The years quietly slipped away. Let me raise the curtain for you again in 1922. The Nurses' Association of China has a roll of over five hundred members, over sixty schools of nursing are registered, with a standard, uniform curriculum. It holds its own national examinations and issues its own diplomas to successful candidates. It offers two postgraduate courses, so when the complete course is taken the student holds three school and three national diplomas. Textbooks are translated. It holds a national convention every two years. *The Quarterly Journal for Chinese Nurses,* the official organ of the Association, is published in both English and Chinese. In May, 1922, the Association was admitted to membership in the International Council of Nurses. This work has grown beyond the fondest dreams of the founders. Young men and young women are asking to be trained. From all classes comes the call for nurses, for all kinds of work, hospital positions, army, navy, schools, institutions, public health, infant welfare, maternity and all other kinds of work. Foreign nurses are wanted for superintendents of and instructors in Schools of Nursing, to establish Public Health work on the Districts, and to do all kinds of hospital work. The work is still chiefly in the hands of the missionary nurses and nurses are here from every

country, all working together to help China to health and happiness. Now is the day for the nurse in China. She is wanted. She is welcomed by all. Her place is ready for her. The work no one else can do is waiting for her. The Mission Boards are calling for volunteers. We need you. No other country needs you so much. In the home countries you are one among thousands. You are one among hundreds on the Registry. You know, yourself, that dozens could fill your place the minute you left it. You are not satisfied. You have only one life to live. That life will soon be over and the opportunity gone forever. You want to do something for humanity. You want to feel that you are getting the richest returns out of the investment of your life. When life is over you want to feel it has not been lived in vain. I know just how you feel for I have been through it, and so have scores of other nurses over here. Break away. Come on. We need you. Help us save these precious baby lives. Found a school of nursing and know the joy of building it up. Get the thrill of being the only nurse to a whole hospital, or city, or district. Help carry the light of the Lady of the Lamp to the darkest corners. Pioneer work? Yes. Hardships? Yes. Burdens? Yes. Hard work? Yes. Privileges? Yes, on every hand. Joys? Yes, undreamed of. Opportunity for service? Yes, beyond your fondest dreams. All this and more,—the love of a great people awaits you. Personally, after fifteen years in China, I can say from the depths of my heart, "I am glad I came. If I had the life choice to make over again knowing all that I do now, I would do the same thing." The Great Physician is calling for nurses to help Him heal the broken bodies and mend the torn hearts and bind up the open sores of China's millions. We, who are in the front firing line of the battle for the health of this great people say, with a song of victory in our souls, "Come, we need you. Will you join us?" Get in touch with your Mission Board and catch the first steamer. The Nurses' Association of China extends an invitation to you to come and share our burdens and our joys.

CORA E. SIMPSON, R.N.

Shanghai.

LOOK BEFORE YOU LEAP

DEAR EDITOR: No one has estimated the number of nurses who leave the United States for other countries to fill positions in their profession. Now, it is possible that every nurse may have a guardian angel but as experience has proven to others, and to me, they are not always able to help us when in need and it is certainly more businesslike to have a better method of protection to gain any desired results. If warnings similar to this have been given in this magazine I trust this will only add greater emphasis to the fact that nurses should be protected, legally, wherever they go, as their profession alone will not do it and they should not depend upon it. Anything personal quoted here is simply because I have been one of the many to depend blindly upon the honesty of people and I do not want any other nurse to be ignorant of what she should justly demand when accepting a position outside of the United States. Every position needs to be protected through a contract or an equivalent and if that fails, by appealing to an organization generally composed of persons interested in working conditions who officially follow up all appeals which are presented to them. Yet we as a profession, go to foreign countries, in or out of hospitals and often as in the cases I know of and in my own experience, we are not even permitted to sign a contract, thus leaving us open to instant dismissal miles away from home and with no method of defending ourselves. The Superintendent of a hospital in Panama City, who is an American officer detailed for duty there by our government, boasted to one of the nurses in the hospital that he could discharge his nurses any time he so desired and he has not only been doing it in the past, but is still doing it, and intends to do it in the future unless sufficient publicity prevents. I know personally some nurses who went to hospitals in Colombia, S. A., some under the control of American doctors, who were forced to leave because of non-payment of salary for four or five months and who never received the amount they were entitled to have. Others went to a hospital in Cartagena which was under the supervision of Colombians, who not only

received no money but could obtain no aid from the representatives of their government in the many difficulties which they had before they could leave the country. In Panama, following the best legal advice and because many of the nurses in the hospital belonged to the American Legion, the Canal Zone Post was informed of the unfair treatment a member had recently received from another member, as all parties concerned belonged to the organization. It is a wonderful aid to nurses when traveling to be a member of an organization which has branches outside of the U. S. and one which is pledged to protect all who have seen service. Since there was no question of a broken contract, no direct legal case could be made and the treatment received by the nurse could only be brought to court as one of the links of a chain which was needed to obtain the aid of the law which was used later to make secure what should be the right of every American nurse as a citizen and as a member of a profession which is received as one of the highest in her country and is in demand in other countries because of its excellent standard. A nurse should refuse to accept any position in a foreign country without a satisfactory contract which should include a clause referring to a recompense for a return passage or its equivalent. This in combination with a membership in an organization which is powerful enough to be felt in other countries will give protection under ordinary circumstances.

Canal Zone. L. R. O.

(The warning given in this letter is timely, but it applies only to those nurses who go out on their own responsibility without any form of contract. Those who are thinking of responding to Miss Simpson's appeal for missionary nurses will be glad to know that we are assured on the authority of the Student Volunteer Movement that "practically all of the missionary societies have a form of contract which is very simple but which binds the missionary society effectively. This includes such things as care in case of sickness, returning to the United States at the expense of the Society in such instances where this seems necessary, irrespective of the length of time of service.")

OUR DAY

DEAR EDITOR: We would like you to know of the delightful program which we enjoyed the day of our acceptance at the end of our probationary term. When we entered on September first, we had the record of thus far being the largest class to enter training here. Our probationary term held its discouragements and disillusions, of course, and we were certainly glad when it was finally ended. The day after our acceptance we were given a holiday. In the afternoon we were guests at a tea given by Mrs. Genevieve M. Clifford, our superintendent, Miss Almena Porter, assistant superintendent, and Mrs. Mary Peabody, our instructor. They entertained us at our new nurses' home, named in memory of Jane A .Delano. We spent a very enjoyable afternoon getting better acquainted, with all formality discarded. In the evening we were given our bibs, and at 8 o'clock all student nurses met again at the Jane A. Delano Home in uniform for the programme which had been arranged for the evening. Many of our relatives and close friends were present. Our programme opened with a prayer by Dr. J. Clark Glover of Trumansburg, after which Reverend Henry Horton spoke to us on The Ideal of Service. Miss Glover, one of our class, sang a solo. Then we had the pleasure of hearing Martha Eakins, the State Inspector of Training Schools, speak on "Opportunities of Nursing." We were very fortunate indeed to have her with us and appreciated so much the effort she made to be present. It was a privilege to hear her talk, for her sincere enthusiasm makes one ashamed that she was ever disheartened by small obstacles. We are all looking forward with a great deal of pleasure to her next visit. After her talk, Dr. Wattenburg, of Cortland, spoke on Nursing as a Profession. Then Mrs. Clifford presented us with our caps. An informal reception was held during the remainder of the evening. It was a most happy occasion. Our caps were the last things to be removed that night, and it was fine to wake up next morning and know that we were "Probes" no longer.

SARAH A. COLEMAN.

Ithaca City Hospital, Ithaca, N. Y.

HEADQUARTERS AMERICAN NURSES' ASSOCIATION

By Agnes G. Deans, R.N., *Secretary*

TO the nurses of the country—especially the 41,419 members of the American Nurses' Association—greetings from your Headquarters, and although it may be a belated message, nevertheless we think it not too late to wish you a Happy New Year,—and well it may be, if you pause to think of all your achievements within the quarter of a century as an organization, for the profession and the welfare of the community at large.

But not content with what has been accomplished, you press on to greater things with an astonishing desire to meet your obligations, not only to the public, but to each other—and these are the reasons for the existence of our national Headquarters.

On page 454 you will find that Miss Taylor, Executive Secretary of the National League of Nursing Education, has given a brief history of the establishment of Headquarters.

In anticipating the possibilities for the further development of the activities of the American Nurses' Association, it is difficult for the brain of one person to conceive a complete plan, but what we wish to do, is to interpret what is in the minds of the nurses of the country and to transmute it into an expanded programme. With this as our object, we look to you for suggestions, criticisms, and counsel—for it is the greatest responsibility you have ever assumed. No one person could undertake it without the help and advice of every individual.

Your past loyalty and support is the reason your Secretary has consented to serve at Headquarters for a year,—to make such adjustments as seem advisable, to determine what may be the duties of a Headquarters Secretary, and to what extent the clerical work of other officers, now carried by over-burdened women, may be transferred.

You will be interested to see at a glance the many financial responsibilities the members of the American Nurses Association have undertaken within the past fifteen years; namely,

1. Contributed $28,000 towards the chair of Nursing and Health at Teachers College.

2. Purchased the stock of the *American Journal of Nursing*.

3. Subscribed $27,923.84 to the Robb Memorial Fund.

4. Established a Relief Fund which up to date has reached the sum of $66,846.04.

5. Made a contribution of $1148 to the McIsaac Loan Fund.

6. Gave $50,992.10 as a Memorial of American Nurses to the Florence Nightingale School for Nurses, Bordeaux, France.

7. At the present writing $24,000 has been subscribed to the Jane A. Delano Memorial Fund.

8. In response to an appeal from the Russian Red Cross Nurses, through Mlle. Romanoff, $459 has been received.

This makes a total of $199,368.98—and the end is not yet, for by adopting the plan suggested to increase your annual dues you have made it possible to meet a budget of $4418.33 in order to

carry on the work at Headquarters, which will cover the expenses for six months.

It will be expended as follows: Salary of Secretary, $1800; half salary of a person to assist with the work of the Placement Bureau, $500; one-half salary of filing clerk, $330; stenographer, $705; rent, $594; telegraph and telephones, $84.46; shipping room service, $24; postage, $60; mimeographing, $30 printing and stationery, $31.25; insurance, $2.15; emergency fund, $75; petty cash and toilet supplies, $34.95; information desk service, $23.52.

It was found necessary to put in a partition to accommodate the secretaries in separate offices which will amount to about $90 and also the walls and ceilings had to be painted, amounting to $34. With the extension of time until June 1st, 1923, to meet the increase in dues, the Board of Directors feels confident of the outcome.

Whether this seems a good investment to you or not, will be shown by the way you do your part in telling us your problems, thus using the Headquarters to help you solve them, thereby giving greater service to nurses and those they serve, which is one of the original purposes in coming into being as a national association.

One of the real pleasures of the work at National Headquarters, which compensates for the lack of the direct contact with patients, and which all real nurses find a genuine deprivation—is the unusual *esprit de corps* which prevails.

ANOTHER WARNING

A man calling himself a medical student of Johns Hopkins, and giving his name as Case, was in Washington, D. C., the latter part of February, representing himself as an agent for the *Public Health Nurse,* the *American Journal of Nursing* and the *Trained Nurse.* No such agent has ever been authorized to represent the *Journal* and probably the same is true of the other two magazines. The name Case has been used in many parts of the country by a man who takes *and keeps* subscription money.

The *Journal* is indebted to Miss Minnegerode for this information.

Why do nurses continue to entrust their funds to men whom they do not know?

PATTERNS FOR MATERNITY DRESSES

Last year the Metropolitan Life Insurance Company gave to the mothers of the industrial policy holders many thousand layette patterns. Meeting with a great success they decided to help the expectant mother so that she might be comfortably as well as suitably clothed. A trained nurse in one of our largest pattern houses designed for her own workers a maternity dress which has been passed on by leading obstetricians, who say at last the right dress has been found for the little mother.

This pattern is being given to industrial mothers by the Metropolitan Life Insurance Company. Nurses may obtain it by writing to the Company, 1 Madison Avenue, New York City.

NURSING NEWS AND ANNOUNCEMENTS

NATIONAL

THE BOARD OF DIRECTORS OF THE AMERICAN NURSES' ASSOCIATION met in New York, January 17-19, 1923. Joint meetings with the other national boards, and committee meetings, were held also. It was decided to extend the time for paying dues to June 1st, next. Miss Sly tendered her resignation as chairman of the Revision Committee and the work was transferred to the Secretary in the Headquarters office. A Section on Government Services was created, and the superintendents of the four services,—Army, Navy, Public Health, and Veterans' Bureau—were appointed a committee to make plans for its meetings in 1924, subject to the approval of the Programme Committee. Members to serve on the National Committee of Red Cross Nursing Service were appointed: Mrs. Eliot Wadsworth, Agnes G. Deans, and Mary M. Roberts. The secretary, Agnes G. Deans, was authorized to receive contributions for the relief of Russian Red Cross nurses. The Board of Directors, acting for the stockholders of the *American Journal of Nursing,* elected the members of the *Journal* Board for the coming year: Mrs. Ethel Clarke, S. Lillian Clayton, Bena M. Henderson, Elsie M. Lawler, Mary M. Riddle, Mrs J. E. Roth, Sarah E. Sly. At a meeting of the *Journal* Board, officers were elected: President, Sarah E. Sly; secretary, Elsie M. Lawler; treasurer, Mary M. Riddle.

THE ISABEL HAMPTON ROBB MEMORIAL FUND COMMITTEE reëlected officers: Chairman, Elsie M. Lawler; secretary, Katharine DeWitt; treasurer, Mary M. Riddle. Three scholarships of $250 each, are offered from this Fund for 1923-24, to students wishing to prepare for teaching and administrative work in training schools for nurses. Candidates must have had one year of experience in such work.

NURSES' RELIEF FUND
REPORT FOR JANUARY, 1923

Receipts

Balance on hand	$11,815.34
Interest on bonds	166.25
Interest on Liberty Loan bonds	23.75
Alabama: State Association of Graduate Nurses	15.00
Arkansas: Sale of *American Journal of Nursing* at State meeting	1.40
California: District No. 3, $10; Dist. No. 5, $13.50; Dist. No. 6, $9; Dist. No. 9, $25; Dist. No. 15, $7; Dist. No. 17, $3	67.50
Connecticut: Welfare Nurses' Club of New Britain, $25; one individual, New Haven, $5; Stamford Hospital Training School Alumnae Assn., $32.56	62.56
District of Columbia: District of Columbia Association	60.00
Illinois: District No. 1	15.00
Iowa: District No. 7	3.50
Maryland: Nurses' Alumnae Assn. of University of Maryland, $65.50; one individual, Baltimore, $1; one individual, Towson, $1	67.50
Michigan: Dist. No. 1, $56; Dist. No. 8, $25	81.00
Minnesota: Dist. No. 5, $12; Dist. No. 4, $1; Asbury Alum. Assn., Minneapolis, $6	19.00
Missouri: The Wesley Hospital Alum. Assn., Kansas City, $59; five individuals, $5	64.00
Nebraska: Dist. No. 3, $74; Dist. No. 1, $42; sale of *Journal* at Annual Meeting at Omaha, $1.05	117.05
New Hampshire: New Hampshire Memorial Hosp. Alum., $4.10; one individual, Concord, $1	5.10
New Jersey: Alum. Assn., Orange Memorial Hosp., $10; St. Barnabas Hospital Alum. Assn., $15; one individual, Newark, $2; Dist. No. 6, $18	45.00
New York: Dist. No. 6, Hepburn Hospital Nurses' Alum., $15; Dist. No. 8, Saranac Lake, $46; Dist. No. 13, one individual, $10; Dist. No. 8, Champlain Valley Hosp. Nurses' Alum., $25; one individual, Albany, $10; Alum. Assn., St. Joseph's Hosp., Syracuse, $1; Rochester General Hosp.	

Alum. Assn., $100; Dist. No. 14, $6.50; Dist. No. 13, St. Mark's Hosp. Alum., $25; two individuals, $6		244.50
Ohio: Seton Hosp. Alum. Assn., Cincinnati, $25; Jewish Hosp. Alum. Assn., Cincinnati, $25; Mercy Hosp. Alum. Assn., Hamilton, $25; one individual, Struthers, $1; one individual, Youngstown, $1		77.00
Oklahoma: State Nurses' Assn., $17; Nurses of St. Anthony's Hosp., Oklahoma City, $31; El Reno Sanitarium Alum. Assn., $16; Dist. No. 4, $13; Dist. No. 5, $19; Dist. No. 2, $30		126.00
Texas: Dist. No. 2		17.00
Total Receipts, January 31, 1923		$13,093.45

Disbursements

Paid to 29 applicants for January	$440.00	
Exchange on checks	.45	440.45
January 31, 1923, balance		$12,653.00
Invested funds		59,250.00
		$71,903.00

NOTE.—All investments are carried at par value. $17.04, "Premium on Liberty Bonds," will not appear again under the heading "Invested Funds."

The request has been made for the Treasurer to explain September disbursement "Contribution to Jane A. Delano Fund through Nurses' Relief Fund, $37.50." This amount was sent in with the request "to forward." It is not a gift from the Relief Fund to the Jane A. Delano Fund.

V. LOTA LORIMER, R.N., *Treasurer.*

Contributions for the Relief Fund and requests for blanks should be sent to the American Nurses' Association, 370 Seventh Avenue, New York. For information, address E. E. Golding, Chairman, 317 West 45th St., New York.

ARMY NURSE CORPS

In January, 1923, the following named members of the Army Nurse Corps were ordered transferred to the stations indicated: To Station Hospital, Ft. Benning, Ga., 2nd Lieut. Beatrice M. Dare; to the Hawaiian Department, 2nd Lt. Viva B. Brickley; to Station Hospital, Ft. Leavenworth, Kas., 2nd Lt. Ida E. German; to Letterman General Hospital, San Francisco, Calif., 1st Lt. M. Estelle Hine, and 2nd Lieutenants Florence M. Bailly, Josephine Kennedy, Catherine G. Hoff, Marie L. Pace, Phebe L. Greer, Elsie J. Wiggs, May V. Greenlees, Grace E. Keener, Gail Langworthy; to the Philippine Department, 2nd Lieutenants Beatrice E. Colburn and Elizabeth Kenny; to Station Hospital, Fort Sill, Okla., 2nd Lieutenants Kathryn R. Edwards, Mary Miller, Karoline Nilson; to Walter Reed General Hospital, Washington, D. C., 1st Lt. Lyda Keener, 2nd Lieutenants S. Eleanor Grehea, Amanda Faunce, Mary O'Donnell, Anna Reeves, Gertrude M. Weaver; to Station Hospital, West Point, New York, 1st Lt. Jessie M. Braden.

Orders have been issued for the separation from the service of the following named 2nd Lieutenants, A.N.C.: Mary C. Anderson, Maud A. Conkling, Marie L. Galley, Alma Gassman, Elizabeth D. Grimes, Svea Long, Ruby H. Loring, Thelma Loudon, Mary A. Smith, Maude C. Tangye.

On February first Captain Elizabeth D. Reid, Assistant Superintendent of the Corps, reported at Teachers College, Columbia University, New York City, for the purpose of taking a course of instruction, to last approximately nine months, in the Department of Nursing and Health.

At the request of the American Committee for Devastated France, Major Stimson was authorized by the War Department to make a study of certain conditions in Paris which relate to the organization of a school of nursing for French women. For some months the American Committee for Devastated France has been planning to establish in France a school of this kind on American lines, as such a school has been requested by the French medical authorities. The matter, which involves the sum of a million dollars, is in the hands of a committee in the United States, composed of experts on schools of nursing. On this Committee are such authorities as Dr. W. H. Welch of Johns Hopkins,

Dr. C. E. A. Winslow and Dr. Rappelye of Yale, Dr. Richard O. Beard of the University of Minnesota, Dr. Parnell of the University of Michigan, Jerome D. Greene of the Rockefeller Foundation, M. Adelaide Nutting of Columbia University, Clara D. Noyes of the American Red Cross Nursing Service, Annie W. Goodrich of the Henry Street Settlement, etc. They have drawn up a budget and worked out a detailed plan for the organization of the school, but before they can proceed further with their plans, it is necessary for them to have certain information about the possibility of affiliation with the University of Paris and other matters relating to the local situation. To secure this information, Major Stimson's services were requested, as she was familiar with training school organization and with university affairs, and she had had an extended residence in Paris and in other parts of France during the recent War. Major Stimson sailed February tenth and expects to return before the 1st of June.

By the recent order of President Harding returning the troops from Germany, the four members of the Army Nurse Corps who still remained in Coblenz were directed to proceed to this country, and have been ordered to report to Walter Reed Hospital for duty.

ARMY SCHOOL OF NURSING

On Saturday evening, February 3rd, the New York Alumnae of the Army School of Nursing held a Reunion Dinner at Henry Street House, New York City. Barbara Price, President of the Association, read a message from Major Stimson, which gave information about the affairs of the Army School of Nursing.

JULIA C. STIMSON,
Major, Superintendent, Army Nurse Corps,
Dean, Army School of Nursing.

NAVY NURSE CORPS

Transfers: To Annapolis, Md., Martha Schmidt; to Chelsea, Mass., Mary T. O'Connell; to Great Lakes, Ill., Mabel M. Powell, Chief Nurse; to Haiti, Mary L. Drohan, Katherine M. Gallagher; to League Island, Pa., Adah L. Farnsworth, Helen J. Lord; to Mare Island, Calif., Ruth Dawson, Josephine Y. Raymond; to Mare Island, Navy Yard Dispensary, Mary H. du Bose, Chief Nurse; to Newport, R. I., Mary E. Moore; to New York, N. Y., Florence M. Gibson, Helen M. Mechlin, Ellen M. Olson, Florence M. Vevia, Chief Nurse; to New York, Supply Depot, Nell I. Disert, Chief Nurse; to Norfolk, Va., Mary A. Kief, Ethel T. Lawrence, Anna G. Mays, Kathleen O'Brien, Grace B. Vestal; to Portsmouth, N. H., Lulu L. Cronkhite; to Puget Sound, Wash., Lucy A. West; to San Diego, Calif., Dema V. Leopold, Louise Preusser; to U. S. S. *Mercy,* Mary P. Young; to U. S. S. *Relief,* Caroline O. Speas; to Washington, D. C., Frances C. Bonner, Kathryn M. Bonner, Della V. Knight, Chief Nurse, Frida Krook, Chief Nurse, Louise E. Langstaff, Loretta McDonald, Ruth B. Mentzer; to Dispensary, Washington, D. C., Mary D. Towse; to Bureau of Medicine and Surgery, Washington, D. C., Anna G. Davis, Chief Nurse.

Resignations: Bessie L. Coombs, Annabel Griffith, Esther C. Kastrup, Elizabeth Long, Celia M. O'Berry, Rebecca N. Rollins, Anna M. Swanson.

Inactive Status: Ellen Samuelson.

THE HOSPITAL CORPS TRAINING SCHOOL OF THE NAVY

Under the Act of May 13, 1908, Congress established the Nurse Corps of the Navy for the purpose of caring for the Navy sick and to be a great factor in the training of its Hospital Corpsmen; that they may become proficient in the care of the sick and well qualified when placed in responsible positions on its ships, as well as when attached to all landing forces of the Navy and expeditionary forces of the Marine Corps, serving in all parts of the world; and when detailed for Public Health duty in those possessions of the United States, under Naval administration, such as Guam, Samoa, and the Virgin Islands.

As our Hospital Corps men become qualified, in time, as pharmacists, as X-ray, bacteriological and chemical technicians, administrative assistants, instructors, and become skilled in hydrotherapy and electrotherapy, it can readily be seen that at the expiration of a four-year enlistment they have been well trained in all departments and in the responsi-

bilities of a dignified work. Men who have attained the highest enlistment rating in the Hospital Corps (that of Chief Pharmacist's Mate) are much in demand by industrial corporations as first-aid men.

It is the desire of the Bureau of Medicine and Surgery that the training of our men may meet the requirements of the State Boards so that upon completion of their enlistments, if they desire to leave the Service, they will be qualified to take the State Board examinations for registration in whatever State they desire to become established.

At the request of the California State Board of Registration the Hospital Corps Training School at San Francisco has met the State Board requirements; and negotiations are now pending with the Virginia State Board for the accrediting of the Pharmacist's Mates' School at Portsmouth, Virginia.

The course given in the Hospital Corps Training School is largely theoretical, covering a period of four to six months, and the instructors are members of the Medical Corps, the Nurse Corps, and the Hospital Corps. Plans are now being made whereby the men after passing examinations shall be detailed to our large hospitals where not only will the theoretical work be continued but practical work will be performed under the immediate supervision of qualified Navy Nurse Instructors, whose duties will be class and follow-up work. This, however, will not interfere with the responsibility of the Charge Nurse of the Ward in her direct responsibility of the teaching of bedside nursing.

To sum up, the Bureau of Medicine and Surgery is building a programme for the development of its Hospital Corpsmen that not only gives them an incentive to become well qualified men whether or not they continue in the profession, but it gives the Navy Nurse Corps a splendid work and one of great responsibility.

J. Beatrice Bauman,
Superintendent, Navy Nurse Corps.

U. S. PUBLIC HEALTH SERVICE NURSE CORPS

Transfers: To Savannah, Ga., Anna Purcell, Act. C.N.; to Hagerstown, Md., Division of Child Hygiene, Catherine Winters, A.C.N.; to No. 3, Buffalo, N. Y., Emma Brown; to No. 21, Stapleton, N. Y., Elizabeth Tierney; to No. 43, Ellis Island, N. Y., Gertrude Duchez, Anna Walsh; to No. 10, Key West, Fla., Grace F. Kissling, A.C.N.; to No. 9, Ft. Stanton, N. M., Margaret Duffy; to No. 16, Portland, Maine, Mary Tooze.

Reinstatements: Jessie Guzman, Bernice Chapman, Anna Wilbert, Ida Seright, Elsie Shuman.

It is with very great regret that we have to announce this month the death in line of duty of Edith M. Hartzel of basilar meningitis at Ellis Island. Miss Hartzel's home was in Chalfont, Pennsylvania. She was a graduate of the Army School of Nursing. She was very much beloved at the hospital and her untimely death is felt as a very distinct loss to the nurses who worked with her. Services for Miss Hartzel were held in the Episcopal Church at Ellis Island. The casket was draped with the American flag and a cross of white roses rested upon it. Six nurses and six doctors from the Service in full Service uniform acted as honorary pallbearers.

Lucy Minnigerode,
Superintendent of Nurses, U.S.P.H.S.

U. S. VETERANS' BUREAU NURSE CORPS

Transfers: To Palo Alto, Calif., Lillian E. Noeth; to Alexandria, La., Mrs. Georgia Scott; to Washington, D. C., Emma M. Broaddus; Mrs. Blanche Lomax; to St. Louis, Mo., Annie Ferguson, Ethel M. Fuss, Beatrice A. M. Kenny, Theresa McDermott; to W. Roxbury, Mass., Mary A. Brennan, Thora H. Grubbe; to Dwight, Ill., Fannie Burnham, Annie B. Grimes; to Bronx, N. Y., Lucy K. Corthell, Elizabeth F. Keegan, Henrietta Himmer, Evelyn L. Adams, Elizabeth McDowell; to Waukesha, Wis., Sue Suloff; to Parryville, Md., Allis M. Eldred; to Atlanta, Ga., Alice E. Baird, Alice C. Blake, Isabel Brown; to Augusta, Ga., Susan Matheson; to Philadelphia, May A. Musel; to Whipple Barracks, Katherine Kirby, Anna M. Schwirtz; to Tucson, Ariz., Anna G. Coyle, Werta T. Johnson; to Boise, Idaho, Rhoda Halbert, Anna L. Kolbe; to Memphis, Tenn., Margaret C. Allabaugh; to Lake City, Fla., Ruth Carter; to Memphis, Tenn., Harriet L. George.

Reinstatements: Dorcas C. Avery, Elizabeth T. Crocker, Sarah E. Daly, Ivy Lautzenhiser, Cecil L. Turner, Helen P. McCall, Anna R. O'Donnell, Mrs. Samuel A. Soper, Estell K. Starr, Mary J. Duval.

FOLLOW-UP NURSING

Transfer: Grace George to District No. 2, New York.

During the month Margaret Belyea, Director of Nursing, Psychopathic Hospital, University of Iowa, reported to the Central Office, Washington, D. C., and was detailed to St. Elizabeth's Hospital, Washington, D. C., as Instructor for the School in Psychiatry for nurses being conducted there by the U. S. Veterans' Bureau. The official opening of the school took place January 15. Addresses were made by the Director of the U. S. Veterans' Bureau, Colonel Patterson, Assistant Director in charge of the Medical Division, Brigadier General Sawyer, Dr. White, Superintendent of St. Elizabeth's Hospital and Dr. Hutchins, Consulting Specialist in Psychiatry in the U. S. Veterans' Bureau. In his opening address Director Forbes complimented the nurses on the excellent work they have done with the ex-service men and offered his loyal support to them in their work for the future. Besides the thirty nurses detailed from the U. S. Veterans' Bureau Nursing Service to take this course, there are two nurses detailed from the U. S. Army Nurse Corps.

MARY A. HICKEY,
Superintendent of Nurses, U. S. Veterans' Bureau.

NATIONAL TUBERCULOSIS ASSOCIATION

The annual convention will be held in Santa Barbara, Calif., June 19-23.

HOSPITAL DAY

E. S. Gilmore, Wesley Hospital, Chicago, has been appointed chairman of the National Hospital Day Committee. The Committee has issued the first call for names of hospitals which plan to observe third annual National Hospital Day, May 12, 1923, and will be glad to send to all interested institutions suggestions for a programme and other informa tion concerning the movement. Write to the executive secretary, Matthew O. Foley, 537 South Dearborn Street, Chicago.

Alabama: THE ALABAMA STATE NURSES' ASSOCIATION held its annual meeting in the Presbyterian Church, Florence, January 16, with an attendance of thirty-nine. Mr. Reeder, President of the Chamber of Commerce, and Acting-Mayor Willingham were not only hearty but instructive in telling the history of the city. Two new Districts have organized in the past year, the tri-cities of Florence, Sheffield, and Tuscumbia, and Dothan. The Alumnae of St. Vincent's Hospital, Birmingham, has also been accepted into the State Association through its district. The amendments to the Constitution as suggested by the Revision Committee of the A. N. A. were accepted, as were also the amendments to the Alabama Law which are to be presented to the Legislature this year. Mrs. Ida S. Inscor, Superintendent of the Moody Hospital, Dothan, read three very interesting papers, prepared by a pupil from each class, on Social Life in Training Schools. The eight-hour system is in use in this hospital, also student government. The following officers were elected: President, Bertha Clement, Birmingham; vice-presidents, Ida S. Inscor, Dothan, and Catherine A. Moultis, Birmingham; secretary, Ruth Davis, Selma; treasurer, Mary Denman, Birmingham. Luncheon was served at the Princess Tea Room at which Dr. Richard O. Beard of the University of Minnesota was a guest, and at which he gave a very interesting account of the University School of Nursing. After lunch, as guests of the Florence Rotary Club, the members enjoyed a delightful ride to Wilson Dam, where an engineer gave a very minute account of its construction. At the afternoon session, Margaret Hastings, President of the new hostess District gave another hearty welcome on behalf of District No. 4. Marie T. Phelan of the Federal Children's Bureau gave an outline of the work being accomplished in the various states under the provisions of the Sheppard-Towner Bill; Miss E. Ward of Montgomery then reported on her trip as delegate to the convention in Seattle. At 8 p. m., Dr. A. A. Jackson gave greetings, as President of the Lauderdale County Medical Association; he encouraged the gathering and intermingling

of members of any group of workers as making them more democratic, and of broader vision in the discussion of professional problems. He then introduced Dr. Richard O. Beard whose address will remain as an inspiration, and one of hope for the advancement of our profession along educational lines. Refreshments were served while music was rendered, after which the meeting adjourned to meet in Dothan, in October, this date being selected as best suited for a larger attendance.

Arizona: Tucson.—An unusually interesting meeting of DISTRICT No. 2, was held at the Business and Professional Women's Club House, where the members proved that they are alive to their opportunities, by passing several important measures. The most vital thing accomplished was decision to establish, permanently, a central registry for the nurses of the District of which Tucson is a part, which embraces Pima, Pinal and Santa Cruz Counties. This registry will be owned and controlled by the nurses of this District. It will not be run on a commercial basis, nor for profit. A nominal fee will be paid by all nurses registering, and out of this fund the salary of a trained nurse will be paid to take entire charge. The officers of the Association and the Board of Directors issue invitation to all new nurses coming into Arizona to get in touch with the Association, and to know that they are welcome at every meeting. These officers are as follows: President, Alma Wrigley; vice-president, Mrs. Frances E. Geffs; secretary, Mrs. Regina Hardy; treasurer, Margaret Burke. An invitation has been extended to Helen Scott Hay, who is internationally known for having established a nurses' training school in Bulgaria, and later, for heroic service during the World War, to make a lecture tour throughout the State, in order to give the nurses the benefit of hearing some of her wonderful experiences. The members have been keenly interested in the effort to pass House Bill No. 38, to take the place of the present statute providing for registration of nurses. At their meeting on February 4, they learned that the bill has not been passed. **Phoenix.**—THE ALUMNAE OF ST. JOSEPH'S HOSPITAL held its annual meeting at the Nurses' Home. Eighteen members were present, with communications from others who were unable to come. Election of officers for the new year was as follows: President, Mrs. Hazel Burch; vice-president, Mrs. Alice Pancrazie; secretary and treasurer, Jennette Hemphill. Following the meeting, the Student Nurses of St. Joseph's Hospital Training School were entertained by the Alumnae with a masquerade party, which was greatly enjoyed by all.

California: STANFORD UNIVERSITY is offering a special course for administrators and instructors in schools of nursing, June 19-July 25, next. It will be open to graduates of accredited schools who meet the usual university requirements or who have carefully considered equivalents. The course will be under the direction of Carolyn E. Gray, Director of Nursing and Health in Western Reserve University, Cleveland. Required subjects will be General Psychology; Administration in Schools of Nursing, Carolyn E. Gray; Teaching Nursing Principles and Methods, Sarah G. White. Electives will be Public Speaking, Economics, and others not yet decided upon. Students enrolling in the course will be registered at Stanford University as special students, and will be granted a certificate upon successful completion of the course. Graduate nurses who do not meet matriculation requirements may attend classes as visitors, but without credit. Particulars regarding the course may be obtained from Stanford University Hospital, San Francisco, Calif. **San Diego.**—ST. JOSEPH'S HOSPITAL held graduating exercises on January 3, for three members of the class of 1922, and for seven members of the class of 1923. The address was given by Dr. L. C. Kinney; the diplomas were presented by Rev. Henry Brinkmeyer. The Nurses' Glee Club contributed to the programme and the class sang its class song. Dancing followed the exercises.

Connecticut: The state organizations of nurses held their annual meetings in Waterbury, at St. John's Parish House, January 24-26. THE CONNECTICUT ORGANIZATION FOR PUBLIC HEALTH NURSING met on the first day, beginning with a Lay Member Section at which an address was given by Lillian Gray, field secretary of the Mental Hygiene Society of the state. At the same time, a nurses' round table was conducted by Sarah Baker,—

topic, Salient Points in Tuberculosis Nursing, by Florence Redfield. The afternoon session was opened by the vice-president, Rose Heavren. Dr. Stanly H. Osborne, Commissioner of the State Department of Health, spoke on Communicable Diseases. Officers elected were: President, Margaret K. Stack, Hartford; vice-presidents, Rose M. Heavren, Essex, and Mabel MacDonnell, Stamford; secretary and treasurer, Kate Mackenzie, Norwich; Councillors, Margaret Barrett, Katherine McCarthy, Ruby Vose, Abbie M. Gilbert, Mary Maher. In the evening a joint meeting of the three associations was held with unusually fine addresses: Some of the Problems of a Health Officer, and How the Nurse Can Help Solve Them, Dr. T. J. Kilmartin; Address, Governor Templeton; Health in Industry, Prof. C. E. A. Winslow; Nursing Progress, Elizabeth C. Burgess of New York. The Graduate Nurses' Association of Connecticut began its meetings on the 25th with a round table of alumnae presidents. A Private Duty Section was in charge of Elizabeth Ross with a paper on Why I Like Private Duty Nursing by Bertha M. Richards, and one on What a Central Directory Means to the Public by Clara Caruth of New Haven. The afternoon was devoted to business, including a three-minute report from the president of each alumnae association. Katharine DeWitt of Rochester, N. Y., spoke on *The American Journal of Nursing*. A dinner was given in the evening, at the conclusion of which the members were invited to attend the lecture given by Maude Royden of London. The officers for the State Association are: President, A. Elizabeth Bigelow, Meriden; vice-presidents, Sarah E. Hyde, Middletown. Abbie M. Gilbert, New Haven; secretary, Kathryn E. Sherman, Hartford; treasurer, Isabelle D. Conn, Stamford; directors for three years, Martha J. Wilkinson, Marcella Heavren; for two years, Harriet E. Gregory, Kate M. MacKenzie; for one year, Margaret K. Stack, Elizabeth Blenkhorn. The League of Nursing Education held meetings on the 26th, opened by an address of welcome by Charles Lee, superintendent of Waterbury Hospital, and a response by Sarah Hyde of Middletown. The morning was largely occupied with business and reports. Addresses were given by Leila Given, instructor in the Connecticut Training School and by Mary M. Roberts of New York. At noon, an interesting professional exhibit was demonstrated by students from the different training schools of the state. A round table for hospital dietitians was held at 1:30. At the afternoon session talks were given on Diet and Disease by Prof. John P. Peters of Yale University and on Legislative Work by Alice Shepard Gilman of Albany, N. Y. Officers elected by the State League are: President, Sarah E. Hyde, Middletown; vice-presidents, Evelyn Wilson, Stamford, R. Louise Metcalfe, Waterbury; secretary, Amelia M. Jones, Middletown; treasurer, Agnes C. Kernan, Hartford; councillors, Robina Stewart, Dorothy Tarbox, Mrs. W. A. Hart. **Hartford.**—St. Francis Hospital held graduating exercises on January 3 for a class of thirty-two. All the music of the evening was given by students, a quartette, a duet, a farewell by the graduates, violins, and organ. The address was given by Rt. Rev. John J. Nilan. Prizes were awarded to Anna G. White and Elizabeth O. Wingertsman. **New Haven.**—The Alumnae Association of St. Raphael's Hospital held its annual meeting at the hospital on January 8, with 27 members present. Officers elected were: President, Emily Smith; vice-presidents, A. M. Martin, Mrs. B. Day; secretary, A. M. Kennedy; treasurer, M. V. McAllen; directors, Mrs. M. P. McGuire, M. J. Judge, M. Kelly, E. A. Curren. Members of the Programme, Nominating and Sick Committees were appointed. The revised copy of the constitution and by-laws was accepted. After the meeting a social hour was enjoyed.

Delaware: The Delaware State Association of Graduate Nurses held its annual meeting at School No. 28, Wilmington, January 19. It was well attended and was enjoyed by all. The secretary was instructed to forward to members of the State Legislature, the endorsement of the Association for the bills relating to Child Welfare, the School Law, and Child Labor. Contributions of $30 for Near East Relief; and of $10 toward the building fund of the National Federation of Women's Clubs were made. A resolution was adopted arranging for a bill to be introduced in the Legislature providing that the State Board of Examiners shall appoint some one to

inspect and accredit training schools. Resolutions were adopted on the death of Jeannette Duncan, formerly superintendent of the Delaware Hospital. Officers elected for the coming year are: President, Marie Lockwood; vice-presidents, Mary A. Moran, Caroline Sparrow; secretary, Amy Wood; treasurer, Eva B. Hayes. Directors are Lavinia Nealy, Anna Roberts, Vera Davis, Susan S. Young. An all-day conference of the Public Health Section was held on January 20.

District of Columbia: Washington.— THE CHILDREN'S HOSPITAL ALUMNAE ASSOCIATION has elected officers for the year as follows: President, Charlotte Estes; vice-presidents, Lucy Stiver, Pearl Twigg; secretary, Ada T. Page; treasurer, Elizabeth Jones; directors, Mrs. Egbert Thompson, Ada Woodie, Mrs. Preston McLendon, Augusta Lewis. THE LEAGUE OF NURSING EDUCATION held its monthly meeting at Columbia Hospital for Women on January 25. There was a very instructive address on Parliamentary Procedure by Major Tasker of The Army Medical School. After the business meeting a social hour followed. The Instructors' Section held its first meeting at Walter Reed Hospital, the students of that hospital demonstrating their surgical technique. The Dakin treatment was especially emphasized. Many patients, overseas men, were presented to show the results of this treatment. There was also a very interesting address on War Surgery by Major Gaul.

Georgia: THE STATE BOARD OF EXAMINERS FOR GEORGIA will hold its regular semi-annual examinations for registration of applicants, April 11 and 12, in Atlanta, Augusta, Macon and Savannah. Jane Van De Vrede, President. **Savannah.** — The position of Supervisor of Public Health Nurses in the Health Department of Savannah will be filled by competitive examination, to be held under the supervision of the Bureau of Nursing of the Southern Division of the American Red Cross. Due notice of the terms of the examination and the date for holding the same will be published in the *American Journal of Nursing*.

Illinois: Chicago.—Elsie L. Burke, Principal of the School of Nursing, Children's Memorial Hospital, for twelve years, has resigned and will rest before taking up further nursing work. She is succeeded by Henrietta Miller of the University Hospital, Minneapolis. ST. ANN'S ALUMNAE ASSOCIATION held a meeting on February 5, at which Mrs. Meldrum of the Tuberculosis Institute spoke interestingly on plans for a cottage at Naperville. Seven graduates of the training school have recently passed the State Board examinations and have been admitted to the Association as active members. MERCY HOSPITAL GRADUATES are reported as follows: Eva Stoner, Helen Prelan and Odo Kepple have joined the Staff of School Nurses. Verne Grise has accepted the position of Supervisor of Obstetrical Department at Englewood Hospital. Mary O'Neill, who has been in Public Health Service for the past two years at Fort Stanton, has returned to Chicago. Mary Cavanaugh is taking a postgraduate course at Lying-In Hospital. Agnes Clancy has gone to Toulon, Ill., where she has accepted the position of County Public Health Nurse. Phyllis Connor has received an appointment with the Veterans' Bureau, and has reported for duty at the Veterans' Hospital, No. 30, Chicago. Veronica Foran has accepted the position as Surgical Nurse at Mercy Hospital. Irene Thulis is taking the postgraduate course in Nervous and Mental Nursing given by the Veterans' Bureau at Washington, D. C. Lillian D'Autremont and Marie DeLaney have entered the Convent of Mercy, Chicago. Mary Cleary has gone to Pittsburgh, where she has accepted a hospital position. Leonore Tobin has accepted the position as instructress of nurses at Mercy Hospital. Julia Wilson has accepted the position as instructress of nurses at Glockner Sanitorium, Colorado Springs, Colo. The following were elected as officers for 1923 in the Mars-Sur-Allier No. 270 Post American Legion: Vice-Commander, June Ryan; finance officer, Helen Phelan; sergeant-at-arms, Daisy Bradley. **Peoria.**—THE SEVENTH DISTRICT ASSOCIATION held its annual meeting at Block and Kuhl's Mandarin Room, at a luncheon, February 2, fifty being present. Officers elected are: President, Grace Perrine; vice-president, Joy Hogate; secretary, Sara Barnes; treasurer, Belva Sturm. Reports from committees were given. One alumnae association and three individual members were accepted during the

year. The central registry which has just completed its first year has proved a success.

Indiana: The Indiana State Board of Examination and Registration of Nurses will hold its semi-annual examination for the registration of nurses, May 9-10, in the Senate Chamber and House of Representatives, State House, Indianapolis. On Tuesday, May 8, the Board will convene for its annual meeting in the office of the secretary, No. 333 State House, at 9:30 a. m. **Terre Haute.**—The Union Hospital Alumnae Association held its annual meeting, January 10, in the new Junior Nurses' Home. The time of meeting has been changed to 7 p. m. Dr. Bloodgood of Johns Hopkins, who was the guest of the Academy of Medicine, addressed the Alumnae and students on Preventive Medicine on February 1.

Kansas: Topeka.—The Board of Directors of Christ's Hospital will conduct a campaign this year for funds for building a new 100-bed hospital.

Kentucky: The Kentucky State Board of Nurse Examiners will hold examination for state registration on Tuesday and Wednesday, May 22, 23, at the State Capitol Building, Frankfort. For application and information, apply to Flora E. Keen, Secretary, 115 North Main St., Somerset.

Maine: The State of Maine Board of Examination and Registration of Nurses will meet April 18, 19, 1923, at 9 a. m., at the State House, Augusta. Application blanks may be secured from the Secretary, Rachel A. Metcalfe, Central Maine General Hospital, Lewiston, Maine. Applications must be filed fifteen days prior to date of examination. The Maine State Nurses' Association held its tenth annual meeting in the Universalist Church, Bangor, January 25-26. *Thursday, January 25*: The session opened with prayer by Rev. Ashley Smith; Address of Welcome, Hon. A. R. Day, Mayor of Bangor; Response by Rachel Metcalfe. 10:00 a. m. Business meeting and reports of committees. Luncheon. 2:30 p. m., President's Address. Programme in charge of the Nursing League. 1. Essentials of Anatomy, Mrs. Katherine Y. Boutelle; 2. How I Teach Materia Medica, Rachael Metcalfe; 3. Teaching Tuberculosis in the Hospital, Ida Washburn; 4. The Fundamental Principles of Public Health in the Training School, Edith Soule. 6:00 p. m., Banquet, Universalist Vestry. 8:00, Evening Session. Address, The Nurses' Responsibility to the Social Hygiene Programme, Dr. Geo. H. Coombs, State Department of Health. *Friday, January 26.* Programme in charge of Public Health Section, Edith Soule presiding. 9:00 a. m., Business Meeting; 1. The State Library and How It May Be Used, H. E. Dunnals, State Librarian; 2. The Aim of Home Demonstration Work, Rosalind M. Jewett, State Home Demonstration Leader; 3. The Industrial Nurse, Her Responsibility to Employer and Employee, Madeline Mosher, Industrial Nurse, Eastern Manufacturing Co., Lincoln. A Library of nursing books was on exhibition during the session. Luncheon. 2:30 p. m., Unfinished business. Officers elected were: President, Mrs. Lou S. Horne, Portland; vice-presidents, Hannah F. Clapp, Bangor, and Mrs. Jane Prevost, Portland; secretary, Louise P. Hopkins, 246 Essex St., Bangor; treasurer, Mabel Blanchard, Portland; director, Rachel Metcalfe, Lewiston. **Biddeford.**—The Western District held its annual meeting in Biddeford, January 17. Revision of the constitution and by-laws was adopted. Officers elected are: President, Lucy J. Potter; vice-presidents, Eleanor Griffin, Agnes Nelson; secretary, Alice S. Young; treasurer, Mrs. Lou S. Horne; directors for three years, Eleanor F. Campbell, Minetta Moore.

Maryland: The twentieth annual meeting of the Maryland State Nurses' Association was held in Osler Hall, Baltimore, on January 25 and 26, 1923, in joint session with the Maryland State League of Nursing Education and the Maryland State Public Health Nurses' Association. The meeting was opened with prayer by the Rev. C. Sturgis Ball. Elsie M. Lawler, president, in her address, reviewed the work of the Association during the past year and emphasized the importance of more interest in the activities of our National Association. She spoke of the Relief Fund as one of the important activities that should appeal to every member. Miss Lawler made a strong appeal to the young nurses to come forward and help in the building up of the Association by accepting appointments on committees, relieving those who have borne the burden so long. At the business session the reports of

the Committees were made. The question of how to meet the increase of dues to the American Nurses' Association was discussed and it was decided that the increased dues be paid from the Association funds for 1923, without asking for any increase from the members; but it was decided that the dues of members of the Alumnae Association be increased to $1.50 per capita and those of individual members to $2.50, in 1924. The Maryland State Public Health Nurses held their meeting in the afternoon of January 25, and after a short business session, Frances V. Brink, Field Secretary of the National Organization for public Health Nursing, was introduced and gave very interesting and helpful information on what steps were necessary in order that the State Public Health Association might affiliate with the National Association. Dr. J. A. Doull of the School of Hygiene, Johns Hopkins University, was the next speaker and discussed the spread of the diphtheria germ and said that to every case of diphtheria there were 25 to 30 carriers who, in most cases, cannot be quarantined. Officers of the State Public Health Association were elected as follows: President, Jane B. Newman; vice-presidents, Mildred Baer and Lillian Hiss; secretary, Constance Jones; treasurer, Maud Monahan. The social feature of the meeting, in which the members of all the organizations joined, consisted of supper served at six o'clock that same afternoon, followed by community singing led by Fisher's Orchestra. This social hour has served to bring the nurses closer together and to become better acquainted, and is looked forward to with much pleasure each year. At the Public Meeting on Thursday evening, the members had the pleasure of having Mr. F. W. Besley, State Forester, give an illustrated talk on Forestry in Maryland. It seemed very fitting that the members of the State Nurses' Association should have this opportunity of knowing something about the work of another State organization,—The Maryland State Board of Forestry. On Friday morning the State League of Nursing Education held demonstrations of nursing procedures at the Johns Hopkins Hospital, and a large number of nurses attended and filled the Ampitheatre to its full capacity. On the afternoon of Friday, Round Tables were held in Osler Hall,—State Registration, Helen C. Bartlett, presiding; Private Duty Nursing, Martha E. Friend, presiding. These sessions were well attended and proved to be most helpful. At 4 o'clock Dr. J. H. Mason Knox, Director of the Child Welfare Bureau, was the speaker and asked for the coöperation of the nurses, especially those in the counties, in establishing this new Bureau under our State Health Department. The officers elected for the following year are: President, Elsie M. Lawler; vice-presidents, Jane E. Nash and Harriet Fort; secretary, Sarah F. Martin; treasurer, Mrs. G. H. Bode. When the convention adjourned, it was unanimously agreed that it was the most enjoyable ever held by the Association. Officers elected by the League are: President, Maude M. Gardner; vice-president, Alice M. Wheeler; secretary, Charlotte M. Snow; treasurer, Jessie Kendall; board, E. M. Lawler, Jane E. Nash, Mary Cary Packard.

Massachusetts: The Massachusetts State Nurses' Association held its mid-winter meeting on February 17, too late to be reported in this issue of the *Journal*. The official report will appear in April. **Boston.**—Bertha Carvell of Brookline has been chosen president of the Alumnae Association of the Massachusetts Homeopathic Hospital, to fill the unexpired term. Elsie M. Whitcomb, class of 1921, is supervisor of the operating room at the Homeopathic Hospital, Wilmington, Del. Elizabeth R. Barrett, class of 1904, is doing public health work in Skowhegan, Maine; Grace Ahearn, class of 1912, is industrial nurse for the Cambridge Rubber Company. **Fall River.**—The Fall River City Hospital Alumnae Association held its annual meeting recently and elected: President, Mary B. Madden; vice-president, Florence D. Thistlewaite; secretary, Laura M. Sullivan; treasurer, Rose A. Castonguay; councillor, Mary B. Madden; directors, Irene F. Carroll, Mrs. George H. Kershaw, Louise M. Roberts. **Pittsfield.**—House of Mercy graduates are reported as follows: Margaret Lehman, class of 1920, succeeds Mrs. Pecon as industrial nurse at the Kinney Plant. Elsie Huntly, class of 1900, is school nurse in Great Barrington; Nellie Morrison, graduate of Hillcrest Hospital, is school nurse in Lenox. The

Berkshire County Nurses' Association, at its December meeting, heard an address on Books Worth Reading by Edward Jenkins of Lenox. Members of the class of 1923, House of Mercy Hospital, gave a bazaar on December 8, the proceeds to be used for a dietetic laboratory for class instruction.

Michigan: Sarah E. Sly, General Secretary of the State Association, visited the following places on a trip made between January 23 and February 2: Jackson (address to student nurses, Third District meeting); Battle Creek (addresses to nurses of two hospitals); Grand Rapids (meeting with directors of three alumnae associations, Sixth District meeting); Muskegon (addresses to nurses of two hospitals, Fourth District meeting); Kalamazoo (two alumnae meetings, Fifth District meeting). Members of the Bureau of Child Hygiene and Public Health Nursing of the State Health Department held meetings with Marie T. Phelan, Children's Bureau, Washington, to discuss standardized instruction in pre-natal and infant welfare work. The importance and need of this has been felt by many States. Michigan is one of the first to avail itself of Miss Phelan's services. In order that all nurses doing Public Health nursing, especially those engaged in County work, may have the benefit of this, each of the five field directors will plan for small group meetings throughout the State. Five such meetings were held during January at Marquette, Houghton, Ironwood, Iron River, Sault Ste. Marie, and Petoskey. As there are no nurses outside of the larger cities who are free to devote their entire time to pre-natal and infant welfare work, it has been necessary to enlist the coöperation of all Public Health nurses, regardless of the type of work they are doing. The enthusiasm and desire to assist which these nurses show is most encouraging for the success of the administration of the Sheppard-Towner Act as planned for Michigan. **Detroit.**—The First District Association met February 2 at the Central Bureau of Nursing. The programme was furnished by the Community Fund. It consisted of a lecture and lantern slides showing the many ways in which blind and crippled children are being educated. The annual meeting of the Visiting Nurse Association, held January 18, marked the completion of a quarter century of service. A public meeting will be held on March 14th to celebrate this event. **Ann Arbor.**—Second District, Officers for 1923: President, Alice Lake; vice-presidents, Barbara H. Bartlett, Sister Constance; secretary, Ruth Wheelock; treasurer, Mrs. Ruth Daniels; directors, Misses Tillotson and Stahl. University Hospital Nurses' Alumnae Association: President, Magna Tillotson; vice-president, Emma Spugel; secretary, Helen Vyn; treasurer, Lela Reagan; directors, Mrs. C. L. Washburne, Gertrude J. Wishart, Josephine Nott. **Battle Creek.**—Third District: President, Mrs. Effie Tyrel; vice-presidents, Mrs. O. G. Cooley, Mrs. D. C. Nocholls; secretary, Florence Monahan; assistant secretary, Lucy Halliday; treasurer, Edna Oakley. Jackson Hospital Alumnae Association of the Foote Memorial Hospital: President, Mary Jewell; vice-presidents, Mrs. E. O. Lehy, Bertha Haines; secretary, Jessie Phelps; treasurer, Hazel Ferrot. Nichols Memorial Hospital Alumnae Association Officers are: President, Martha Young; vice-president, Adda Brace; secretary, Ivabelle Ward; treasurer, Mrs. Gertrude MacLaughlin. **Flint.**—The Eighth District meeting in December was held in the Health Center building. After the regular business, the programme was given over to the *American Journal of Nursing*. The many nursing departments in the *Journal* were discussed by nurses representing those departments. A School Nurse told of the broad area covered by the *Journal.* To her it is the instrument that keeps her balanced so that she sees the very important work being done in other departments. It is the broad, smooth road that keeps us from traveling in a rut. An Institutional Nurse told of the countless good to be derived from it by her department of the work. The latest developments in all phases of the nursing field are there ably discussed by the best authorities. A Pupil Nurse was present and told of the delight the Student Nurses take in the new department that was created for their benefit. To them it is authority on the current topics of the day. A Health Department Nurse reviewed the December *Journal* to show the large number of articles in it of interest to

the Public Health Nurse. These talks were followed by a general discussion during which many mentioned subscriptions that had been allowed to lapse but that would be renewed at once. In all it awoke a greater love for the *American Journal of Nursing* than they had had before, and an inspiration to keep abreast of the times. Let all boost for the *Journal,* the magazine that boosts for us! At the annual meeting of the Eighth District the following officers were elected: President, Jessie Scott; vice-presidents, Mabel Haggman, Frances Cook; secretary, Mary Chayer; treasurer, Jane Bryans; directors, Lizabel MacKenzie, Lilli Betts. At the Board of Directors' meeting the committees were appointed with the following chairmen: Credentials, Lilli Betts; Programme, Annette Greenough; Publicity, Mary Chayer; Hospitality, Elizabeth Knapp; Nurses' Relief Fund, Mary Osborne; Special Boosters' Committee, Flo Burghdorf. At a meeting of the various committees the following plans were discussed: Programme Committee,—It was suggested that a nurse representing each different branch of nursing represented in the Association be given a meeting and feature her own work. For instance, an industrial nurse may put on an industrial programme; a school nurse, school nursing, etc. Judges would be appointed and the team putting on the most interesting programme would be banqueted by the other teams. Publicity Committee,—The committee asked to be given at least five minutes at every meeting to review either the *American Journal of Nursing* or the *Public Health Nurse.* The Hospitality Committee offered its services to the Boosters Committee to help with the work of that committee. Biennial Committee,—A card party was definitely planned for February 10, and a Post-Lenten party, directly following Lent. **Marquette.**—At the regular meeting of the Fourteenth District, January 8, Mrs. Elsbeth H. Vaughan, Assistant Director of the Bureau of Child Hygiene and Public Health Nursing, talked on the advantages for the promotion of the welfare of maternity and infancy in our State. Following the programme there was a pleasant social hour. Helen Bloomfield, formerly Superintendent of St. Luke's Hospital, has accepted a hospital position in Asthabula, Ohio. Miss L. Guinther, a graduate of the Philadelphia General Hospital, has succeeded Miss Bloomfield. APPOINTMENTS IN THE PUBLIC HEALTH FIELD: Alma Johnson has been appointed County Nurse for Luce County; Edna Van Dyke, a graduate of the Farrand Training School, Harper Hospital, has been appointed County Nurse at St. Joseph's; Dorothy McMillan has been appointed on the V. N. A. at Benton Harbor; Alma Simpson has been appointed County Nurse at Baraga County. Michigan is fortunate in having secured the services of these nurses.

Minnesota: Duluth.—THE SECOND DISTRICT ASSOCIATION held a meeting at the Y. W. C. A. on February 2, with an attendance of fifty. The Public Health Section was responsible for a most instructive illustrated talk on Diseases of the Skin by the specialist, Dr. E. Z. Shapiro. Minnie Kivisto, School Nurse at Biwabik, St. Louis County, attended the meeting as a representative of the Range Nurses' Club which has recently been reorganized with Mrs. S. McVettie of Virginia as President, and Irene Murphy, Community Nurse of Virginia, as Secretary. Jeanette Gray, Aitkin County Nurse, came in response to an effort to reach the nurses in the outlying Counties of the District. The Private Duty Section with Anne Hendry as Chairman held an enthusiastic meeting in January. At the annual meeting of the ST. LUKE'S HOSPITAL ALUMNAE, held January 30, the following officers were elected: President, Augusta Jones; vice-president, Mrs. Neil Patterson; secretary, Marion Willcuts; treasurer, Esther Fredrickson. Augusta Jones, class of 1921, has resigned her position as Superintendent of Nurses at Nopeming Sanatorium. Miss Jones plans to take a special course in obstetric and pediatric nursing. Mrs. H. I. Legg, who succeeds Miss Jones, served on the staff of the sanatorium for three years. A meeting of the members of the Executive Committee of the Minnesota-North Dakota State Conference of the Catholic Hospital Association was held in Duluth, January 26, at St. Mary's Hospital. It was decided the next Annual Conference will be held at the Villa Scholastica, Duluth, July 18 and 19. This delightful location so inviting will be an incentive for many who might not consider

such a meeting at this season of the year. At the same time there will be an opportunity of seeing the splendid new unit at St. Mary's Hospital completed this past year. **St. Paul.**—Freda Werner, class of 1919, has resigned as night supervisor at Mounds Park Hospital and is succeeded by Mary M. Johnston, class of 1921. Amelia Moen, class of 1915, has resigned as superintendent of the Merriam Park Hospital. Beth McCrank, class of 1920, succeeds, and Lillian Bolvig, class of 1919, is assistant. Thelma Barck, class of 1919, is doing social service work at the Neighborhood House. **Mankato.**—The Fifth District held its January meeting in the Armory. Dr. Helen Hughes Heilscher spoke on Organization and Its Value to Nurses. Ruth Houlton, superintendent of the Public Health Nurses' Association of Minneapolis explained the importance and the benefits of the Sheppard-Towner Act. Hortense Hilbert and Agnes Alexander, field nurses, told of the work in Nobles County. On the following day, a regional conference of public health nurses was held at the Andrews Library. Immanuel Hospital Alumnae Association has elected the following officers: President, Olga Sauer; vice-president, Clara Turnquist; secretary, Odelia Knaub; treasurer, Elizabeth Jons.

Missouri: The Missouri State Board of Nurse Examiners in its report of activities from June 22, 1921, to January 1, 1923, states that it has held ten meetings, conducted seven examinations, licensed 4037 nurses and 1615 attendants. The number of nurses holding certificates for rural districts is 595. Forty-five schools within the state have been accredited, and twelve outside. The number of student nurses is 1175. There are six accredited schools for attendants.

Nebraska: Omaha.—Creighton Memorial, St. Joseph's Hospital Alumnae Association held its annual meeting, January 9, and elected officers: President, Mrs. Harry J. Jenkins; vice-president, Bernadine Striegel; secretary, Mrs. Eugene L. Kinney; treasurer, Octavia LaPoote; directors, Mabel Wight, Teresa Tully, Ruth Williams.

New Hampshire: Nashua.—The Beacon Hill Hospital Alumnae Association held its annual meeting recently with Mrs. Harold Parsons. The officers of the association are as follows: President, Jennie Bowden; vice-president, Mrs. Osman Clapp; treasurer, Mrs. Margaret Fortin; auditor, Mrs Charles Van Brocklin. At the meetings the members sew for the City Mission. One member is at the Pembroke Sanitarium, and the others often supply her with comforts. **Concord.**—The Margaret Pillsbury Alumnae Association has recently elected officers as follows: President, Mrs. Earl Russell; secretary, Mrs. Frank Clinton; treasurer, Mrs. Charles Venne.

New Jersey: The New Jersey State Nurses' Association held a special meeting in the Y. W. C. A. Building, Newark, on January 22, for the purpose of discussing and voting on the feasibility of introducing an attendant's clause into the Nurse Practice Act, and providing for the training of attendants. The Association felt that it should take no responsibility in the matter, and voted 13 for, and 51 against the measure. The New Jersey State League of Nursing Education held its annual meeting in the Nurses' Residence of the Elizabeth General Hospital, Elizabeth, on January 19. Elizabeth Miller, Superintendent of Nurses of the Municipal Hospital for Contagious Diseases, Philadelphia, gave a most constructive and instructive talk on the Nursing of Communicable Diseases, and emphasized the need of such training for all nurses, as a foundation for Public Health Nursing, and Social Service, and as a means of breaking down the great amount of superstition and misunderstanding now so prevalent among the classes. Mary M. Roberts, editor of the *American Journal of Nursing,* in her talk, stressed the need of keeping informed in order to meet our responsibility as nurses. She stated that nurses could best attain the highest ideals as individuals and as a profession by educating themselves liberally in all things touching on the health and general welfare of the public and the sick. The following officers were elected for the year 1923: President, Florence Dakin; vice-president, Sarah E. Longcor; secretary, Mrs. Martha Scott; treasurer, Lydia E. Betz; director, Ida F. Austin. **Newark.**—An Institute on the Nutritional Problems of Children, conducted by Dr. William R. P. Emerson of Boston, will be given under the auspices of the New Jersey Tuberculosis League, March

5-17. All lectures will be given in the Board of Health Building; demonstrations will be held in the various schools. **New Brunswick.**—The Middlesex General Hospital is to be enlarged and improved through buildings made possible by gifts from R. W. Johnson and his brother, John Seward Johnson, in the name of their mother. One of the buildings will increase the capacity of the hospital from 76 to 120 beds; another will house the power plant; the third will be an addition to the nurses' home. The last named will make the nurses' home one of the best of the smaller homes in the east. It will furnish a large living room with a stone fireplace, a class room and a demonstration room. The hospital exists for health teaching and sickness prevention as well as for the care of the sick. **Trenton.**—The Third District Association held its annual meeting in the Council Chamber of the City Hall on January 4, with twenty members and one guest present. Officers elected are: President, Jane Barker; vice-president, Grace Porter; secretary, Mrs. Julia Taylor Clancy; treasurer, Rose McKenna. **Jersey City.**—The Nurses' Club of Hudson County has donated $100 to the New Jersey Tuberculosis League for Scholarships in the Nutrition Institute. The Club held its annual dance on St. Valentine's Day at the Bergen Lyceum, the proceeds to be used for building or maintaining a club house for graduate nurses of Hudson County.

New York: Rochester.—District 2 held its January meeting on the 30th at Highland Hospital as guests of the alumnae and staff of the school. An interesting lecture was given by Dr. John Williams on the new treatment of Diabetes. Diabetic diets were exhibited. A social hour followed. Highland Hospital School of Nursing held a Demonstration afternoon on January 10, when the preliminary course was drawing to a close. The Staff and a few Board members were invited and nursing procedures were demonstrated by preparatory students. At the close of the exercises, the 22 preparatory students were given their caps. St. Mary's Hospital Alumnae held their annual meeting at the hospital on February 2. Reports were read. It was decided to include in the winter's programme a lecture on Cancer. Officers elected are: President, Helen Ward; vice-president, Mary Bergin; secretary, Mary Scanlon; treasurer, Victoria Basisto; directors, Barbara Walter, Frances McCauley, Mary Cowley; auditor, Genevieve Mancuso. **Clifton Springs.**—The Clifton Springs Sanitarium has received a gift of $50,000 for a nurses' home on condition that a like amount be raised. The gift is from George Maxwell of Boston in memory of his mother. Efforts will be made to have the entire sum reach $150,000. The alumnae gave a bazaar and tea on November 22 which brought $450. **Utica.**—The Utica Central School of Nursing, E. Priscilla Reid, educational director, celebrated, in February, the completion of the preliminary course by the first class, numbering 44. A reception was given at the Woman's Civic Club by the alumnae associations of the training schools of the city,—Homeopathic, St. Luke's, St. Elizabeth's, Faxton, and State. Bessie B. Tibbitts, one of the instructors, addressed the students, telling them that Utica is one of three cities in the country to have a central school. In addition to music and reading, a sketch, entitled The Evolution of a Probationer, was given by Charlotte Fiske, Mildred Miller and Vivian Crowner. A social hour and dancing followed the programme. District 7 held a meeting on January 11 at the Homeopathic Hospital with an attendance of 75 from Rome, Little Falls and all the local hospitals. Members of the Senior classes were guests. A representative of each hospital gave a paper as follows: Homeopathic, Miss Isabelle Miller on Meditations of a Student Nurse. St. Luke's, Marguerite Angier on Why a Graduate Should Join Her Alumnae Association. St. Elizabeth's, Genevieve Miller on The Graduate Nurse. Faxton, Mildred Miller on Our Christmas Spirit. Rosalie Mayer spoke on the Guild of St. Barnabas, with the hope of forming a local branch. A social hour followed with the Homeopathic Alumnae as hostesses. The Rome Hospital Training School held graduating exercises for a class of six on January 10 at the Masonic Temple. The address was given by Mary M. Roberts, editor of the *American Journal of Nursing*, on The Future of the Nurse. A reception with dancing followed. On the evening of the 8th, a dinner in honor of the graduates was given

by the superintendent, Miss E. L. Burns, after which the class prophecy written by Miss Stacy, was read. The undergraduates gave the class a theatre party in Utica, and on their return to the nurses' home, a surprise awaited them in the form of refreshments. This ended one of the pleasantest commencements of the school. THE ROME HOSPITAL NURSES' ALUMNAE ASSOCIATION held its annual meeting, December 26, at which the following officers were elected: President, Mrs. James Griffin; vice-president, Miriam Ringrose; secretary, Elizabeth Foote; treasurer, E. Hazel Golly; director, Mrs. Roy Bielby. **Saranac Lake.**—DISTRICT 8 held its regular meeting in the Public Library on February 6. Mrs. Ericksen, who has been for eighteen months in Labrador with one of Dr. Grenfell's nursing units, told of the work there. A lively discussion followed. **Albany.**—DISTRICT 9 held its regular meeting at the Nurses' Home of the Albany Hospital on January 6. In spite of stormy weather, 35 were present. An interesting report of the State meeting in New York was given by the delegate, Mrs. K. M. Gilbert. A social hour followed, with the Albany Hospital Alumnae as hostesses. The annual meeting will be held in April at the same place. **Troy.**—THE TROY HOSPITAL ALUMNAE ASSOCIATION held a meeting at the Troy Hospital, February 4, which will long be remembered by those who were fortunate enough to be present. It was the first meeting of the year at which the newly-elected officers presided. The address by the president, Julia Littlefield, was an inspiration to every one. The business which followed the address was pervaded with an optimism which promises a busy, happy year for the Association. Among other plans, it was arranged to have lectures by prominent speakers, socials, and refreshments at subsequent meetings. Miss Littlefield brings to the Alumnae a training and experience in the successful administration of nursing affairs which is keenly appreciated. Her executive ability, as manifested in the Homeopathic Hospital, Albany, of which she is the superintendent, has long commanded the respect and esteem of the hospital which is proud to call her a graduate. **New York.**—A sum has been appropriated by the Sturgis Research Fund which is associated with the work of Burke Foundation, to promote a study of the resources and results of convalescent care of patients of the neuropsychiatric clinics of the New York hospitals. The work of carrying on the study has been given to the North Atlantic District of the American Association of Hospital Social Workers, N. F. Cummings, Secretary. This District has adopted a plan to promote, each year, some form of research work which is affiliated with hospital social service. Dr. George Kirby, Superintendent of Manhattan State Hospital, is Chairman of a Committee to promote further convalescent care of these patients. THE ALUMNAE ASSOCIATION OF THE LOZIER MEMORIAL TRAINING SCHOOL at its recent annual meeting elected the following officers: President, Adelaide M. Von der Born; vice-presidents, Martha Le Plante, Mary C. McKenna; secretary, Mrs. Charlotte B. Oliver; treasurer, Lillian M. de Talmond. Blanche E. Eldon, class of 1903, St. Luke's Hospital, has been appointed superintendent of nurses at the Westmoreland Hospital, Greensburg, Pa. Harriet T. Meiklejohn, class of 1906, Presbyterian Hospital, is superintendent of Public Health Nurses at the Health Centre, St. John, New Brunswick. Sylvia Hannan, class of 1917, went to Paris in October to take charge of the American Hospital, Neuilly. Edith Holden, class of 1920, is in charge of the operating room. Agnes M. Steele, class of 1921, is at the Samaritan Hospital, Colon, Panama. **Mineola.**—THE NASSAU HOSPITAL ALUMNAE ASSOCIATION recently elected the following officers: President, Lucy F. Hallock; vice-presidents, Mrs. Herbert Seaman, Alice M. Ryan; secretary, Mrs. Elliot Goldsmith; treasurer, Mrs. Fred Baldwin.

Ohio: Youngstown.—DISTRICT NO. 3 held its annual meeting in the Stambaugh Nurses' Home, January 17. A splendid address was given by the retiring president, Edna Womer, after which a musical programme was given by student nurses of the Youngstown Hospital. A social hour followed. Officers elected are: President, Winifred Campbell; vice-presidents, Emma Modeland, Sister M. Gilberta; secretary, Harriet J. Eckels; treasurer, Elizabeth Hollingsworth; trustees, Edna Womer, Nelle Templeton. **Cleveland.**—DISTRICT 4 has as officers for 1923,—President,

Hannah Buchanan; vice-president, Grace Bentley; recording secretary, Violet Smith; corresponding secretary, Charlotte Ferbert; treasurer, Nina Ehle; trustees, June Ramsey, Ethel Hanson, V. Lota Lorimer, Y. Davies, Emma Seckel, Frances B. Latimer. The nurses of District No. 4 were extremely pleased to have as their guest on January 23, Dr. Richard Olding Beard, of the University of Minnesota. Tea was served by the Ladies of the Guild of St. Barnabas, in the delightful guild room at the Cleveland Nursing Center, and the talk given by Dr. Beard was most inspiring to the large number of nurses who had come out to welcome him. THE LEAGUE OF NURSING EDUCATION discussed for February Some Problems on Public Health Nursing. Representatives from the different public health groups presented papers,—Marie Howell, University District; Elizabeth Fokhemer, Visiting Nurse Association; Ethel Osborne, School Nursing; Gertrude Ellsworth, Industrial Nursing. The Mt. Sinai School of Nursing has affiliated with the Cleveland City Hospital, for four months; two each in Contagion and Mental and Nervous Diseases. **Cincinnati.**—DISTRICT No. 8 met at the College of Medicine, January 22. Under the auspices of the Local League of Nursing Education, Dr. Richard Olding Beard, University of Minnesota, spoke on The Ethical Obligations of an Educated Profession of Nursing. Invitations were extended to all graduate and student nurses in the District; also to the various hospital staffs, board of trustees of hospitals and nursing organizations, and the Academy of Medicine. **Columbus**.—Eleanor Jones Ford has been appointed head of public health nursing education in the State Department of Health. Mrs. Ford is a Johns Hopkins graduate. She has recently been doing tuberculosis work in Pittsburgh.

Oregon: Marie Falldine, who has been for two years a most efficient county health nurse in Jackson County, has resigned in order to do pioneer work in Alaska as supervisor for the southeastern section for the American Red Cross, with headquarters at Juneau. **Portland.**—A dance was held at the Armory on January 13 under the auspices of the alumnae associations of Multnomah County Hospital, Emanuel Hospital and Sellwood General Hospital. The proceeds, $275, will be added to the fund for established State Central Headquarters. The fund now amounts to more than $1000.

Pennsylvania: THE PENNSYLVANIA STATE BOARD OF EXAMINERS FOR REGISTRATION OF NURSES will hold an examination in Pittsburgh and Philadelphia during the months of June, October and November and in such other places and months as may be necessary. **Altoona.**—THE ALTOONA HOSPITAL ALUMNAE ASSOCIATION held a Five Hundred party at the Nurses' Home, December 6. The proceeds are to be applied to the fund to furnish some part of the new Nurses' Home. $58.25 was realized. It is hoped to make this fund $1000; it is now a total of $255. The annual meeting of the Association was held January 7. New officers were installed as follows: President, Mrs. Julia E. Galbraith; vice-presidents, Mrs. Katherine Knepper, Mrs. C. G. Plummer; secretary, Mrs. Blanche Taylor; corresponding secretary, Mrs. E. G. Beamer; treasurer, Mrs. Jane Walls. **Braddock.**—THE BRADDOCK GENERAL HOSPITAL NURSES' ALUMNAE ASSOCIATION held a meeting at the hospital on February 8. Chairman of committees for 1923 were appointed: Membership, Dora Grimm; Social, Mrs. Sallie Daywalt; Visiting, Mrs. Edith Hetrick; Auditing, Ella Wood. Plans for entertaining the class of 1923 were placed in the hands of the Arrangements Committee. **Columbia.**—THE ALUMNAE ASSOCIATION OF THE COLUMBIA HOSPITAL held its annual meeting at the hospital, January 9. Officers were elected: President, Anna K. Essig; vice-presidents, Mrs. Ella O'Donovan, Ada Johns; secretary, Mary E. Klugh; treasurer, Ruth V. Goodwin. The association sold 500 seals at Christmas time. Miss Roscoe, a graduate of the Woman's College Hospital, Philadelphia, has been appointed superintendent of the training school of the Columbia Hospital. Miss Price has been appointed surgical supervisor at the Coatesville Hospital, and Miss Kunkle, night supervisor. Miss Milligan is doing public health nursing in York. Anna M. Dixon has resigned her position in Fort Smith, Ark., to take one at the Polyclinic Hospital, Philadelphia. A Christmas party was held in the Nurses' Home on December 21, when a table lamp was presented to Miss Roscoe. **Harrisburg.**—DISTRICT No. 4 held its annual

meeting on January 20. The following officers were elected: President, Frankford Lewis; vice-presidents, Lulu Hipple, Pauline Smyser; secretary, Josie B. Lewis; treasurer, Letha Shaw; directors, Sara Spencer, Florence Gipe, Mary Lau. Mrs. Martha Magee of Philadelphia gave an interesting talk on Medical Social Service. Dr. David Funk of Harrisburg spoke on Private Duty Nursing. Sara Spencer of York read a paper on Training School Instruction. Graduate nurses of District No. 4 contributed $300 to the Russian Relief. Fifty members enjoyed a dinner at Rose's after the meeting. **Philadelphia.**—The Mt. Sinai Hospital Alumnae Association held its annual meeting on January 26, at the Mt. Sinai Hospital. There was a large attendance. Reports of committees were given and officers elected: President, Elizabeth S. Aaron; vice-president, Anna Kleiman; corresponding secretary, Anna Ford; recording secretary, Florence Fonaroff; treasurer, Henrietta Glazer. The Nurses' Alumnae Association of the Lankenau Hospital held its annual meeting on January 12, electing the following officers: President, Elizabeth V. Schmoyer; vice-president, Mrs. Lillian C. Williams; recording secretary, Elizabeth Rapp; corresponding secretary, Clara Bosshart; treasurer, Elizabeth C. Pickering. The Alumnae Association of the School of Nursing of the Graduate School of Medicine of the University of Pennsylvania held a meeting on January 3, in the class-room of the Polyclinic Hospital. The Graduating Class and the Senior Class were the guests of the Alumnae, in order that all might enjoy the talk given by Susan C. Francis, on the Red Cross Nursing Service. Miss Francis outlined briefly the inception of the Red Cross and then the development in connection with the parent organization of the Red Cross Nursing Service. She reviewed the war-time need for nurses in the A. R. C. and how efficiently the nurses had responded, and how all of that was only possible because of the nucleus who had enrolled in peace times. The war-time work of the Polyclinic and Medico-Chirurgical nurses was appreciatively referred to, and the graduates of the new school were urged to join as soon as eligible so as to ally themselves with that great reserve nursing force of their Nation. The Alumnae were fortunate in having with them one of their members, J. Beatrice Bowman, who has recently been appointed Chief Nurse in the U. S. Navy. Miss Bowman spoke of the work in the Navy and urged that after one or two years' experience in other lines of work, they preserve our tradition of interest in the Navy. Miss Bowman was received with applause, which showed more plainly than words how proud the Association is of the signal honor which had been bestowed upon her. **Pittsburgh.**—The Alumnae Association of the Allegheny General Hfspital held a regular meeting February 5, at the Nurses' Home. The members present voted not to increase the dues for 1923, to meet the increase required by the District, State and National Associations, but to pay the difference from the Association Treasury. The following Chairmen of Committees were appointed for the present year: Auditing, Catherine J. Clover; Arrangement, Isa P. Hanna; Eligibility, Effie Ludwig; Endowed Room, Sick and Relief Fund, Lelia Barnhart; Nominating, Bertha Martin Fryck-lund; Press and Publicity, Isabel Chaytor Flynn. **Wilkes-Barre.**—District No. 3 held its annual meeting on January 23 in the ballroom of the Hotel Sterling. About one hundred and seventy-five nurses from Luzerne and Lackawanna counties were registered. Much business of interest to the nursing profession was discussed. The president, Esther J. Tinsley, gave a splendid address on Service, and the opportunities for service in the nursing profession to our fellow man. A fine musical programme was given. Tea was served after the meeting. The following officers were elected for the ensuing year: President, Esther J. Tinsley; vice-presidents, Mrs. Amanda Davis Mann, Mrs. Anna Davison; secretary, Rena E. Savage; treasurer, Agnes L. Cawley; directors, Janet G. Grant, Anna McLaughlin; chairman Public Health Section, Leslie Wentzel; chairman of Private Duty Section, Florence McHale.

Rhode Island: The Rhode Island State Nurses' Association held its annual meeting at the Medical Library, Providence, January 16. The members voted to continue subscriptions toward the State Federation scholarships and to give $65 to help Russian Red Cross

nurses. The Mental Hygiene Section was created with Anna K. McGibbon as chairman. An interesting address was given by Jane Van De Vrede, of Atlanta, Georgia. A social hour followed. Officers elected are: President, Amy Allison; vice-presidents, Muriel Eales, Anna K. McGibbon; secretary, Mary Prucker; corresponding secretary, Edith Barnard; treasurer, Edwina Porter; directors, Edith J. L. Clapp, Hortense Lucitt. **Providence**—THE BUTLER HOSPITAL ALUMNAE ASSOCIATION held its annual meeting in the Nurses' Home, January 12. The speakers were Mary S. Gardner of the District Nursing Association, and Dr. Arthur H. Ruggles, both of whom spoke on Mental Hygiene, and Dr. Henry C. Hall, who spoke on the Loan Fund. This fund is for the benefit of both graduate and student nurses and as soon as the amount reaches $5000, the interest will be used for loans as there is need. A social hour followed. Harriet G. Carpenter, class of 1922, is taking a postgraduate course at the Children's Hospital, Philadelphia. Miss Hitchcock, Presbyterian Hospital, New York, is taking a postgraduate course at Butler Hospital, preparatory to becoming the first mental hygiene nurse of the Providence District Nursing Association.

South Carolina: Charleston.—DISTRICT No. 1 held its annual meeting in the assembly room of the South Carolina Medical College on January 11 with a fine attendance. The District membership has increased about 40 per cent during the past year, due to the active interest taken by all alumnae. A nurses' registry was established in September, under the auspices of District No. 1 and is meeting with general approval and much success. It was determined to continue having two meetings a month, the second being a scientific meeting held in the evening on the fourth Thursday of each month. The January scientific meeting was given to the study of Parliamentary Law. The officers elected for 1923 are as follows: President, A. McConnell; vice-presidents, Belle O'Bryan, Agnes Coogan; secretary, A. J. Meyer, 297 Calhoun Street; treasurer, Mrs. J. H. Thomas. **Spartanburg.**—THE ALUMNAE ASSOCIATION OF THE GENERAL HOSPITAL held a regular meeting on January 16. Officers elected for 1923 are: President, Gay Williams; vice-president, Leila Mitchell; secretary, Alice Pearson; treasurer, Peg Smith; journalist, Julia Connor; chairman Credential Committee, Mrs. A. C. Bennett.

Texas: El Paso.—THE GRADUATE NURSES' ASSOCIATION, DISTRICT 1 held its annual meeting December 19 and elected officers: President, Mary Butler; vice-presidents, Minnie Kerskie, Merle Hoffecker; recording secretary and treasurer, Helen Gibb; corresponding secretary, Vera Cove.

Utah: THE UTAH STATE NURSES' ASSOCIATION held its annual meeting at the Civic Center, Salt Lake City, January 13. The morning session was occupied with reports and an address by Mrs. Amy Brown Lyman of the L. D. S. Relief Society, on Coöperation between Nurses' Associations and Charity Organizations. Interesting features of the afternoon session were Community singing; address of welcome by Mayor C. Clarence Neslen; responses by Daphne Dalton, president of the State Association, Ray Moore, president of the T. N. T. Club, Mrs. Jessie C. Hammond of the Utah Public Health Association, Lydia Baird, City Board of Health. A short talk on Affiliation with Business Women's Clubs was given by Mrs. Elizabeth Corey. Attorney Carl A. Badger spoke on Association and Activities of Nurses. A round table was held, led by Elizabeth Pritchard. A dinner was enjoyed at the Civic Center at which toasts were given by presidents of alumnae associations. In the evening, after election of officers, an illustrated lecture was given on Utah's Scenery. Officers are: President, Daphne Dalton; vice-president, Claire Haines; secretary, Jane Rawlinson; assistant secretary, Dorothy Dobson; treasurer, Beatrice Smith.

Wisconsin: RIPON COLLEGE announces that arrangements have been made with the Columbia School for Nurses in Milwaukee, and the St. Agnes School for Nurses in Fond du Lac, whereby a student remaining in Ripon College for three years, taking an advised course and majoring in science, may transfer to either of these institutions and at the completion of two years in the School for Nurses, having met the requirements of both institutions, secure an appropriate college degree from Ripon College and also the nurse's diploma. **Neenah.**—Ellen Stewart is super-

intendent of the Theda Clark Hospital. Irene Withey is instructor. **Milwaukee.**—Stella Ackley is educational director at the Milwaukee County Hospital. **Janesville.**—District 2 has recently been organized. This step completes the districting of the state. The following officers were elected: President, Levina Dietrickson; vice-presidents, Mrs. L. A. Moore, Elizabeth Joyce; secretary, Anna Downey; treasurer, Hanna Quirk. The district comprises the following counties: Rock, Green, Lafayette, Jefferson, Southern Dodge, southern half of Waukesha and Walworth county pending. Headquarters will be in Janesville. Agnes Reid, state president, assisted at the organization and urged the nurses, now the legislature is in session, to take an interest in all measures pertaining to their work, especially the county nurses' bill. The Jefferson County nurses have organized an association by way of keeping up social interest. Meetings are held once a month and the evenings are thoroughly enjoyed. Occasionally special speakers are secured. District 3 met January 16, at the Bradley Memorial nurses' home. Five new members were admitted and a social time enjoyed. The Madison General Hospital Alumnae Association attended a dinner at the Old Fashion Tea Shop in Madison. Mrs. Glicksman, secretary of the State Federation of Women's Clubs, gave an instructive talk of Parliamentary Procedure. Twenty-five members were present. District 4 and 5 held its monthly meeting, January 9, at the Wisconsin Nurses' Club. Dr. I. S. Thompson, deputy health commissioner of Milwaukee, gave a splendid talk on The Nurse as a Factor in the Education of Public Health. He especially emphasized the fact that though today there are many organizations in which the public health nurse is active, because of coöperation and system there is no overlapping in the work. Adda Eldredge explained to the members that from now on all nurses practicing in the state as registered nurses who had not complied with the law would be held liable under that law; she also said that she felt it was the duty of all alumnae to insist on all their active members belonging to the district. St. Joseph's Alumnae were hostesses. The following counties have been added to the Fourth and Fifth District: Ozaukee, Washington and the northern half of Waukesha. The Wisconsin Anti-tuberculosis Association enrolled twelve pupils in its public health course which commenced last month. The Sixth District held a joint meeting with a public health conference conducted by Mrs. Mary P. Morgan, Director Public Health Nursing for the state, On January 6, at Neenah, thirty nurses met at luncheon at the Valley Inn Hotel, at which time a round table was held on public health problems. The regular business meeting followed in the city hall. Following is the programme: Relation of Chemistry in Dietetics, Sister Mary Agnes, Dietitian of St. Agnes Hospital, Fond du Lac; Voluntary Service in Public Health Work, Mary Dunwiddie, State Field Supervising Nurse; The Work of the Maternity and Public Health Centers, Mrs. Mary P. Morgan. Many prominent lay women were present for these talks. About sixty nurses attended and a very profitable and interesting day was spent.

BIRTHS

Birth, Marriage, and Death notices should be very plainly written, and dates should be given. Death notices of any date are published. Birth and Marriage notices are not published if more than four months past.

To Mrs. Irwin Slight (**Mary Ambler,** class of 1916, Abington Memorial Hospital, Abington, Pa.), a daughter, Virginia Margaret, January 20.

To Mrs. W. Hinton (**Mildred Bowen,** Mercy Hospital, Chicago), a daughter, December 25.

To Mrs. Samuel Brown Thomas (**Evelyn Bretzler,** class of 1917, University Hospital, Philadelphia), a son, Samuel Brown, Jr., January 30.

To Mrs. Harry R. Van Horne (**Mary Caples,** class of 1916, Sheppard-Pratt Hospital, Towson, Md.), a daughter, December 25.

To Mrs. Edmun Redding (**Burnadette Cole,** class of 1911, Altoona Hospital, Altoona, Pa.), a daughter, Kathleen Amanda, January 2.

To Mrs. Michael Keane (**Isabella Collins,** Union Hospital, Fall River, Mass.), a daughter, January 26.

To Mrs. Francis Pedrotty (**Elizabeth**

Cutson, Braddock General Hospital, Braddock, Pa.), a son, Francis, Jr., December 15.

To Mrs. A. R. Stevens (**Mary Lane Davis,** class of 1911, Presbyterian Hospital, New York City), a son, Alexander Raymond, Jr., November 4.

To Mrs. Paul Fuzy (**Louise Fehr,** class of 1916, Youngstown Hospital, Youngstown, O.), a son, Paul, Jr., in November.

To Mrs. Albert Parlak (**Sue Galya,** Braddock General Hospital, Braddock, Pa.), a son, Albert Michael, Jr., February 1.

To Mrs. Rodney Swift (**Mary Hannon,** Mercy Hospital, Chicago), a son, February 2.

To Mrs. James Palmer Smith (**Retta L. Johnston,** class of 1912, Youngstown Hospital, Youngstown, O.), a daughter, in January.

To Mrs. James R. Ryder (**Mollie Lee,** Union Hospital, Fall River, Mass.), a son, January 19.

To Mrs. Leslie E. Jones (**Hilda Mann,** class of 1920, University of Pennsylvania Hospital, Philadelphia), a daughter, January 5.

To Mrs. Joseph Brown (**Anne Nemee,** class of 1918, Lenox Hill Hospital, New York City), a daughter, February 2.

To Mrs. Tom Taylor (**Neva Pickrell,** class of 1921, Christ's Hospital, Topeka, Kas.), a daughter, Julia Louise, December 31.

To Mrs. Mark Irwin (**Helen Rawalt,** class of 1919, J. C. Proctor Hospital, Peoria, Ill.), a daughter, February 2.

To Mrs. Arthur Verick (**Irene Sutton,** class of 1919, Winona General Hospital, Winona, Minn.), a daughter, January 6.

To Mrs. John Tidebeck (**Edna Vogel,** class of 1914, Albany City Hospital, Albany, N. Y.), a daughter, December 25.

MARRIAGES

Mary F. Anderson (class of 1918, Presbyterian Hospital, Philadelphia), to Allen Laird, February 6.

Merdie Dell Bahner (class of 1913, Hahnemann Hospital, Philadelphia), to Lawrence H. Edwards, October 30. At home, Providence, R. I.

Esther Benson (Braddock General Hospital, Braddock, Pa.), to J. H. Shaffer, December 27.

Helen Brings (class of 1921, Allegheny General Hospital, Pittsburgh), to Paul Cummings, M.D., December 22. At home, Pittsburgh.

Dalores Burrell (class of 1920, St. Anthony's Hospital, Oklahoma City), to Warren T. Mayfield, M.D., December 23. At home, Norman, Okla.

Mary Cavanaugh (class of 1920, Saints Mary and Elizabeth Hospital, Louisville, Ky.), to Howard Garner, M.D. At home, Louisville.

Helen R. Cooke (House of Mercy, Pittsfield, Mass.), to Fred Roberts, M.D. At home, Pittsfield.

Hazel Cunningham (class of 1919, Allegheny General Hospital, Pittsburgh), to Chester E. Andrews, January 27. At home, Wilkinsburg, Pa.

Thisscitla Dake (class of 1921), Creighton Memorial, St. Joseph's Hospital, Omaha, Neb.), to Raymond L. Traynor, M.D., January 2. At home, Omaha.

Clara Damon (Mercy Hospital, Chicago), to Charles Reynolds, February 7. At home, San Diego, Calif.

Agnes De Coursey (class of 1923, St. Mary's Hospital, Tucson, Ariz.), to Louis Young, December 23. At home, Tucson.

Pauline Dietz (class of 1914, St. John's Hospital, St. Paul, Minn.), to Harry Hartwell Woodworth, January 22. At home, Watertown, S. D.

Mildred Druet (class of 1919, Michael Reese Hospital, Chicago), to Clyde Johnson, December 30.

Mildred Dunbar, to Arthur David Davies, November 14. At home, Herkimer, N. Y.

Margaret Fahey (class of 1919, House of Mercy, Pittsfield, Mass.), to Clarence Billadeau, in November. At home, Pittsfield.

Gertrude Felty (class of 1916, Lankenau Hospital, Philadelphia), to Lieut. Guy B. McArthur, December 14. At home, Philadelphia, Pa.

Edith L. Ferguson (class of 1912, Samaritan Hospital, Sioux City, Iowa), to Clyde E. Seymour, December 28.

Christine B. Forbes (House of Mercy, Pittsfield, Mass.), to George Noble, in December. At home, Pittsfield.

Marcia B. Foster (class of 1914, New

York Training School for Nurses), to Arch P. Harrison, January 23. At home, Portland, Ore.

Jeanette Haeffner (class of 1921, Madison General Hospital, Madison, Wis.), to R. J. Toepfer, January 6. At home, Madison.

Astrid Holmer (class of 1918, Mounds Park Hospital, St. Paul), to Rev. O. H. Gunnerfeldt, January 7. At home, New York City.

Frances Margaret Houck (class of 1921, University Hospital, Iowa City, Ia.), to H. L. Stanton, M.D., December 12. At home, Casper, Wyo.

Gertrude Hummler (class of 1920, Presbyterian Hospital, New York City), to Ralph Elliot Hedges, November 3.

Atha Hungerford (Columbia Hospital, Milwaukee), to Clarence Young, December 27. At home, Moston, Wisconsin.

Mabel Hutchinson (class of 1915, St. Joachim's Hospital, Watertown, N. Y.), to Alva Gates, December 23.

Elsie Johnson (class of 1916, Union Hospital, Terre Haute, Ind.), to D. Earl McDonald, December 23. At home, Indianapolis, Ind.

Jessie Maye Jones (class of 1922, Lincoln Sanitarium, Lincoln, Neb.), to Wells C. Jones, in December.

Julia Jones (University of Pennsylvania Hospital, Philadelphia), to E. Pierce Myers, January 16.

Rebec Kearsley (class of 1922, St. Luke's Hospital, New York), to Joseph Malcolm Bradfield, December 27.

Philomena Kurath (class of 1911, St. Vincent's Hospital, Portland, Ore.), to James Norman Dauthit, January 30. At home, The Dalles, Oregon. Miss Kurath was in overseas service for two years.

Margaret Laudt (class of 1922, Milwaukee County Hospital, Wauwatosa, Wis.), to A. C. Bloss, in December. At home, Denver, Colo.

Ella McGovern (Wisconsin Training School, Milwaukee), to James Stackable, January 14. At home, Gregory, Michigan.

Viola Manning (class of 1919, Saints Mary and Elizabeth Hospital, Louisville, Ky.), to J. Vessels, Nov 29.

Lydia K. Masters (University of Pennsylvania Hospital, Philadelphia), to J. Howard Barnes, January 16.

Loraine H. Meland (class of 1913, Highland Hospital, Rochester, N. Y.), to John N. Fuller, U.S.N., January 6.

Esther Miles (class of 1921, St. Vincent's Hospital, Portland, Ore.), to J. Reynolds Kay, November 21. At home, San Francisco, Calif.

Amy L. Morrison (class of 1920, Union Hospital, Terre Haute, Ind.), to Earl C. Jones, December 30.

Edith Partridge (class of 1918, Butler Hospital, Providence, R. I.), to Leslie Read, January 17.

Florence Ragon (class of 1919, St. Anthony's Hospital, Oklahoma City), to Irving Colt, December 17. At home, Los Angeles.

Lylah Rockwell (class of 1921, Madison General Hospital, Madison, Wis.), to Joseph Duncan Smedberg, December 10. At home, Sacramento, California.

Hedwig Rothig (class of 1918, John Sealy Hospital, Galveston, Texas), to Charles Steding, February 3. At home, Galveston.

Catherine A. Ryan (class of 1911, Hahnemann Hospital, Rochester, N. Y.), to Peter Rogers, January 22. At home, Indian River, Ontario, Canada.

Anna Fern Shinnabarger (class of 1921, University Hospital, Iowa City, Ia.), to Clarence P. Phillips, M.D., December 27. At home, Chicago.

Lavinia Slinn (Union Hospital, Fall River, Mass.), to John M. Young, December 25.

Elizabeth Southard (class of 1914, Massachusetts Homeopathic Hospital, Boston), to Frank Sargent Taylor. At home, Winthrop, Mass.

Earl E. Stevenson (class of 1920, St. Vincent's Hospital, Birmingham, Ala.), to E. A. Browning, May 6, 1922. (Published at this late date, because a notice sent earlier was lost.)

Mamie Weih (class of 1918, University Hospital, Iowa City, Ia.), to Roland Dushinske, December 16. At home, Iowa City.

DEATHS

Mrs. Alfred Hoff **(Merium Agnes Dyer,** class of 1906, St. Luke's Hospital, St. Paul, Minn.), at her home in St. Paul, February 2.

Mrs. Claude Walker (**Mabel Orlando**

Fordham, class of 1912, Presbyterian Hospital, New York City), December 8, in Chicago. Mrs. Walker had served at the American Ambulance, Neuilly, France, and at Dr. Blake's Hospital in Paris until 1919.

Verna Franklin (class of 1918, General Hospital, Memphis, Tenn.), of appendicitis. Miss Franklin held a position at the General Hospital for two or three years.

Cornelia N. Happersett (class of 1901, Presbyterian Hospital, Philadelphia, Pa.), suddenly, in Lock Haven, Pa., January 6. Burial was in Arlington Cemetery, Washington, D. C.

Mrs. Ella Jameson Brooks **(Ella Jameson,** class of 1902, Massachusetts Homeopathic Hospital, Boston, Mass.), January 7, at her home in Newton, Mass. Although Mrs. Brooks had been ill for nearly two years, her death came suddenly. She was a great favorite and her death will be keenly felt.

Lenna Kelsay (class of 1915, Battle Creek Sanitarium and Hospital School of Nursing), on January 14, as a result of an injury received January 12, while coasting. "In the midst of life we are in death." Her sudden death has given these words a new and significant meaning. At the time of her death she was at the head of the Hydrotherapy Department and was a member of the teaching staff. She has left a record of work well done and a gap which will be difficult to fill.

D. M. Macdonald of Brooklyn, N. Y., on November 27.

Margaret McLaren (class of 1894, Rochester General Hospital, Rochester, N. Y., died suddenly of cerebral hemorrhage at Warren, Pa., on January 30, after an illness of about one hour, being stricken while teaching a class of pupil nurses. Miss McLaren was born in Puslinch, Ontario, Canada. Soon after graduation she applied for and received naturalization papers. She served as Assistant Superintendent of the hospital in Ithaca, N. Y., and then as nurse in the Rochester Industrial School. After a period of private nursing, she became Assistant Superintendent of the Bradford (Pa.), General Hospital. In June, 1912, Miss McLaren accepted the position of Assistant Superintendent in the Warren (Pa.) General Hospital and in September, 1913, became Superintendent. This position she held continuously until her death, except for four months during 1920, when ill health compelled her to resign. This rest enabled her to return in October, 1920, and resume her duties as Superintendent. Miss McLaren's earnest patriotism urged her to offer her services for war work but, after a stern struggle, she came to realize that adherence to the duty that lay nearest was the truer patriotism. At the time of her death, Miss McLaren was a member of the Rochester General Hospital Alumnae Association, the American Hospital Association, the Pennsylvania Hospital Association and was Chairman of the Legislative Committee, District No. 7, Pennsylvania. Miss McLaren's quiet dignity, calm self possession, high ideals, and faithful service combined to make her an executive of rare judgment, power and efficiency. In her passing, the Warren General Hospital has sustained an irreparable loss, and many friends sincerely mourn the passing of this sweet and noble woman. A short service was held at the Eliza I. Henry Nurses' Home, after which she was taken to Drumbo, Ontario, for burial.

Louise B. Mitchell, whose death was noted in the January *Journal,* graduated from Harbor Hospital, Bath Beach, in 1919. She was still very young, and of a lovely character. She died of heart failure following an operation, at the Warwick Hospital, Warwick, N. Y.

Mrs. Joseph Sterling **(Lucile Nye,** class of 1914, Christ's Hospital, Topeka, Kas.), at her sister's home in Topeka, January 3.

Grace A. Phelps (class of 1905, Massachusetts Homeopathic Hospital, Boston), on January 5, at her home in Arlington, Mass.

BOOK REVIEWS

MATERIA MEDICA FOR NURSES. By A. S. Blumgarten, M.D. Third Edition. Revised. The Macmillan Company, New York. Price $3.

This revision of Materia Medica for Nurses, like the others by the same author, is an excellent text book to have on hand. It seems always to contain desirable answers to the questions which arise among nurses, not only in practical work, but also during lectures and class time.

The introductory chapter is a most comprehensive one,—including not only definitions which a nurse should understand, but also the full description of the different classes of active principles of medicinal plants with an additional paragraph on Enzymes or Ferments and one describing Hormones. Like the second edition, this one also includes in the opening chapter a classified list of the most important drugs, a list which has been of considerable use to both instructors and pupils. The different types of drug action and the classification according to effects are also included.

To the chapter on alkalies, there has been added more material explaining the effects, uses, and methods of administration of that most commonly used alkali—sodium bicarbonate.

Because of the increased number of cases of poisoning from wood alcohol since the adoption of the Eighteenth Amendment, the additional notes on methyl or wood alcohol are especially timely.

There is also a description of papaverin and of benzyl benzoate. The latter in particular is now being used to some extent in the treatment of spasm in involuntary muscles.

In the chapter on Local Anesthetics, there is additional material describing the action and more recent uses of magnesium sulphate.

Considerable material has been added to the chapter on organic remedies. Because of the increase in use of these substances obtained from the glands of animals in the treatment of diseases of the ductless glands as well as for other purposes, this information should be of much value.

As has been mentioned in the Preface, due to the World War, many drugs that were formerly manufactured abroad are now being made in the United States, but under different names: e. g., arsphenamine, previously called salvarsan;—both names are used in the new edition. Dakin's solution which was extensively used at that time is fully described.

It has been found in some instances that this amount of text is too lengthy to permit covering the study of Materia Medica, in the time allotted in some Schools of Nursing, but to both pupil nurses and instructors, a text book of this kind for ready reference is almost indispensable.

MABEL M. MCVICKER, R.N.,
Boston, Mass.

DISEASES OF WOMEN. By Harry S. Crossen, M.D., F.A.C.S., Clinical Professor of Gynecology, Washington University Medical School, St. Louis, Missouri. 1005 pages. C. V. Mosby Co., St. Louis, Mo. Price $10.

If one had no other way of judging

the detail with which Dr. Crossen has treated his subject, a glance at the number of pages would indicate it. This is no manual for medical students, but an authority which may be consulted with profit by anyone seeking information on any phase of the subject, though intended primarily for use of those who are making this their special study.

A few lectures on Gynecology are usually given in our schools of nursing, sometimes in combination with Surgery, sometimes with Obstetrics and sometimes alone. There are no books for nurses, except those in which the subject is combined with one of the above, the proportion usually being nine-tenths Surgery or Obstetrics and one-tenth Gynecology.

Here is a book, well indexed, its chapters well outlined, containing ample illustrations, nine hundred and thirty-four as stated on the title page. It treats of important advances in X-ray and radium therapy and pathology in their relation to diagnosis and treatment of pelvic disorders. It states, and illustrates if possible, not only the particular treatment for each condition, but exactly how that treatment is to be carried out, even to the preparation of the poultices if such be desired. This book is one to which nurses may go for help concerning any specific question which may arise in regard to the anatomy and diseases of the female reproductive organs.

The chapters on Disturbances of Function, which consider the different phases of menstruation, The Internal Secretory Glands in Relation to Gynecology, and Other Organs in Relation to Gynecology, are of especial interest.

It is a valuable asset to a reference library to have an authoritative and detailed work on each subject connected with our profession. This book seems to be at present, the best for Gynecology.

SUSIE A. WATSON, R.N.,
Rochester, N. Y.

PERSONAL HYGIENE APPLIED. Jesse Feiring Williams, A.B., M.D. W. B. Saunders Company, Philadelphia. Price $2.50.

The chief value of this book lies in the first four chapters. The reprinting of these chapters as a pamphlet for wide distribution would be of the greatest service; a finer statement of health, its ends, its relationships, would be hard to find. The spirit of these chapters is suggested by the following passage:

> The art of fine living consists of the greatest intellectual development and the most worthy social service possible, without loss of power to continue the race adequately, to enjoy life fully, and to be a real source of happiness to others.

But why does the author then turn from his ably defined field of health to begin a discussion of various cures for disease? That negative aspect of the subject belongs to a book devoted to the regaining rather than to the building of health,—and that is another story. The whole spirit of the book is moderate, its information is up to date; it can be recommended without qualification for nurses. But the effect upon lay people of so thorough a discussion of the prevention of disease is doubtful. One regrets on their behalf that so few standards are set. In place of a long list of all possible examinations from a physician, some statement should be made of what may be expected from an

average physician in ascertaining whether or not a patient is in good condition. In other words, a standard should be set for normal urine, normal blood counts, etc., not as diagnostic of disease but of health.

The greatest deficiency in the book, however, is the inadequate treatment accorded the reproductive health of women. The underlying nutritional and nervous factors in the hygiene of menstruation are dismissed almost in a paragraph. So far as Dr. Williams discusses health, his viewpoint is fine; but in giving so much space to disease cure and disease prevention, he leaves one far from the magnificent goal of which his first four chapters gave a glimpse.

Caroline Hedger, M.D.
Chicago, Ill.

The Settlement Horizon. By Robert A. Woods and Albert J. Kennedy. Russell Sage Foundation, New York. Price, $3.

There is an almost overwhelming wealth of information in this closely written, carefully prepared book. Probably it could not be otherwise, as the settlement horizon has no fixed boundaries, no universal program. A Settlement aims to supply what is most needed in a particular community, and to give to its people every possible opportunity of improvement. In one district it may be education,—a better school system; in another, air space and sunshine; in another, industrial justice. At the point of the most conspicuous need the Settlement begins its work and reaches out into new avenues as the necessity becomes obvious or the opportunity arises. Hence, a book including a description of all of its manifold activities would need to be a social encyclopaedia. In one great fact, all agree and that is that, whatever the particular form of endeavor, every true settlement aims to soften the lines of class distinction. It offers a place of common, unembarrassed meeting to rich and poor, to patrician and plebian. An epitome of this is expressed in what the authors have dubbed the "charter of the settlements":

> Many have been the schemes of reform I have known but, out of eleven years of experience, I would say that none touches the root of evil which does not bring *helper and helped into friendly relations*. Vain will be higher education, music, art, or even the Gospel, unless they come clothed in the life of brother man—"it took the Life to make God known." Vain, too, will be sanitary legislations and model dwellings, unless the outcast are by friendly hands brought in, one by one, to habits of cleanliness and order, to thoughts of righteousness and peace.

Journal readers will wish to know how far sickness and health play a part. In the chapter on Health, the authors give us a concise survey of the relation between social work and the public health problem. The union of nursing and neighborhood work was first stamped in a clearly marked form when Miss Wald and Miss Brewster made a home for themselves amongst the tenement house dwellers of the lower east side of New York. Public attention was caught by the facts that were disclosed by these two inspired young nurses. Soon after there followed the appointment of public health nurses for the tuberculous, for school children, for infant welfare and baby clinics, for better maternity service, the control of midwifery and pre-natal supervision. A new door to home hygiene was thrown open when the Metropolitan Life

Insurance Company began sending nurses to visit sick policy holders. Settlements offered their houses for nurses' offices, first-aid rooms, and baby clinics. Many settlements found it necessary to add a visiting nurse to its corps of resident workers.

The most earnest efforts towards health and normal living may easily be thwarted by a too early entrance of children into industry, or by the employment of women under improper conditions or when they are already burdened by the care of a family. Home work is often more pernicious than factory work as the latter has the protection of state inspection. Homes and standards of living are so closely related to individual health as to be indivisible from them. The sanitary condition of shops where food is sold is a never ending battle ground for settlement workers. The expenditure of an income, controlled and affected by the standard of living, is as important as its size. So settlements have stimulated standards by an example of simplicity and beauty in their houses, by demonstrations of household equipment, by art exhibits, and the like. Public Health nurses, working in districts where these things are offered, note the effect upon the people and welcome it.

These comments merely suggest the points in this book that are of especial interest to nurses and other health agents.

The book contains a fairly comprehensive bibliography of social authors, but the reader is referred to the "Handbook of Settlements" by the same authors for a more complete list of writers. It has an index that makes it easy to use the book when in search for information on any subject about which it treats. It should be on the shelves of every training school library and should be used as a standard reference book on social questions.

Jane Elizabeth Hitchcock, R.N.,
Lecturer on Public Health Nursing
New York

Reprints of a brief history of the development of public health nursing by Lavina L. Dock may be had from the National Organization for Public Health Nursing, 370 Seventh Avenue, New York. Price, 15 cents.

A series of articles on The Care and Feeding of Children is being published in the *Journal of the American Medical Association,* beginning in the issue for January 6, page 33. These articles are a summing up of the soundest, present-day knowledge on this subject; they take up the problems of breast feeding much more thoroughly than do most text-books; they are interestingly written and would form an excellent review of the subject for nurses long out of training. When the series is completed, reprints will be issued.

Best Sellers of 1922 (Non-fiction)

Outline of History, H. G. Wells—Macmillan
Story of Mankind, Hendrick Van Loon—Boni and Severight
Americanization of Edward Bok—Scribner
Diet and Health, Lulu Hunt Peters—Reilly and See
Mind in the Making, James Harvey Robinson—Harper
Outline of Science, J. Arthur Stevenson—Putnam
Outwitting Our Nerves, Jackson and Saulisbury—Century
Queen Victoria, Lytton Strachey—Harcourt
Mirrors of Washington, Anonymous—Putnam
Painted Windows, Anonymous—Putnam

OFFICIAL DIRECTORY

International Council of Nurses.—Secretary, Christine Reiman, Kronprinsessegade 50, Copenhagen, Denmark.

The American Journal of Nursing Company.—Headquarters, 370 Seventh Avenue, New York. Business Office, 19 West Main Street, Rochester, N. Y. President, Sarah E. Sly, Birmingham, Mich. Secretary, Elsie M. Lawler, Johns Hopkins Hospital, Baltimore, Md.

The American Nurses' Association.—Headquarters, 370 Seventh Avenue, New York. President, Adda Eldredge, Bureau of Nursing Education, Board of Health, Madison, Wis. Secretary, Agnes G. Deans, 370 Seventh Avenue, New York. Treasurer, V. Lota Lorimer, 1238 West Lake Avenue, Lakewood, Ohio. Sections: **Private Duty,** Chairman, Frances M. Ott, Morocco, Ind. **Mental Hygiene,** Chairman, May Kennedy, Chicago State Hospital, Chicago, Ill. **Legislation,** Chairman, Roberta M. West, Room 150, 34 S. 17th Street, Philadelphia, Pa. **Relief Fund Committee,** Chairman, Elizabeth E. Golding, 317 West 45th Street, New York, N. Y. Treasurer, V. Lota Lorimer, 1238 West Lake Avenue, Lakewood, O.

The National League of Nursing Education.—Headquarters, 370 Seventh Avenue, New York. President, Laura R. Logan, General Hospital, Cincinnati, O. Secretary, Martha M. Russell, 317 West 45th Street, New York. Treasurer, Bena M. Henderson, Children's Memorial Hospital, Chicago, Ill. Executive secretary, Effie J. Taylor, 370 Seventh Avenue, New York.

The National Organization for Public Health Nursing.—President, Elizabeth G. Fox, 3800 14th Street, N. W., Washington, D. C. Director, Anne Stevens, 370 Seventh Avenue, New York.

Isabel Hampton Robb Memorial Fund Committee.—Chairman, Elsie M. Lawler, Johns Hopkins Hospital, Baltimore, Md. Treasurer, Mary M. Riddle, 223 Newbury Street, Boston, Mass.

New England Division, American Nurses' Association.—President, Mary M. Riddle, 223 Newbury St., Boston, Mass. Acting secretary, Esther Dart, Stillman Infirmary, Cambridge, Mass.

Nursing Service, American Red Cross.—Director, Clara D. Noyes, American Red Cross, Washington, D. C.

Army Nurse Corps, U. S. A.—Superintendent, Major Julia C. Stimson, Office of the Surgeon General, Army Corps Division, War Department, 19th and B Streets, Washington, D. C.

Navy Nurse Corps, U. S. N.—Superintendent, J. Beatrice Bowman, Bureau of Medicine and Surgery, Department of the Navy, Washington, D. C.

U. S. Public Health Service Nurse Corps.—Superintendent, Lucy Minnegerode, Office of the Surgeon General, U. S. Public Health Service, Washington, D. C.

Nursing Service, U. S. Veterans' Bureau.—Superintendent, Mrs. Mary A. Hickey, Hospital Section, U. S. Veterans' Bureau, Washington, D. C.

Department of Nursing and Health, Teachers College, New York.—Director, M. Adelaide Nutting, Teachers College, Columbia University.

STATE ORGANIZATIONS OF NURSES

Alabama.—President, Bertha Clement, 2019 Avenue F., Birmingham. Secretary, Ruth Davis, Selma. State League, President, DeWitt Dillard, Mobile Infirmary, Mobile. President examining board, Helen MacLean, 1808 North 7th Ave., Birmingham. Secretary, Linna H. Denny, 137 N. 60th St., Birmingham.

Arizona.—President, Rose Benenato, 221 East Polk Street, Phoenix. Secretary, Mrs. Regina Hardy, 826 East Second Street, Tucson. President examining board, Edith P. Snowden, Phoenix. Secretary, Gertrude F. Russell, State House, Phoenix.

Arkansas.—President, Mrs. James D. Moncure, 2716 W. 6th St., Little Rock. Secretary, Blanche Tomaszewska, 815 Laurel St., Pine Bluff. President examining board, M. D. Ogden, M.D., Little Rock. Secretary-treasurer, Mrs. James D. Moncure, 2716 W. 6th St., Little Rock.

California.—President, Mrs. E. B. Conzelmann, State Hospital, Stockton. Secretary, Mrs. J. H. Taylor, Route A, Galt. State League President, Lina L. Davis, Pasadena Hospital, Pasadena. Secretary, Evelyn Wood, San Francisco Hospital, San Francisco. Director, Bureau of Registration of Nurses, Anna C. Jamme, 724 Wells Fargo Building, San Francisco.

Colorado.—President, Mrs. Eda M. Pine, 301 West Ormon Avenue, Pueblo. Secretary, Jessie D. Stewart, 220 E. Yampa Street, Colorado Springs. State League President, Loretto Mulherrin, St. Joseph's Hospital, Denver. Secretary, Sister Marie Gerald, Glockner Sanitarium, Colorado Springs. President examining board, Blanche I. Lewis, 1116 East Boulder Street, Colorado Springs. Secretary, Louise Perrin, State House, Denver.

Connecticut. — President, A. Elizabeth Bigelow, 69 East Main Street, Meriden. Secretary, Kathryn E. Sherman, Hartford. State League President, Sarah E. Hyde, Middlesex Hospital, Middletown. Secretary, Amelia M. Jones, Middlesex Hospital, Middletown. President examining board, Martha P. Wilkinson, 34 Charter Oak Avenue, Hartford. Secretary, Mrs. Winifred A. Hart, 109 Rocton Avenue, Bridgeport.

Delaware.—President, Marie T. Lockwood, Ford Building, Wilmington. Secretary, Amy E. Wood, 213 Seventh Street, Wilmington. President examining board, Harold L. Springer, M.D., 1013 Washington Street, Wilmington. Secretary, Mary A. Moran, 1313 Clayton Street, Wilmington.

District of Columbia.—President, Ida F. Butler, American Red Cross, Washington. Secretary, Katherine Holmes, American Red Cross, Washington. District League President, Minnie Goodnow, Children's Hospital, Washington. Secretary, Anne H. Raffin, Emergency Hospital, Washington. President examining board, Margaret Hutchinson, 1337 K Street, N. W., Washington. Secretary-treasurer, Mary E. Graham, 1337 K Street, N. W., Washington.

Florida. — President, Theresa P. Fremd, Orange General Hospital, Orlando. Secretary, Elizabeth Steil, Riverside Hospital, Jacksonville. President examining board, Anna L. Felting, Box 196, Miami. Secretary-treasurer, Mrs. Louisa B. Benham, Hawthorne.

Georgia.—President, Mrs. Mae M. Jones, State Sanatorium, Millidgeville. Secretary, Chloe M. Jackson, 602 Chamber of Commerce, Atlanta. State League President, Mrs. Eva S. Tupman, Macon City Hospital, Macon. Secretary, Jean Harrell, Baptist Hospital, Atlanta. President examining board, Jane Van De Vrede, 464 North Boulevard, Atlanta. Secretary and treasurer, Jean Harrell, 110 Luckie Street, Atlanta.

Idaho. — President, Mary Brown Lowers, City National Bank Building, Boise. Secretary, Cora W. Palmer, St. Luke's Hospital, Boise. Department of Law Enforcement, Bureau of Licenses, Examiner, Napina Hanley, State Capitol, Boise.

Illinois.—President, Mabel Dunlap, 1531½ Third Avenue, Moline. Secretary, May Kennedy, Chicago State Hospital, Chicago. State League President, Mary H. Cutler, 1750 Congress St., Chicago. Secretary, Dora C. Saunby, Michael Reese Hospital, Chicago. Superintendent of Registration, Addison M. Shelton, State Capitol, Springfield.

Indiana. — President, Ina Gaskill, State Board of Health, Indianapolis. Secretary, Eugenia Kennedy, St. Vincent's Hospital, Indianapolis. President State League, Mary M. Peterson, Robert W. Long Hospital, Indianapolis. Secretary, Lizzie L. Goeppinger, Protestant Deaconess Hospital, Indianapolis. President examining board, Elizabeth E. Springer, Huntington County Hospital, Indianapolis. Secretary, Ida J. McCaslin, 501 East Noble Street, Lebanon.

Iowa. — President, Amy Beers, Jefferson County Hospital, Fairfield. Secretary, Nelle Morris, The Summit, D-1, Iowa City. President examining board, C. F. Launder, M.D., Garwin. Secretary, Rodney P. Fagan, M.D., Des Moines.

Kansas. — President, Ethel L. Hastings, Bethany Hospital, Kansas City. Secretary, Caroline E. Barkemeyer, Halstead. President examining board, Sister Catherine Voth, Newton. Secretary-treasurer, Sister Mary Helena, St. Luke's Hospital, El Dorado.

Kentucky. — President, Josephine Meyers, Newport. Corresponding secretary, Gertrude Bethel, 700 Francis Building, Louisville. State League President, Anne R. Manuel, Norton Infirmary, Louisville. Secretary, Lillian E. Rice, St. Mary and Elizabeth Hospital, Louisville. President examining board, Sophia F. Steinhauer, Speers Memorial Hospital, Dayton. Secretary, Flora E. Keen, Somerset.

Louisiana.—President, Sara Babb, Charity Hospital, New Orleans. Secretary, Celeste Janvier, 1503 Robert Street, New Orleans. President examining board, J. T. Crebbin, M.D., 27 Cusachs Building, New Orleans. Secretary, J. S. Hebert, M.D., 27 Cusachs Building, New Orleans.

Maine. — President, Mrs. Lou S. Horne, 122 Emery St., Portland. Secretary, Louise Hopkins, 246 Essex Street, Bangor. President examining board, Margaret M. Dearness, Maine General Hospital, Portland. Secretary-treasurer, Rachel A. Metcalfe, Central Maine General Hospital, Lewiston.

Maryland. — President, Elsie M. Lawler, Johns Hopkins Hospital, Baltimore. Secretary, Sarah F. Martin, 1211 Cathedral Street, Baltimore. State League President, Maude Gardner, Hospital for the Women of Maryland, Baltimore. Secretary, Charlotte M. Snow. President examining board, Helen C. Bartlett, 604 Reservoir Street, Baltimore. Secretary and treasurer, Mary Cary Packard, 1211 Cathedral Street, Baltimore.

Massachusetts. — President, Carrie M. Hall, Peter Bent Brigham Hospital, Boston. Corresponding secretary, Mrs. Anna R. Ross, 636 Beacon St., Boston. President State League, Sally Johnson, Massachusetts General Hospital, Boston. President examining board, Mary M. Riddle, 227 Newbury St., Boston. Secretary, Samuel H. Caulderwood, M.D., State House, Boston.

MEAD'S

NO CHARGE TO PHYSICIANS, DIETITIANS AND NURSES
for
Handy File Card Index Box
of
Corrective Diets for Infants and Children

CONTAINS

Diets for infants who fail to gain.
Diets for colicky breast-fed infants.
Diets for colicky bottle-fed infants.
Diets for the constipated infant.
Diets for infants with various diarrhoeas.
Diet in eczema, ammoniacal urine, marasmus, vomiting.
Protein Milk, Boiled Milk and Key to Modify Cow's Milk.
Diets for Older Children.
Extra file cards to jot down your own data.

This handy one-minute reference for individual feeding SHOULD sell for one dollar, but will be sent gratis on request. Postage prepaid.

Please give name of hospital where training was received

Made By MEAD
Manufacturer of
Mead's Dextri-Maltose

MEAD JOHNSON & COMPANY
Evansville, Indiana, U. S. A.
and
163 Dufferin St., Toronto, Canada

Bundy's Anatomy and Physiology
for Training Schools

New, 5th Edition. Published, January, 1923. Thoroughly Revised and Enlarged. With a Glossary and 266 Illustrations, 46 in colors. Cloth, $2.50.

There have been many important advances in recent years which have been incorporated in this new edition.

By Elizabeth R. Bundy, M.D., late Adjunct Professor of Anatomy, Women's Medical College, Philadelphia. Revised and Enlarged by Martha Tracy, M.D., Dr. P. H., Professor of Nutritional Hygiene, Women's Medical College, and Grace Watson, R.N., Educational Directress, Philadelphia General Hospital Training School for Nurses.

Gould's Pocket Medical Dictionary

New, 8th Edition. Over 40,000 Medical Words Pronounced and Defined. Cloth, $2.00. Thumb Index, $2.50.

"Many reprints have been made during the life of the work that have not been called new editions although additions and corrections have frequently been made. Had it been the practice of the publishers to call each new printing a new edition, Gould's Pocket Medical Dictionary would now be in its 46th edition."

"Dr. Geo. M. Gould is not only the senior and the most prolific of medical lexicographers, but the most successful."—*British Medical Journal.*

P. BLAKISTON'S SON & CO.
Publishers, 1012 Walnut St., Philadelphia

Michigan. — President, Mrs. Barbara H. Bartlett, 329 Science Bldg., Ann Arbor. General secretary, Sarah E. Sly, Birmingham. State League President, Maud McClaskie, Harper Hospital, Detroit. Secretary, Helen M. Pollock, Flint. President examining board, Richard M. Olin, M.D., Lansing. Secretary, Mrs. Helen de Spelder Moore, 206 State Office Building, Lansing.

Minnesota. — President, Irene English, Northern Pacific Hospital, St. Paul. Secretary, Dora Cornelisen, Old State Capitol, St. Paul. President State League, Caroline Rankiellour, 3913 Eleventh Ave. S., Minneapolis. Secretary, Pearl L. Rexford, Northwestern Hospital, Minneapolis. President examining board, Jennette M. McLaren, M.D., 803 Lowry Building, St. Paul. Secretary, Dora Cornelisen, Old State Capitol, St. Paul.

Mississippi.—President, Mrs. B. M. Hopper, Mattye Hersey Hospital, Meridian. Secretary, Mrs. James A. Cameron, 511 Bay Street, Hattiesburg. President examining board, Dr. J. H. Fox, Jackson. Secretary-treasurer, Ernestine Bryson, Houston.

Missouri. — President, Mance Taylor, Parker Memorial Hospital, Columbia. Secretary, Bertha Love, Parker Memorial Hospital, Columbia. State League President, Eleanor Keeley, Columbia. Secretary, Glory H. Ragland, 3908 Olive Street, St. Louis. President examining board, Mary G. Burman, Children's Mercy Hospital, Kansas City. Educational director-secretary, Harriet L. P. Friend, 620 Chemical Building, St. Louis.

Montana. — President, Margaret Irish, 618 North 23rd Street, Billings. Secretary, F. L. Kerlee, Box 742, Billings. President examining board, E. Augusta Ariss, Deaconess Hospital, Great Falls. Secretary-treasurer, Frances Friederichs, Box 928, Helena.

Nebraska.—President, Lulu F. Abbot, 847 North 26th Street, Lincoln. Secretary, Cora E. Higgins, 2100 South St., Lincoln. State League President, Charlotte Burgess, University Hospital, Omaha. Secretary, Bertha A. Bryant, Grand Island Hospital, Grand Island. Bureau of Examining Board, secretary, H. H. Antles, Department of Public Welfare, State House, Lincoln.

Nevada.—President, Mrs. Pearl Prescott, 652 Forest Street, Reno. Secretary, Mrs. Honore M. Donnelley, Box 504, Reno.

New Hampshire. — President, Anna C. Lockerby, Laconia Hospital, Laconia. Secretary, Mrs. Florence M. Knowles, Portsmouth. President examining board, Mae Morrison, Whitefield. Secretary, Ednah Cameron, 8 North State Street, Concord.

New Jersey.—President, Elizabeth J. Higbid, 449 VanHouten Street, Paterson. Secretary, Marie Louis, Muhlenberg Hospital, Plainfield. State League President, Florence Dakin, 468 Ellison St., Paterson. Secretary, Martha M. Scott, Monmouth Memorial Hospital, Long Branch. President examining board, Mary J. Stone, Room 302, McFadden Building, Hackensack. Secretary-treasurer, Elizabeth J. Higbid, Room 302, McFadden Building, Hackensack.

New Mexico. — President, Theresa McMinamen, 417 S. Arno Street, Albuquerque. Secretary, Bertha C. Rowe, 417 S. Arno Street, Albuquerque.

New York.—President, Mrs. Anne L. Hansen, 181 Franklin Street, Buffalo. Secretary, Ella F. Sinsebox, 443 Linwood Avenue, Buffalo. State League President, Amy M. Hilliard, Samaritan Hospital, Troy, N. Y. Secretary, Helen Young, Presbyterian Hospital, New York. President examining board, Lydia E. Anderson, 461 Washington Avenue, Brooklyn. Secretary, Alice Shepard Gilman, State Education Building, Albany.

North Carolina. — President, Pearle Weaver, Hendersonville. Secretary, Harriet M. Lisowski, Mary Elizabeth Hospital, Raleigh. State League President, Mary P. Laxton, Biltmore Hospital, Biltmore. Secretary, Gilbert Muse, High Point. President examining board, Mary P. Laxton, Biltmore. Secretary-treasurer, Dorothy Hayden, Greensboro.

North Dakota. — President, Sarah Sand, Osgood Flats, Fargo. Corresponding secretary, Esther Teichmann, 811 Avenue C., Bismarck. President examining board, Ethel Stanford, State Sanatorium, Dunseith. Secretary, Mildred Clark, General Hospital, Devils Lake.

Ohio.—President, Grace E. Allison, Lakeside Hospital, Cleveland. Secretary, Grace Bentley, 1200 Ethel Avenue, Lakewood. State League President, Blanch Pfefferkorn, Cincinnati General Hospital, Cincinnati, O. Secretary, Marguerite Fagan, Jewish Hospital, Cincinnati. Chief examiner, Caroline V. McKee, Hartman Hotel Building, Columbus. Secretary, Dr. H. M. Platter, Hartman Hotel Building, Columbus.

Oklahoma.—President, Olive Salmon, Pawhuska. Secretary, Virginia Tolbert, University Hospital, Oklahoma City. State League President, Lena A. Griep, Oklahoma Hospital, Tulsa. Secretary, Candace Montfort, University Hospital, Oklahoma City. President examining board, Mrs. Idora Rose Scroggs, 324 West Grey Street, Norman. Secretary-treasurer, Mrs. A. Ratliffe, 445 Cass St., Milwaukee, Wis.

Oregon. — President, Grace Phelps, 616 Lovejoy Street, Portland. Secretary, Margaret A. Tynan, St. Vincent's Hospital, Portland. President examining board, Jane V. Doyle, 660 Johnson St., Portland. Secretary-treasurer, Mrs. O. E. Osborne, 512 Oakdale Avenue, Medford.



SERVANTS OF SCIENCE

IN your work, you are frequently called upon to advise your patients regarding the use of many familiar medicinal household products. Naturally, you appreciate the vital importance of having these products as pure, efficacious and reliable as it is possible to make them.

When you specify any Squibb Household Product, you can feel absolutely confident that it is scientifically correct.

The Squibb Laboratories, for more than sixty years, have been servants of medical science. No product has ever been offered bearing the Seal of Squibb which has not also borne the endorsements of the medical profession.

Whether your patients need castor oil or bicarbonate of soda, epsom salt or glycerine suppositories; or whether they ask your advice about dental cream or nursery powder—if you specify Squibb they can be sure that the product used will be the best of its kind.

Squibb Household Products are sold by reliable druggists everywhere, in original sealed packages. Mail the coupon below for free nurse's samples of Squibb's Talcum and Squibb's Dental Cream.

SQUIBB

The "Priceless Ingredient" of every product is the honor and integrity of its maker

Copyright 1923, E. R. Squibb & Sons

NURSE'S SAMPLES FREE!

Mail this coupon to E. R. Squibb & Sons, P. O. Box 1215, New York, for FREE samples of Squibb's Dental Cream and Squibb's Talcum. Check your favorite talcum.

Violet Carnation Unscented

Name .....

Street Address .....

City and State .....

Pennsylvania. — President, Margaret A. Dunlop, Pennsylvania Hospital, Philadelphia. Secretary-treasurer, Gertrude Heatley, South Side Hospital, Pittsburgh. State League President, Mrs. Helene Herrmann, 1818 Lombard St., Philadelphia. Secretary, Susan Heitzenrater, Punxsutawney Hospital, Punxsutawney. President examining board, Albert M. Blackburn, M.D., 34 South 17th Street, Philadelphia. Secretary-treasurer, Roberta M. West, Room 150, 34 S. 17th Street, Philadelphia.

Rhode Island. — President, Amy Allison, Rhode Island Hospital, Providence. Corresponding secretary, Edith Barnard, 425 Broadway, Providence. State League President, Ellen M. Selby, Memorial Hospital, Pawtucket. Secretary, Elizabeth F. Sherman. Directory for Nurses, Westminster St., Providence. President examining board, Henry C. Hall, M.D., Butler Hospital, Providence. Secretary-treasurer, Lucy C. Ayers, Woonsocket Hospital, Woonsocket.

South Carolina. — President, Frances Bulow, 40 Coming Street, Charleston. Secretary, Annie Meyers, Mercy Hospital, Charleston. Secretary, board of nurse examiners, A. Earl Boozer, M.D., Columbia.

South Dakota.—President, Ellen McArdle, Aberdeen. Corresponding secretary, Carrie E. Clift, Rapid City. President examining board, Clara S. Ingvalson, Flandreau. Secretary-treasurer, Mrs. Elizabeth Dryborough, Rapid City.

Tennessee. — President, Mrs. Dorsey T. Gould, 1305 Edgewood Place, Nashville. Secretary, Annie Feltus, 809 Madison Avenue, Memphis. President examining board, Willie M. McInnis, University of Tennessee, Memphis. Secretary-treasurer, Dr. Reese Patterson, Knoxville.

Texas.—President, Helen Holliday, Baylor Hospital, Dallas. Secretary-treasurer, A. Louise Dietrich, 1001 E. Nevada Street, El Paso. State League President, Miss Lasky, Baptist Hospital, Waco. Secretary, L. Jane Duffy, University of Texas, Austin. President examining board, Helen T. Holliday, Baylor Hospital, Dallas. Secretary, Eula Whitehouse, Route 4, Cleburne.

Utah.—President, Daphne Dalton, 20 E. North Temple St., Salt Lake City. Secretary, Jane Rawlinson, 704 W. North Temple St., Salt Lake City.

Vermont. — Acting president, Anastacia Corry, 16 Colchester Ave., Burlington. Secretary, Mrs. Rose A. Lawler, Springfield. President examining board, Donley C. Hawley, M.D., Burlington. Secretary, Mary G Kane, Montpelier.

Virginia. — President, L. L. Odom, Sarah Leigh Hospital, Norfolk. Secretary, Blanche Webb, King's Daughters' Home, Norfolk. State League President, Virginia Thacker, Lewis-Gale Hospital, Roanoke. Secretary, Martha Baylor, St. Luke's Hospital, Richmond. President examining board, Virginia Thacker, Lewis-Gale Hospital, Roanoke. Secretary-treasurer, Ethel Smith, Craigsville.

Washington.—President, Mrs. W. M. McKinney, 5302 14th Street, N. E., Seattle. Secretary, Katherine Major, King County Hospital, Seattle. State League President, Evelyn H. Hall, Seattle General Hospital, Seattle. Secretary, Johanna Burns, American Red Cross, Spokane. Director of Licenses, Fred J. Dibble, Olympia.

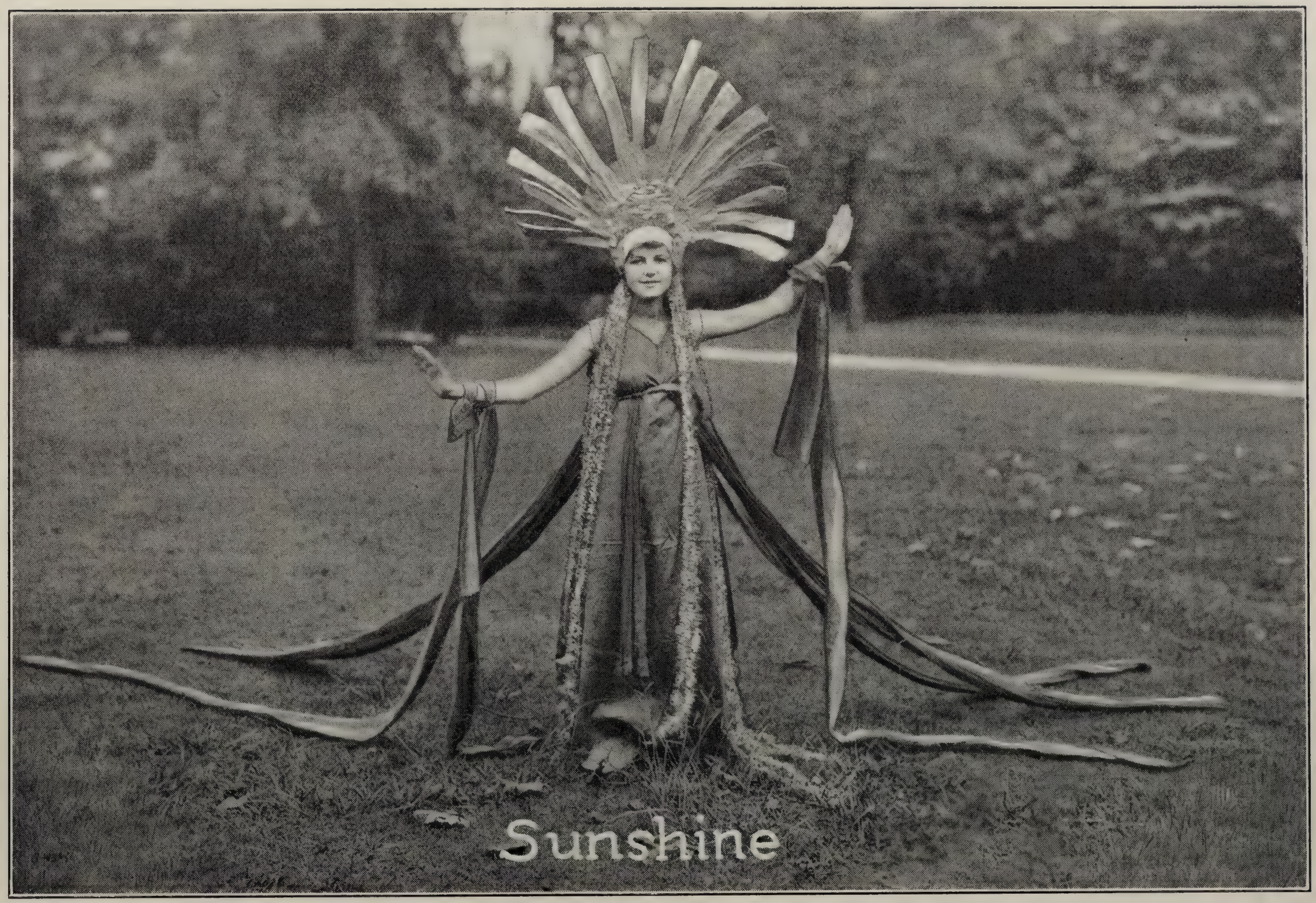
West Virginia. — President, Mrs. Susan Cook, Lock Box 457, Wheeling; home address, Bridgeport, Ohio. Secretary-treasurer, Mrs. R. J. Bullard, Lock Box 457, Wheeling; home address, 510 Catawba Street, Martin's Ferry, Ohio. President examining board, Frank LeMoyne Hupp, M.D., Wheeling. Secretary, Jessie A. Clarke, Ohio Valley General Hospital, Wheeling.

Wisconsin. — President, Agnes W. Reid, Bradley Memorial Hospital, Madison. Secretary, Erna Kowalke, 85 Oneida St., Milwaukee. State League President, Marion Rottman, Mount Sinai Hospital, Milwaukee. Secretary, Cornelia van Kooy, 558 Jefferson St., Milwaukee. Director, Bureau of Nursing Education, Adda Eldredge, State Board of Health, Madison.

Wyoming. — President, Ida Mae Stanley, Wyoming General Hospital, Rock Springs. Secretary, Mrs. Clyde W. Peterson, 2004 Maxwell Street, Cheyenne. President examining board, S. J. McKenzie, St. John's Hospital, Cheyenne. Secretary, Mrs. H. C. Olson, 605 East 21st Street, Cheyenne.

TERRITORIAL ASSOCIATION

Hawaii.—President, Alice M. Yates, 1250 Manumea Avenue, Honolulu. Secretary, Harriet B. Delamere, Queen's Hospital, Honolulu.



Much of the charm of amateur theatricals lies in the costuming. Here, golden sunshine's warmth and rays have been suggested through the simplicity and ingenuity of costume design.

Courtesy National Tuberculosis Association.

THE AMERICAN
JOURNAL OF NURSING

VOL. XXIII APRIL, 1923 No. 7

OBJECTIVES FOR PRIVATE-DUTY SECTIONS[1]

BY ADDA ELDREDGE, R.N.

TWO-THIRDS of the members of our alumnae associations are private-duty nurses which, by deduction, means that private-duty nurses are the backbone of the profession. The first nine years of my professional work were spent as a private-duty nurse, so I feel that I am entitled to speak as one.

Ordinarily speaking hospital "specialing" bears about the same relation to private-duty nursing that snow bears to water; it might be water if melted. The nurse who does hospital "specialing" has regular hours, regular sleep, as a rule, and does things much as she did while in training (the hospital assuming the responsibility), except that she sometimes complies only with such rules and regulations as she chooses. She conforms as little or as much as she desires to hospital and patient. The patient submits to hospital hours and rules. All compromises are made by the patient and the patient's family. Under these circumstances some of us are a great affliction to the hospital executives and a very bad example to the student in training.

The private-duty nurse, on the contrary, goes into the family and compromises on everything which does not affect the patient's welfare. Her hours are irregular; if she loses sleep it is up to her, tactfully, to find a way and a time to make it up. Her meals are served when convenient for the family to relieve her, and for the patient to spare her. The ideal private-duty nurse thinks of herself, her hours, her rest, as the last things to be considered which, perhaps, accounts for the criticisms of the so-called private-duty nurse who is really the "hospital special" when she occasionally goes into a home. The last-named person is the one, today, who still has the viewpoint that all officers are "tyrants." This is but a preface but perhaps it may prove a basis for discussion.

TO PRIVATE-DUTY NURSES

THE more you see Health as the slogan, the more you make Service your motto, —the more you will become real leaders, unselfish leaders, and the more will our profession advance and criticism be stilled. You can do it!

[1] Read before the Private-Duty Section of the Massachusetts State Nurses' Association, February 17, 1923.

What should be the work of the Private-Duty Section of our Associations?

First.—It should define private duty.

Second.—The Private-Duty Section should establish a code of ethics, a few broad principles which should guide its members.

Third.—It should investigate directories and recommend or condemn, as is decided from results.

Fourth.—It should establish a forum for its members where new ideas in medicine and surgery are brought to the attention of their members.

Fifth.—It should have demonstrations of procedures—both by its members and by instructors—as to improvisations and new procedures; i. e., adapting hospital methods to home use.

Sixth.—It should have lectures by specialists on laws and rules of the city, the county, and the state, for the prevention and control of disease.

Seventh.—It should, in the above-mentioned forum, prepare its members to speak and discuss the different subjects important to our national organization that the members may be prepared to take their proper places in all organizations.

Private-duty sections should develop leaders. They should develop, also, broadmindedness and faith in their members, and should make these same members feel that they are the people responsible for the average citizen's opinion of their profession.

The reputation of the profession is not, primarily, in the hands of the institutional or the public health nurse, but in the hands of her sister, the private-duty nurse. Who, when asked to think of a "nurse" and her field (unless it be a public health officer), thinks of the nurse in the hospital, or in the public health field? No one! It is always the nurse in the home whose picture comes to mind. "Thou art the woman."

You, as individuals, make the picture of us all. The more you see Health as the slogan, the more Service is your motto; the more you are real leaders, unselfish leaders, the more the profession will *advance;* the more criticisms will be stilled. You can do it! By constructive work you can dominate the profession, never by any other means.

"Happy is the man who can see in the results of his efforts more than an isolated, personal achievement; who can view the organization, of which he is a part, as a whole; who can see down to the roots of it and know that from these he draws the strength and ability to achieve."
—*Bulletin of the National Publishers' Association.*

FOOD PRINCIPLES AND A BALANCED DIET

By Nina Simmonds, B.S., M.A.

WHEN I read Miss Rose's article in the February number of *The American Journal of Nursing,* and came upon her comment on her visit to our rat colony, for I was certain that it was ours to which she referred, how I did wish that every nurse in the country could visit our laboratory and gain a little of our enthusiasm of the importance of good nutrition for proper development and the maintenance of health. We are always pleased to have visitors. I delight in showing to them the experimental animals because I realize how much it would have meant to me had I had the opportunity, during my undergraduate days, of seeing the specific effects of diets of different kinds on experimental animals as a supplement to the class-room study of dietetics. I appreciate that seeing the cages and animals and the conditions of cleanliness and care under which the experiments are carried out, leaves a picture in the mind which will never be forgotten. After a nurse has visited such a laboratory she cannot help but have a new viewpoint regarding scientific nutrition and a greater interest in reading about its progress ever afterward. She will also have a better appreciation of what it costs a research worker to add something to the sum of human knowledge. A statement made by Emil Duclaux in his book, *Pasteur, The History of a Mind,* conveys the idea which I have in mind:

"The public, to which one shows only the finished work, is ignorant of the painful hours with which the scientific man, the artist or the writer has paid in advance for the joy of his success."

It was only a few years ago that we were taught that the essential food principles were protein, carbohydrate, mineral matter, fats and water, and it was assumed that if these food factors were furnished by the diet in certain proportions, it would be a "balanced" diet, and one which would promote good nutrition. This was taken for granted since these were the substances which the chemist found when he analyzed a food. The story is a long one which tells how we came to know that a food which contained the above-named nutrients, and nothing else, would not keep an animal in a state of health. It was through experiments planned to determine what was the matter with such diets that the vitamins became known. Everyone now admits the great importance of the vitamins in the nutrition of man and animals, but we must not lose sight of the importance of other factors in the diet. All have heard of the vitamins, but few people are yet familiar with the places where we find the individual vitamins and in what relative proportions they occur in different foods.

The fat-soluble A, or vitamin A, is one of the growth essentials, and when it is lacking, or nearly so, from the diet there develops a peculiar condition of the eyes which we call xerophthalmia. This vitamin is found most abundantly in cod liver oil and the liver oils of certain other fishes, also in butter fat and the fats of egg yolks and the fats

contained in the glandular organs of animals, as the liver, kidney, thymus, etc. It is very abundant also in the leaves of such plants as spinach, turnip and beet tops, alfalfa and clover leaves, and to a lesser extent in the thick leaves such as cabbage, lettuce and Brussels sprouts. All leaves which are edible are good sources of the vitamin A. It is not found to any great extent in cereal grains or in peas, beans and other seeds. The vegetable oils, without exception, are very low or entirely free from this substance.

Water-soluble B, or vitamin B, was the first of the vitamins to be discovered. It is associated with the condition known as polyneuritis. This condition is characterized by a more or less general paralysis. It is not only the nervous system which is damaged when there is a lack of this vitamin in the food, for the muscles of the digestive tract waste away and the secretory glands become atrophic and undergo degeneration so that nutrition is seriously interfered with through inability to digest and assimilate food because of lack of vitality of the digestive apparatus.

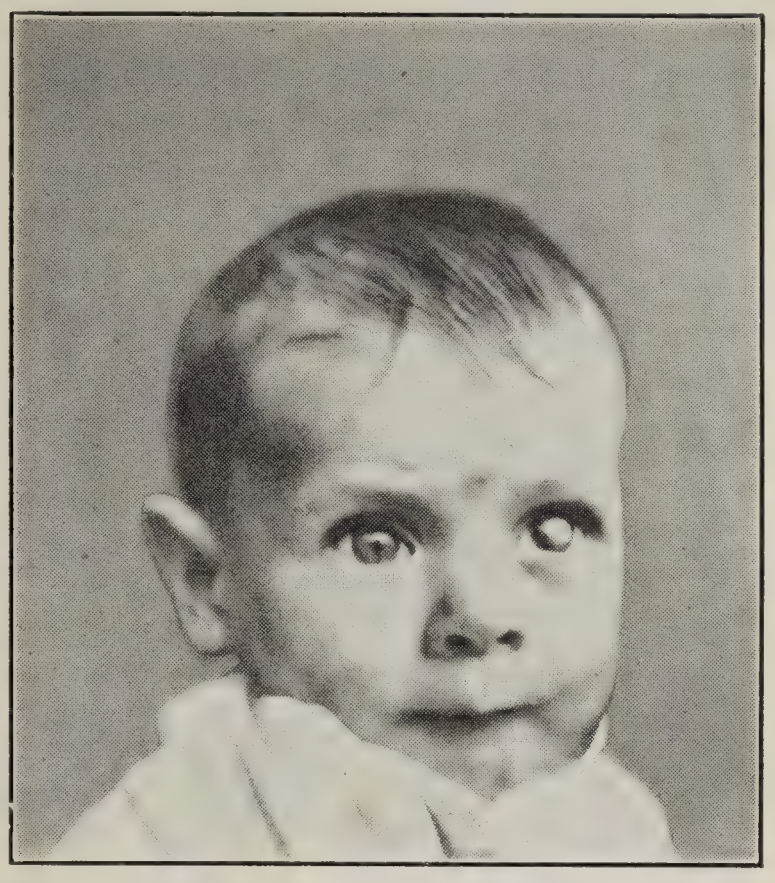
The vitamin B is abundant in many of our common foods. The germ portion of seeds, yeast, leafy vegetables, glandular organs of animals, etc. are especially good sources of it. In fact it is found in so many foods that it is more satisfactory to list those in which it does not occur, or is found only in traces. The sugars and starches, molasses and commercial glucose, and all the fats of both animal and vegetable origin are entirely lacking in the vitamin B. Those cereal products which represent the highly refined materials offered for human consumption in such large quantities, such as polished rice, white flour, the degerminated corn meal now sold in stores, are nearly or quite lacking in this vitamin.

The anti-scorbutic vitamin, or vitamin C, is the one which protects us against scurvy. In scurvy the capillary blood vessels are broken down in many places in the tissues so that the blood is spilled out and permeates the tissues, making them hemorrhagic. Fresh foods such as lettuce, cabbage, oranges, lemons and tomatoes are excellent sources of this substance, whereas the cereal grains, such as wheat, oats, corn, as well as peas and beans and cooked meats are lacking in it. It is of special importance to note that all cooked foods, or foods which have been preserved in any way, are either devoid of the vitamin C, or else are very uncertain sources of it.

The problem of the cause of rickets has been investigated both in this country and abroad. The outcome of these studies has been the demonstration that there is another unidentified nutrient principle entirely analogous to the vitamins and to be regarded as one of them, which is of supreme importance in the prevention or cure of this disease which is now a scourge among the children of Europe and a very serious disease among American infants and children. This latest vitamin has not been called D, since this term has been applied by Funk to designate a substance which he believes to stimulate the growth of yeast. We speak of this vitamin as the anti-rachitic factor, since it is intimately associated with bone growth. It is peculiar in that there does not appear to be any definite

amount of it which the body requires, for much less of it suffices for the normal growth of the skeleton when the diet is properly constituted with respect to the amount of calcium and of phosphorus which it contains, than is the case when the calcium and phosphorus content of the diet is faulty, especially when there is a disproportion between the amounts of these two elements. In other words when the calcium content of the diet is low and the phosphorus content high, or vice versa, the bones are likely to be abnormal in their structure unless there is a liberal provision of the newly discovered vitamin. It would take us too far afield to give in detail here the evidence in support of the existence of this vitamin, for we drew our conclusions from evidence of a complicated kind and of several independent lines of experimental inquiry.

One is always confronted, after giving a talk on nutrition, with questions of many kinds as to how we are to apply in daily life the newly discovered principles in nutrition. An audience is always impressed with the fact that there is something very important about the selection of food, and is convinced that the keynote to successful nutrition lies in the regular consumption of right combinations of foods so that the diet will furnish every day just the things which the body demands for proper functioning, and in the right amounts. They are even more impressed with the fact that this question of a proper diet is the most fundamental one concerned with development of good skeletons, good teeth and sound bodies, if they can visit our experimental rat colony, as have many nurses and others, and see for themselves the remarkable effects of feeding animals diets which are faulty in some one or more respects. There is nothing any more striking in all the range of science.



Illustration, by permission,
from "The Newer Knowledge of Nutrition."

"Illustrates a baby from the practice of Dr. C. E. Bloch of Copenhagen which had suffered from an attack of ophthalmia of dietary origin and was cured by the administration of fat-soluble A as butter and cod liver oil. The disease had, however, progressed so far that the sight of the left eye was destroyed. The right eye was somewhat damaged."

Many people have attempted to learn more about this important subject than they already knew. They find, however, that when they can get far enough to realize what we mean by our statements as to what a diet must contain, and in what ways the different foods which we buy in the markets and stores are lacking, they find it very difficult to actually put these principles into practice. The most important thing we can accomplish is to enable those who come into contact with the women in the home who are feeding their families, to put these principles into daily practice

with the least possible effort, and with certainty. It was in answer to the many questions which were asked of us that Dr. McCollum and I thought out a plan which is simple, which is easily followed and which will provide all that is required by the science of nutrition as it has been developed in recent years. It serves as a guide to the proper feeding of the family. We wanted it to be a labor saver as well as a scientific guide. There are three simple rules which if made the basis of the diet, will insure a satisfactory one.

1. Take a quart of milk a day,—every one in the family,—by the use of milk as a beverage, or by serving cocoa, custards, puddings, creamed sauces, soups, or gravies. Use milk in any way but be sure to use a sufficient amount.

2. Take two salads a day. These can be simple, as a cole slaw, lettuce and tomato, a simple fruit salad, or more elaborate. The important thing is to include in them some fresh raw fruits and vegetables. We need these for the vitamin C, of which, otherwise, we are likely not to get enough.

3. Take a liberal helping of some kind of greens or pot herbs every day. These include spinach, Brussels sprouts, kale, collards, turnip greens, beet greens, dandelion greens, or anything else which could be classed as a pot herb. It is true that in many families all of these conditions cannot be met every day, especially in winter, but with these simple rules in mind the housewife can shift her budget so that the family will be well taken care of.

In order to illustrate how a family may be made to feel "full," the following menu is suggested for dinner: Clear soup, baked ham, candied sweet potatoes, succotash, asparagus on toast, bread and butter, apple pie and coffee. We will all admit that we have been served many a dinner like this one. See how many of the simple rules just laid down are taken into account in the planning of this dinner. Not one. There is very little milk used. No salad. Asparagus may be classed as having some of the properties of a leafy vegetable, but in the above menu it is cooked and has lost its vitamin C, and nothing else in the dinner will supply it. There are no green vegetables served, yet with all the shortcomings of this menu, and all the violations of the rules of scientific nutrition, it meets the requirements of our appetites. It will not, however, prevent our physical deterioration at a faster rate than is necessary, and it will not provide adequately for the members of the family who are still in the growing stage.

Dr. McCollum and I were so impressed with the fact that many people were eating food which did not serve the purpose it should serve, and also with the fact that it is a great trial for a woman who is not very familiar with the details of quality in foods, to plan balanced menus that we have written a book called *The American Home Diet*, in which we have described or discussed nutrition in simple language. We have presented over three hundred model menus which are so planned as to provide good nutrition for every member of the family and at the same time relieve the housewife of the difficult task of planning each day's meals so as to avoid sameness. With these we have, in a number of cases, contrasted faulty with good menus, pointing out the secret of making wise selections of foods for

the family table. We felt that busy housewives, nurses, teachers, and extension workers would welcome such an aid to one of the most important parts of their daily work.

We appreciate that feeding the sick, in cases of severe illness, presents problems which are difficult, and which must often be met by the physician or nurse or a trained dietitian who will of necessity take into consideration not only the nutritive needs of the patient, but also her idiosyncrasies in appetite and esthetic demands. In the many cases where, however, the patient is allowed food and is not restricted as to kind, as is the case in diabetes and a few other conditions, these simple rules can be followed in many instances. One must be well nourished if one is to build blood, bone or other new tissues as many a patient is attempting to do. In many cases there is nothing which can be done which will go further toward assisting the patient toward recovery than the proper selection of the food which is served. We believe that if a thorough knowledge of the fundamentals of nutrition can be given to the nurses they will take a greater interest in the part which this science plays in their professional work.

SUGGESTIONS FOR THE CARE OF THE BREASTS DURING PREGNANCY

By Hazel Corbin, R.N.

NO nurse who has done obstetrical nursing has escaped the problems involved in difficult breast feeding because of fissured nipples. The surest way to overcome these problems is to prevent the development of fissures. This can best be done before the baby comes. Obstetricians approve of several methods of doing this, but the real difficulty is to persuade the patient to follow any method consistently during the last weeks of pregnancy. In this the nurse finds her opportunity and responsibility. The pregnant mother, like each of us, must first understand the reason for investing her time and effort in what, to her, is a "new-fangled practice." This understanding must be reinforced by the continuous, sympathetic interest of the nurse or some member of the patient's family. To this end it is well to explain to the expectant mother and father (and to other relatives whose opinions may have influence) just why any care is necessary during pregnancy, in some such way as this:

"There is an imperceptible secretion which, drying, forms a crust on the surface of the nipple. Under this crust the skin becomes tender. When the crust is removed with the baby's first nursing, this tender area is very likely to crack. If, however, the nipples are thoroughly cleansed daily with soap and sterile water, followed by an application of liquid albolene, the secretion can not collect, there will be no tender area and the nipples will by this care be prepared for the baby's nursing."

In teaching the mother the technic for this care (which is one of the methods approved by obstetricians, but

not the only one) several points must be emphasized:

1. That the utensils used must be thoroughly clean and kept for this purpose. This may be simplified by keeping on a tray,—

A. Saucer for soap, covered with

B. Cup or glass (to be used for the sterile water)

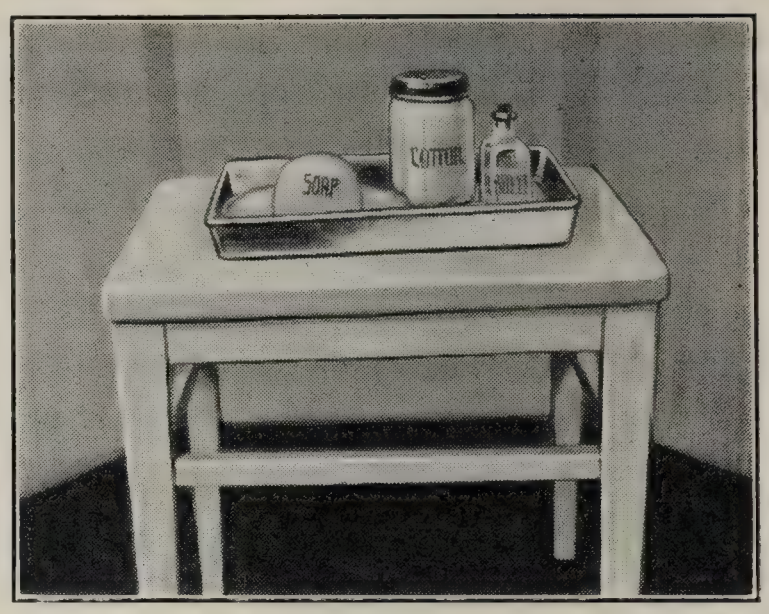
C. Jar of cotton pledgets, or a soft brush which has been boiled. (The nipples are to be scrubbed with the soap and sterile water, and dried.)

D. Bottle of liquid Albolene.

2. That it is necessary for the mother to wash her hands immediately before caring for her nipples.

3. That the breasts must not be pinched or handled during the process.

These points may be emphasized while the nurse actually cares for one



Tray for Breast Care

Courtesy Maternity Center, New York City.

nipple, then watches the mother care for the other.

If the nipples are found to be flat or inverted, the erectile tissue will respond to the first cleansing. Then the albolene should be applied with the tips of the fingers making slight traction. In our experience a careful, regular



Courtesy of Maternity Center Association, New York City.

Suggested exhibit for use in hospitals, nursery or out-patient department to demonstrate baby clothes, tray, basket, and other equipment for the use of mothers.

repetition of this treatment has made it possible for a mother to nurse her sixth baby after she had had five bottle-fed babies because she accepted the idea that "a baby cannot nurse inverted nipples." We have yet to find the inverted nipple which will not respond to this treatment.

Sometimes we find patients who complain of painful, tender nipples, or a heavy "dragging" feeling in their breasts. This can often be relieved by a brassiere or breast binder so applied as to support the breasts from below. There should be no uneven pressure but, as too much freedom of motion allows friction and may cause irritation, the binder should be snug. To accomplish the relief of this discomfort is well worth much effort.

BABY'S TOILET TRAY

By Louise Zabriskie, R.N.



Baby's Toilet Tray
Courtesy Maternity Center, New York City.

THIS tray has come to take the place of the various devices for keeping the baby's toilet articles together, such as the baby basket, a special shelf in a cupboard, or pockets in a screen. Mothers and nurses have long recognized the advantages of having the baby's toilet articles collected and always ready for use. The tray supersedes the other devices because it is easy to clean, portable, and may be

1. A glass, silver, papier mache or white enamel tray
2. A tin pie plate or baking dish
3. A discarded platter or box cover.

It may be fitted with

1. Glass jars purchased for the purpose,
2. Mayonnaise, jelly, candy, or cheese jars collected from the kitchen cupboard.
3. Handleless cups with butter patty or paper covers.

Whatever the tray, it should have

1. Container for the day's supply of sterile water for washing the mother's nipples before and after nursing
2. Container for day's supply of large cotton swabs for washing the mother's nipples
3. Container for day's supply of small swabs for cleansing baby's ears and nose
4. Container for day's supply of liquid albolene for cleansing buttocks when diapers are changed (shallow container like soap dish most practical).
5. Hair receiver for day's supply of cotton to apply oil to cleanse buttocks
6. Cornucopia made of newspaper, fastened to edge of the tray for waste cotton and swabs

7. Bottle for day's supply of sterile water for "baby's drinks"

8. Nursing bottle for giving baby water

9. Container for sterile nipples,—the nipples to be boiled after using and kept in a dry jar

10. Cake of soap for use as a pin cushion. This is easier to keep clean than a pin cushion, it prevents pin pricks which are bound to occur if pin trays are used, and makes pins easier to use because the points are lubricated

11. Soap dish and cake of mild white soap for bath.

If the eyes are to be washed, a jar of 2 per cent. Boric solution may be added.

In the tray illustrated, mayonnaise jars are used for the containers and two kinds of nursing bottles and nipples are shown. Containers should always be small, so as to avoid the temptation to use them for more than one day's supply which tends toward less frequent cleaning.

Nurses doing obstetrical work are invited to write to the Maternity Center Association, 432 Third Avenue, New York, for a price list of inexpensive but valuable Routines, Educational Pamphlets for mothers, and carefully worked out Record Forms.

THE MIDWIFE

Her Work and the Need for Her Inspection and Instruction

By E. Blanche Seyfert, R.N.

FROM the point of view of the average trained nurse the midwife is a relic of pre-R.N. days and we hardly think of her, let alone consider her, other than to pass severe judgment upon conditions that will recognize her for even a moment as being a necessary factor in the welfare of mothers and babies of the present day.

While a nurse in training, the midwife and her work were never technically defined to me, and while she is responsible in many localities for at least one-third of the births, and also responsible for the condition of the mother at this time, to have associated her in any way whatsoever with the study of obstetrics, would have been a far-fetched thought.

But why make this statement? The midwife is neither a doctor nor a trained nurse; she never will be, and I am safe in saying never hopes to be, but we must accept her being what and where she is to-day, and that means, with her small store of knowledge, oft-times the only available help for the existing emergency.

May I recite one instance? At the present time Pennsylvania is making a bold stroke at conditions as they exist in certain mining counties of the State. A survey revealed the fact that there were sixty legally licensed midwives practising in the county, and from thirty-eight to forty women practising without legal permit, possibly in some cases through ignorance of the law, but generally taking it for granted that as they had not as yet been arrested, the game was safe.

This type of woman, of course, is not one that advances with the times and the information volunteered that, "it was a dirty job and I always have to wash my hands afterwards, anyway, so don't bother before," quite explains their

attitude in everything pertaining to advancement.

Anticipating the harm done by the ignorant, unlicensed woman, eliminating her as an illegal practitioner and law breaker, licensing and supervising the qualified woman,—offer the most apparent means of adequately controlling the midwife situation of the State. This requires time and patience on our part but it can be done.

The licensed midwife must be supervised and taught constantly. Babies are born by the thousands in certain localities that the doctors know nothing about, and the midwife is the only attendant. Given some knowledge of the abnormal, as well as the normal, she should know when to call for assistance from the doctor and should therefore be sufficient for an uncomplicated vertex case, or the normal.

Subject to call at all hours and to all kinds of conditions and homes she takes her bag and responds to the call, knowing that there will often be very little, if any, payment for service, other than the satisfaction of helping a needy mother. Under supervision she is being taught that the bag must contain scrub-up necessities, cord tie, scissors, and powder, solution for the eyes, fluid extract of ergot, an enema bag, sterile cotton, and gauze. Remember, she is not going into a sterile obstetrical operating room but, more likely, to a place where the mother is lying in the only bed in the house. Possibly there are no sheets and if there are one or two, surely no supply of clean ones, and with a feather bed for covering. Here with conditions as they exist, she will bring into this world, sometimes after from two to ten hours of work, a young Joseph or Josephine, and sometimes both. As supervisor I visit the home within the first forty-eight hours and marvel at what the midwife has done with the little available.

On a form report card, the midwife reports the birth of every baby to the inspector of the County, besides reporting the birth to the County registrar. This report is received in the office within forty-eight hours of the birth and when I go into the home the next morning, I often find the mother made comfortable and clean, the little one well oiled, cord surgically dressed, and baby wrapped round and round with yards of eight to ten-inch "binding cloth."

Either the method of application or possibly the feeling of restraint certainly does have a wonderful effect upon keeping the baby quiet and I am wondering, while writing this, if this point will not be appreciated by some nurse who has her midnight trials and tribulations along this line.

After tidying the room the midwife washes the soiled clothing of the mother and baby, and if no one else is there to prepare food for the other four, six, or eight children, as the case may be, she again considers it her duty to keep the mother in bed by doing the extra work there is to be done.

The average number of days for visiting the mother after labor is nine. We speak of that as the day of dismissal. The average pay for this time is from $10 to $15.

In the County to which I refer, over five hundred homes have been visited from October first to February first. These homes are all revisited after ten days or two weeks.

All cases are referred to a Baby

Health Center in the County and, if it is found necessary, to a doctor, or to a Visiting Nurses' Association.

Meetings for the instruction of the midwives and, at first, for the purpose of organization, are held monthly, at a stated place, at which time through an interpreter, all present are given the opportunity to ask questions relative to the work. Many of them are sincere, and I am asking the graduate nurse, through this article, that wherever she comes in touch with the licensed midwife and her work she will just "Stop, Look and Listen," for the midwife has her place in Baby Welfare, a place that you or I, as registered nurses, cannot fill any more than the midwife can fill our place in this great work of health for the public.

THE REPORT OF THE ROCKEFELLER FOUNDATION ON NURSING EDUCATION: A REVIEW AND CRITIQUE

By Richard Olding Beard, M.D.
University of Minnesota

(*Continued from page* 466)

The Public Health Nurse

WITH clear, far-seeing view of the urgency of the educational public health campaign, the Report of the Survey says:

> We have sought during the past twenty years for a missionary to carry the message of health into each individual home; and in America we have found this messenger of health in the public health nurse.

It is well, not only for America, but for all the world. The public health nurse of today is a citizen of the world. It is a thing bigly begun, but a thing which is still largely in the making. And most important of all is the making of the instrument by which the work is to be accomplished. Mark me, I do not say, primarily, the making of the public health nurse, for before she may undertake her highly specialized function in any form of public health activity, she must be fundamentally a well-made graduate nurse. Herein we find the key to the Committee's conclusion that a Survey of the entirety of nursing education was necessary to the study of the educational development of public health nurses for the varying and broadening fields of the social service of health.

In its earliest deliberations, the Committee was agreed "that the usual three years' hospital training was not, in and by itself, satisfactory preparation for the public health nurse." It follows that her educational needs must be determined by the recognition of her proper field of service. Ably discussing her function at some length, the Report concludes that the service of the public health nurse in general must combine with her main duty of instruction of the people in general health principles and practice, the occasional bedside care of the sick with whom her work brings her in touch. To these ends, it urges "that an improvement in quality, as well as an increase in the number of public

health nurses, is fundamental to the complete success of the public health movement;" and, "that as soon as practicable all agencies, public or private, employing public health nurses, should require as prerequisite for employment the basic hospital training, followed by a postgraduate course, including both class work and field work, in public health nursing."

I am inclined to think that we shall very soon have to go farther than this. With the increasing breadth and specialization of every field of public health nursing it will be necessary to provide distinctive courses for the higher education of each major group. The fundamentals of public health nursing will be uniform, but the educational superstructure will be varied.

A very satisfactory result of the Survey shows in the observation that nearly one-half of the public health nurses whose services were canvassed were considered definitely successful in their work, and less than one-fourth as definitely unsuccessful. It finds, nevertheless, that

> either from a lack of knowledge of preventive measures or of teaching methods, from failure to effect contact with physicians or with social agencies, a substantial proportion of public health nurses fail to realize the possibilities of their profession. Administrative policies, overloading and inadequate supervision, are sometimes at the root of the trouble, yet it is obvious that such a calling as public health nursing demands in the first place a high degree of natural capacity and in the second place a sound and a broad education.

Hospital Supervision and Nursing Education

The Survey very properly suggests

> It is by no means in the field of Public Health Nursing alone that the need of women of high natural qualifications and fundamental training is manifest. The modern hospital and the modern dispensary represent social forces of enormous and growing magnitude, there is perhaps no more urgent problem for the hospital administrator than that of obtaining nursing superintendents and supervisors adequate for the performance of their difficult tasks.
>
> The defective preparation and qualifications of many instructors in schools of nursing, in both theoretical and practical branches, is very marked. In the training school the instructor is often called upon to teach six to eight different subjects, far more than would be demanded even of the teacher in a country high school. It should be noted, however, that the appointment of any full-time instructors is a very recent development and marks a signal educational advance.

It is surely time that this ridiculous vaudeville of nursing education should be abandoned and that the sciences fundamental to nursing should be taught by experts of scientific training and background.

"With the development of nursing education we visualize in the future," says the Report, "and particularly with the growth of the University Schools, the field of well-qualified teachers of nursing should prove an increasingly attractive one. We believe we may safely advance as Conclusion 2,"

THAT THE CAREER OPEN TO YOUNG WOMEN OF HIGH CAPACITY IN PUBLIC HEALTH NURSING OR IN HOSPITAL SUPERVISION AND NURSING EDUCATION, IS ONE OF THE MOST ATTRACTIVE NOW OPEN, IN ITS PROMISE OF PROFESSIONAL SUCCESS AND OF REWARDING PUBLIC SERVICE; AND THAT EVERY EFFORT SHOULD BE MADE TO ATTRACT SUCH WOMEN INTO THIS FIELD.

Graduate Study

The Report pointedly suggests that for the nurse who desires to specialize

along any advanced line of service, the intensive course of basic education proposed must be followed by a further period of graduate study. It calls attention to the notable pioneer work of Columbia University in this field and to the attractive courses which the newer University Schools are now offering. The nature and content of these courses are discussed very briefly. It should go without saying, although the Report finds it necessary to reiterate the fact, that the University School of Nursing is the proper sponsor of this graduate study. It insists again, in its Conclusion 7, that

SUPERINTENDENTS, SUPERVISORS, INSTRUCTORS, AND PUBLIC HEALTH NURSES SHOULD IN ALL CASES RECEIVE ADDITIONAL TRAINING BEYOND THE BASIC NURSING COURSE.

Endowment or Support

Not by any means the least, perhaps the very greatest of the constructive values of this Report, is to be found in its concluding paragraphs. Nursing education cannot become all that the future of the nursing profession promises, all that the public service demands, without adequate financial support. It has been too long sustained by grace of the hospital the pupil nurse serves. The hospital has profited by the arrangement. In too many instances the schools have starved under it.

I cannot do better nor contribute more to your understanding of this phase of the Report than by quoting its concluding paragraphs:

> It is clear, however, that the attainment of these ends requires financial support and requires it at all points along the line. The training of nursing aides will cost money; the training of nurses will cost more money; the University School will require endowment on a reasonably generous scale. The hospital, in its operation of the training school has for generations been trying to make bricks without straw, in the upbuilding of an educational system on an apprentice basis and without independent educational resources. It has made every possible effort,—except the effort to secure educational endowment. It is time that the hospital should be relieved from the dilemma of exploiting student nurses on the one hand, or of diverting funds given for the care of the sick on the other, by the provision of endowment specifically devoted to the purposes of education.
>
> We are well aware that many of those who have taken counsel with us in regard to this matter have cherished the hope that the Committee would find some magic pathway out of the maze of nursing education; but such hopes are vain. There is *no short-cut* to the end which we all have in view. The establishment of a sound educational policy is the one essential to attracting students in quantity and of quality; and a sound educational policy requires specific financial support. If the community needs and desires the service of competent nurses for the care of the sick and the prosecution of the campaign of public health, it must pay for their education, as it pays for every other conceivable kind of education,—either through taxes or through voluntary contributions, or through the generosity of its great philanthropic foundations. No broadly conceived and systematic effort to obtain such financial support for nursing education has ever been made. When it is made we are convinced that it will not fail. In institutions where nursing education has been partially endowed, as in the first school of nursing at St. Thomas Hospital, London, and the Department of Nursing and Health at the Teachers College, New York, substantial achievements in the better education of nurses have been rendered possible.
>
> It is obvious that the plans recommended for the improvement of the education of nurses cannot be adequately put into effect in any hospital training school without additional funds for this purpose. The strategic position which the University Schools of Nursing will occupy, in regard to the whole

movement, indicates their development as of special importance. An adequate endowment for a group of such University Schools would establish centers of influence which could safely be trusted to exert a profound influence upon nursing education. We, therefore, urge as the final conclusion of our study of this problem, Conclusion 10:

THAT THE DEVELOPMENT OF NURSING SERVICE ADEQUATE FOR THE CARE OF THE SICK AND FOR THE CONDUCT OF THE MODERN PUBLIC HEALTH CAMPAIGN DEMANDS AS AN ABSOLUTE PREQUISITE THE SECURING OF FUNDS FOR THE ENDOWMENT OF NURSING EDUCATION OF ALL TYPES; AND THAT IT IS OF PRIMARY IMPORTANCE, IN THIS CONNECTION, TO PROVIDE REASONABLY GENEROUS ENDOWMENT FOR UNIVERSITY SCHOOLS OF NURSING.

Afterward

We, of the profession of nursing and of nursing education, owe a large debt of gratitude to the Rockefeller Foundation for the initiation, direction and support of this greatly instructive and altogether heartening Survey. We owe a still larger debt of gratitude to the men and women of the Committee who have given of their light and their leading and their fruitful experience to the plan and conclusions of the Survey. We owe such a debt too, to Miss Goldmark and to the several other women associated with her who have conducted the field work of the Survey.

It should give you a profound sense of satisfaction that your calling has been found worthy of such an epoch-making effort. Its inspiration should add grace and dignity and devotion to all that you are doing. Its appreciation of your service to society and of your effort toward higher education is comforting, as appreciation always is. Not the least of its achievements in your behalf is that it lifts you as a profession high above the suggestion of a cheap commercialism.

Of course it does not follow that all of its recommendations will be realized or will prove practical. For my own part, I find nothing in it that I would not frankly accept and earnestly strive after, saving and excepting alone its carefully guarded proposals for the "sub-nurse." And these proposals do not trouble me. I have too much faith in the prohibitive power of the unfitness of things. If it be true that "What is good, as God lives, is permanent,"—then it follows that what is unfit is temporary. If in the face of all the obstacles of cost, of necessary licensure, of social regulation,—if finally, by means of some educational obstetrics, we should give birth to these "sub-nurses,"—they will die, as all prematures are apt to die, of inanition; like all abortive social growths they will be quickly reabsorbed into the social mass. Let us not worry very much about them. If we make the graduate nurse, and the public health nurse, and the nursing educator, and the institutional nurse, educationally what they ought to be,—society will find neither need nor room for any other and lesser type.

Of course, I believe, as I have repeatedly said,—and I do not mean to miss any opportunity to bring it home to you and to the communities in which you work,—that social mechanisms must be found by which efficient nursing service of uniform professional value may be brought within the reach of all economically-conditioned classes of society. Perhaps one of the chief reasons why the proposal of the "sub-nurse"

is unfit is that it constitutes a violation of the principle of social justice. When it comes to the matter of health and its related happiness, equal opportunity of service should be available to each and all. The whole question is one, not of a shortage of nurses, not of an exorbitant charge, not of over-education or under-education, not of inseparable grades of physical disability to be nursed, but of effective social organization. Society, wanting and rightly expecting health service, must not leave the burden of rendering it upon the service professions alone.

You may wisely read and patiently study the Report of this remarkable Survey and inspired by its promise you will go on with greater faith and courage in your appointed ways. You will be glad and grateful that it is given to women to enter into broader avenues of usefulness, into larger opportunities of achievement than their sisters before them. You will go on "from strength to strength," accepting the offered good, rejecting the proffered ill, perfecting yourselves by every means within your power,—*serving always*. And there are so many sorts of service for you nowadays. It is preventive, redemptive, educative, always constructive service that you have to render. You are protectors, saviors, healers, teachers, comforters, but always are you servers. Your problems are many; grave, difficult ones. You need help, coöperation among yourselves; social help by grace of other social organizations than your own; financial help which I hope may come in the fulness of time and perhaps, through the great educational Foundations of the country. Still it is well for us to remember that the truest progress comes not from without, but from within. It is determined less by what we do than by what we are. Fitness is the prerequisite of service. They "stand amid the eternal ways" who fitly serve.

COLLEGE NURSING

By Effie M. Krusey, R.N.

A FEW years ago the field of the trained nurse was limited to that of caring for the seriously ill, but each succeeding year our profession pushes back the boundaries of our territories and increases the scope and variety of our work and we are now gradually approaching the goal of preventive medicine. One of our comparatively recent undertakings is that of work in the colleges. The College Health Service comprises one of the most interesting branches of nursing, affording quite a diversity of experiences,—health work, contagion, medicine, minor surgery and hydrotherapy.

The hospital department of the Health Service is adequate for the care of the ill students. All bed cases are instructed as to the advisability of being admitted to the infirmary, where medical attention, and nursing, are provided at a minimum fee, the object being to safeguard other members of the fraternity or boarding house from the spread of disease. The prompt response to treatment and return of the handicapped student to classes in better physical

condition is, in most cases, sufficient argument for the adoption of our advice.

A dispensary is conducted in which all minor medical and surgical cases are treated, drugs dispensed at cost, and X-ray work done. Thus the nurse comes in contact with a large percentage of the student body, many of whom are not well grounded in the fundamental principles of a hygienic regimen. When we consider that the college men of today are the leading citizens of tomorrow, we can well direct our best efforts toward the making of healthier and happier citizens, and consider the time consumed in giving advice concerning personal hygiene well spent. The numerous cases of respiratory disease furnish opportunities for timely suggestions in regard to tonsillectomy, care of the teeth, deviated septum and catarrhal conditions of the head.

The sprained a n k l e s so common among both girls and boys engaged in athletics furnish occasion for advice concerning proper shoes; also corrective exercises for the amazingly prevalent weak arches. In considering colds and coughs, the nurse suggests p r o p e r clothing; and in stomach disorders, the value of a well balanced diet. In fact all the illnesses present a vast field for work of preventive medicine because one may always advocate hygienic living.

When a Freshman comes in saying, "Well, it's all foolishness, but I guess I'll have to be vaccinated" (a certificate being essential to registration), the nurse can tactfully offer a few words in explanation of the proven value of vaccination as a preventive of smallpox and may also include a reference to several of the most common serums in her discourse. The patient is convinced that it is an efficacious process and leaves in a much less abused frame of mind.

The treatment of lacerations and minor injuries teaches the value of antiseptics and aseptic dressings in the prevention of infections and the value of early treatment if an infection should occur.

The importance of isolating, as far as possible, bronchitis, influenza, and similar conditions is proven by the spread of these diseases in the fraternity house when a patient declines to be removed to the infirmary. The students are encouraged to report to the dispensary with initial symptoms of illness, thus frequently aborting the disease and making possible the early diagnosis and isolation of contagion.

A course in Home Nursing and the Essentials of First Aid is offered to the girls. This includes instruction in pathology, diagnosis, treatment and complications of the most common diseases, together with many simple nursing procedures. The mode of transmission of communicable diseases is explained, thus making disinfection something more than a tiresome routine. The course aims to qualify the college girl to intelligently carry out the doctor's orders in all minor illnesses. The girls find this work interesting and seek information beyond that included in the lectures.

Life in the college affords an opportunity for the nurse to continue her education in the subjects which interest her most. It is sometimes possible to arrange working hours so that during "time off" she may attend scheduled classes in one or more of the many courses offered. She naturally forms

many friendships with the students. When all is going well she merely fills the role of friend and companion, but when difficult situations arise they appeal to her broader experience for sympathy and advice. To my mind this confidence is the most potent factor in her influence with the students and does much to correct the false light in which some of the laity regard our profession.

CENTRALIZATION OF SCHOOLS OF NURSING [1]

By Margaret S. Smylie, R.N.

CENTRALIZATION of schools of nursing may seem a new idea, but the centralization of medical schools and elementary schools has been an accomplished fact for years.

Many people remember that, some years ago, the little red schoolhouse flourished and tried with questionable success, through "one lone teacher," to teach students the required subjects which would enable them to compete with students turned out from larger schools, with more varied teachers. That this was not a success is shown by the disappearance of the old one-room school, the consolidated school taking its place, the children being transported to and from school at the expense of the town or the county.

Schools of nursing are beginning this consolidation which the elementary schools have so successfully completed. This transformation cannot be accomplished in a day; it will have to come gradually. The small hospital is to gain most, just as the small one-room school gained most. Finances in a small hospital are generally restricted and the teaching is often done by a directress of nurses, tired with the necessary supervision of students and patients and, in many cases, but poorly equipped to teach, for even if time were available no directress of nurses is able to teach all subjects equally well. Why should she? It is not required of teachers in schools and colleges since the subjects are more or less specialized.

How much more inspiring would a central school of nursing be, where the student from the small training school would come in contact with students from larger schools and be so much more contented and happy in the knowledge that she was not "losing out" by being in a small but much needed hospital.

The doctors and specialists would lecture to the combined schools once a week, instead of rushing to cover the class work in two, or perhaps three or four, schools.

Do you not think the students would gain by this change? Also the doctor? He would have more time to prepare his work and would get more inspiration from a roomful of intelligent students than from repeating the same subject several times a week to small groups.

Successful consolidation or centralization can only be accomplished through the desire and interest of the hospitals in the town or city concerned. No denite rule can be laid down, as the resources in communities differ, but the high school seems the ideal place, as the

---

[1] Paper read at the annual meeting of the Iowa State Association of Graduate Nurses, Sioux City, October 18, 1922.

Dietetics and Chemical laboratories already exist there.[2]

A nurse, teacher or instructress should be employed to teach practical nursing and professional studies; a doctor of medicine to lecture on required subjects; supplemented by lectures by specialists in Public Health, etc.

Equipment already existing in the training schools could be used as far as possible and, if advisable, kept in the high school. The State of Iowa has extended Vocational Education to the schools of nursing and will arrange for the required teaching in the high schools or by the high school faculty with the addition of a doctor or nurse for professional studies, if training schools apply for it. The Board of Vocational Education has state and federal funds appropriated to aid vocational education which can be used to help local schools take care of the cost of instruction of student nurses.

The recognition of the training schools for nurses by the Iowa Board of Vocational Education is a wonderful step toward centralization and standardization of schools of nursing which might be copied by some other states.

A League of Nursing Education should be formed locally (if not already existing) to confer with the instructors and teachers in regard to the educational problems, also training school difficulties such as transportation, enlargement of training schools to cover the increase in time spent in class work, extra time required in going to and from classes, etc. It seems almost necessary that some appropriation should be made to registered training schools to meet extra expenses incurred by the increased number of students required to meet the demand for trained nurses which is greater each year, but this will no doubt be solved in the near future, just as the education problem has been.

Centralization of training schools would standardize hospital equipment and supplies, so that hospitals could be more efficiently and economically run in the future. A large organized effort to secure a standard school of nursing will bring recognition from the state and the public sooner than many small individual efforts, as in union there is strength.

[2] The high school is recommended for those communities where a connection with a college or university is impossible.

OCCUPATIONS AND HANDICRAFTS FOR INVALID CHILDREN

By Catherine Nichol

GIVE invalid children something interesting to do, something artistic to make, or something worth while to construct, and they will improve physically and mentally. All children are eager to make things; they seem to have an instinctive desire to construct. If nurses will encourage children to cut out pictures, to draw, to make cardboard houses, to weave raffia, to string beads, to mould clay, to make toys, etc., they will do much to relieve the monotony of the sick room. As far as possible they should encourage children to follow the

lines in which they are most interested, to create and make original things. They will be surprised at the fun the children will have in creating something original out of simple materials. Not only will this amuse children for the time being, but in some instances it will assist in restoring them to normal condition. The mere working of the hands and arms will require certain physical movements which will improve inactive muscles.

Since most nurses do not have time to look up books which will aid them in finding something for invalid children to make, the following list of books may offer helpful suggestions:

Archer, Effie A.—Needlecraft. Doubleday, $1.75.

"Includes different kinds of embroidery, easy lace stitches, stenciling, leather work, drawn work, crocheting, knitting and bead work."

Bailey, C. S.—Girl's make-at-home things. Stokes, $1.75.

"Tells among other things how to make dolls, doll's houses, doll's furniture, necklaces, toys, Christmas and Easter gifts and valentines. Illustrated from photographs."

Beard, Lina & A. B.—Little folks' handy book. Scribner, $1.12.

"How to make simple toys and playthings out of paper, spools, old envelopes, clothespins, kindling wood and twigs."

Beard, Patten—Jolly book of boxcraft. Stokes, $2.00.

"Directions for making houses, bridges, windmills, circus tents, wigwams, dolls' furniture, and other toys out of cardboard boxes. Pictures and diagrams."

Boyd, Ida E.—When mother lets us cut out pictures. Moffat, $1.25.

"Shows children how to cut out dolls, houses, chairs, tables, trees, and many other things out of paper. Many pictures."

Buxton, G. & Curran, F.—Paper and cardboard construction. Manual Arts Press, $1.15.

Foster, Olive Hyde—Sewing for little girls.

"Tells how to prepare a sewing outfit and how to make doll clothes."

Fryer, Jane Eayre—Mary Frances sewing book. Winston, $1.50.

Fryer, Jane Eayre—Mary Frances knitting and crocheting book. Winston, $2.00.

Gilman, M. L. & Williams, E. B.—Seat work and industrial occupations; a practical course for primary grades. Macmillan, $1.00.

Goodhue, L. P.—Simple construction in paper and cardboard. Ideal School Supply, Chicago, $1.25.

Hammond, S. E. E.—Pasteless paper construction. Bruce Pub. Co., 60 cents.

Klickmann, Flora, ed Little girl's knitting and crochet book. Stokes, $1.00.

"Simple stitches and easy patterns for making pretty and useful things in knitting and crochet."

Klickmann, Flora, ed Little girl's sewing book. Stokes, $1.25.

"Lessons in practically all plain stitches and some useful fancy stitches. Directions for making doll's dresses, simple clothing and presents."

Lester, Katherine Norris—Clay work; a handbook for teachers. Manual Arts Press, 70 cents.

"Detailed descriptions of the processes of clay modeling, with suggestive design and illustrations from photographs."

McKee, Jane W.—Purposeful handwork. Macmillan, $1.00.

Simple equipment needed; wrapping paper, glue and paste, pots of dye and paint, a bolt of stiff lawn, a keg of nails and soft wood, etc. For 1st and 2nd grade children.

Martin, W. S.—Inexpensive basketry. Manual Arts Press, 45 cents.

Mickel, A.—Stenciling. Manual Arts Press, 85 cents.

Morgan, Mrs. M. E. H.—How to dress a doll. Altemus, 60 cents.

"Here are clothes to be made for each member of the doll family—aprons, dresses, coats and caps, with quaint costumes for fancy

dress parties. The patterns are simple and the directions easy to follow. The pictures show how to work different stitches, to trim doll frocks and also make plainer the various steps in sewing."

Perry, L. Day—Seat weaving. Manual Arts Press, $1.25.

Peterson, Louis C.—Educational toys: Consisting chiefly of copying saw problems for children in the school and home. Manual Arts Press, $1.80.

Although the toys are made from wood, still some of the designs given could be used for paper or cardboard work.

Polkinghorne, R. K. & M. I. R.—Toy-making in school and home. Hubbell, $3.50.

"Shows how to make different toys from inexpensive materials—cardboard and paper ships, swinging and jointed animals, dolls, furniture, mechanical toys, kites, gliders, etc. Includes the use of woodworking tools. Fully illustrated."

Ralston, Virginia—When mother lets us sew. Moffat, 75 cents.

"How to make doll clothes, petticoats, nightgowns, frocks and coats. Tells how to baste, catch stitch, gather, darn and buttonhole."

Rich, Grace E.—When mother lets us make paper box furniture; a book which shows children how to make most attractive furniture out of materials which cost practically nothing; toys which give as much pleasure as those from expensive toy shops. Moffat, $1.25.

Sage, Elizabeth, and Cooley, A. M.—Occupations for little fingers. Scribner, $1.12.

"A manual for grade teachers, mothers and settlement workers. Contents:—A talk about the materials used. Some uses for cord and string. A few suggestions for raffia. Coarse sewing. Paper cutting and folding. Some stories in clay. Weaving. Bead work. How to furnish a doll's house. Simple upholstery for home use. Crocheting and knitting. Some special work for boys. How to use nature's materials.

Sanford, Frank G.—Art crafts for beginners. Century, $1.75.

Contents:—Design. Thin wood-working. Pyrography. Sheet metal work. Leatherwork. Bookbinding. Simple pottery. Basketry. Beadwork. Fully illustrated.

Taylor, Stewart—Clay modeling for schools. Pitman and Sons, $1.50.

Walker, L.—Varied occupations in weaving, and cane and straw work. Macmillan, $1.40.

Walker, L.—Varied occupations in string work. Macmillan, $1.40.

White, Mary—How to do bead work. Doubleday, $1.50.

"'Clear and simple directions for making bead chains, belts, bags, purses, candle-shades and other fancy articles."

White, Mary—How to make baskets. Doubleday, $1.50.

"A practical guide, giving descriptions of materials and tools, and detailed directions for the different kinds of weaving. Includes a chapter on 'What the basket means to the Indian,' by Neltje Blanchan. Many illustrations, particularly of fine specimens of Indian work."

Dank, M. C.—Toy-making for handicapped children. *Manual Training Magazine,* December, 1921.

Tells what handicapped children have made following models designed by the instructor.

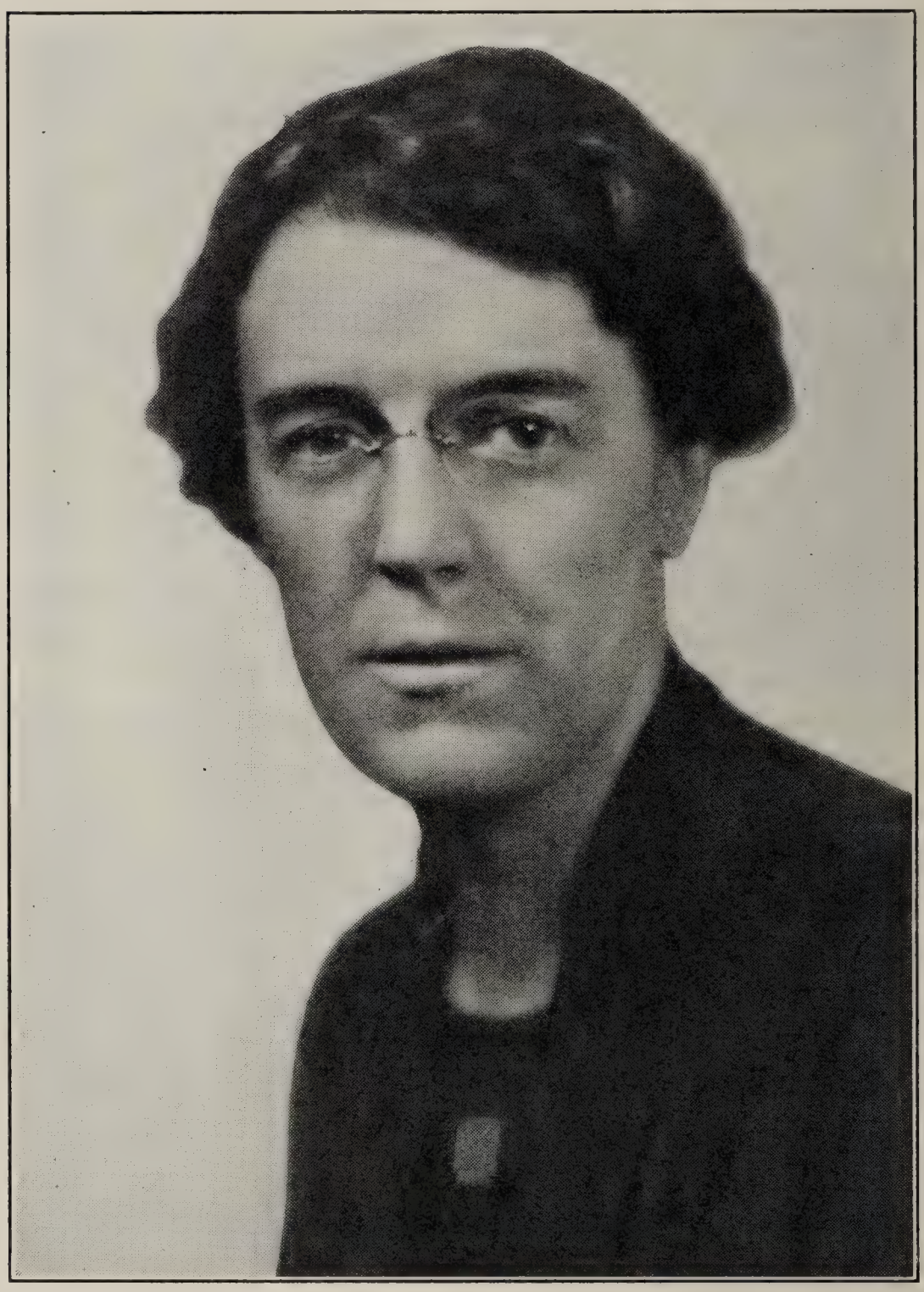
DRAWING

Lutz, Edwin George—What to draw and how to draw it. Dodd, $1.50.

"Simple and suggestive diagrams showing how to draw various birds and animals, a house and barn, a tent, pagoda, lighthouse, etc."

Lutz, E. G.—Drawing made easy. Scribner, $1.35.

WHO'S WHO IN THE NURSING WORLD



XX. EDNA L. FOLEY, B.L., R.N.

BIRTHPLACE: Hartford, Conn. PARENTAGE: Irish-American. PRELIMINARY EDUCATION: Grammar and high school, Hartford, Conn.; class of 1901, Smith College, Northampton, Mass. PROFESSIONAL EDUCATION: Class of 1904, Hartford Hospital, Hartford, Conn.; Postgraduate work in the School for Social Workers, Boston, 1908. POSITIONS HELD: Head nurse, Hartford Hospital, one year; Chief Nurse, Children's Hospital, Albany, N. Y.; one year; Night Supervisor, Children's Hospital, Boston, one year; Municipal Tuberculosis Visiting Nurse, Boston, two years; Superintendent, Municipal Tuberculosis Nurses, Chicago, three years; Superintendent Visiting Nurse Association, Chicago, since 1912; member of the American Red Cross, Tuberculosis Commission to Italy, 1919-20. OFFICES HELD: President First District Association, Chicago, 1918; vice-president, acting president, and president, National Organization for Public Health Nurses. AUTHOR OF: "Visiting Nurse Manual." Interested in activities of the Episcopal Church. PRESENT ADDRESS: 104 South Michigan Avenue, Chicago, Illinois.

EDITORIALS

Nursing and Nursing Education in the United States

AS our pages are closing we find on our desk, "Nursing and Nursing Education in the United States." This is the report of the Committee for the Study of Nursing Education, of which Dr. C. E. A. Winslow was chairman, and the report of a Survey by Josephine Goldmark. The Committee Report, which occupies the first thirty of the almost six hundred pages of the book, has already been widely circulated through the *Journal,* the *Modern Hospital* and other magazines, and thousands of reprints have been distributed from National Headquarters. Miss Goldmark's final report has long been eagerly awaited as it presents the actual studies of nurses in action in the various fields upon which the conclusions of the Committee were based.

As one would naturally expect of any product of Miss Goldmark's hand and brain, the book is most excellently organized. Sub-headings and graphs are genuinely illuminating. The many, many problems incident to the education of the nurse, in order to prepare her adequately to meet the responsibilities of her calling, have been subjected to minute and painstaking analysis.

Says Miss Goldmark in her Introduction:

> This study of nurses and their training in the United States thus could not be a pure study in education or vocational training. For owing to the position of nursing in the world of education, as one of the few professions still actually in the stage of apprenticeship, the writer has of necessity been confronted at every turn by the genuine claims of service often in conflict with education. For a two-fold reason the education of the nurse presents practical problems of the utmost delicacy and difficulty. It has shared, namely, with the continuous processes in industry, the problem of meeting a 24-hour service of seven days each week; while in rendering this service to the sick and helpless it has had responsibilities more solemn than any known to industry, shared only by the medical profession.
>
> Whatever the future of the school of nursing,—and the history of vocational education gives promise of the final evolution of apprenticeship into an ordered educational system—the persistence of apprenticeship today must be reckoned with in any study of nursing as a highly influential if not still determining factor. Until the general public by taxation for public institutions, by endowments and gifts for those privately supported, makes the hospital independent of the school for its permanent nursing staff, the hospital must continue its paradoxical attempt to maintain a school without means; the school in its turn must remain, in part, at least, crippled by work in excess of any possible educational programme.
>
> We have dwelt, in the following report, on the fatal error on the part of both hospitals and schools, of generally accepting as inherent and final the existing relationship between the two, and of having failed as yet even to give public expression to the inevitable consequences. To make clear this fundamental fallacy in the relationship of hospital and training school is in a sense the center and focus of our study.

Nurses everywhere are urged to give the book most careful study and to secure its thoughtful reading by hospital superintendents, members of boards of trustees and training school committees, educators, publicists, philanthropists and all who should be, whether they now are or not, interested in the nurse as an individual or as the means of providing a needed social service. Following the discussion of

"The Dilemma of the Training School Superintendent," who has been torn between the right of patients to be nursed and of students to be educated, we find the following:

> If the superintendents of nurses are to be criticised in this connection, it is not so much for what they have perforce done, as for what they have left undone. They are subject to criticism for their failure to make articulate and bring home to others the impossible nature of their task, the irreconciliable conflict in the schools.

This report of the Survey, made by a woman not a nurse, one who is widely credited with a scientific mind—a mind "with malice toward none," is designed for the particular purpose of helping nurses to overcome this sin of omission.

State Registration

WHAT is the use of State Registration? Of what profit will an "R.N." be to me? These questions are hardy perennials asked, and rightly, by successive classes of nurses. Despite apathy and misunderstanding, those who employ nurses are learning to apply the test, "Are you a registered nurse?" It is the primary indication that a woman has made a definite effort to prepare for the care of the seriously sick and for becoming a health teacher and that she has met the minimum standards of her state. No school is justified in a feeling of complacence because it has barely met state requirements, for they are always minimum. No nurse should be content to register and then consider her education for the care of the seriously ill completed. To the graduate nurse we are tempted to say that the title R.N. is worth what you may chose to make it. It can never connote, in terms of safety and comfort of patients, all that our more thoughtful nurses would have it stand for, until all accept their individual responsibility in the matter. Just as a school should take pride in doing for its students more than the state demands, so should the registered nurse take pride in far exceeding the minimum demands made upon her. Every registered nurse should feel herself responsible for the good repute of the "R.N." In addition to keeping her own standard of achievement and conduct high, she should lend her forceful support to all dignified means for maintaining its integrity,—even to the distasteful task of reporting to responsible authorities infractions of the law.

It is all very well for us to say, as we do in moments of discouragement, that there is no use in attempting to maintain standards when we are unable to secure strong legislative support. If we really lived up to our obligations in the matter of making the "R.N." both favorably and generally known, through the character of the service rendered, we should have less difficulty with legislators who believe we are looking for privilege for ourselves rather than for a means of estimating the degree to which, in cases of serious illness or great responsibility to be borne, it is safe to trust the bearer of the title.

It is just twenty years since the legislatures of North Carolina, New Jersey, New York, and Virginia, in the order named, passed our first registration acts. Today there are forty-seven such statutes, seven of which, at least, make some provision for the registration or licensing of attendants. These laws are far from uniform. The provisions of some of them are pathetically weak and the

administrative machinery of most of them is inadequate.

Where then is the achievement? Those women animated by the flame of heroic purpose who have struggled to obtain the laws can best answer the question. Only the women who have sacrificed their own feelings to appear before legislative committees, who have given up hours of needed leisure, and who have worked in season and out, can really evaluate the effort expended. Something has been accomplished in influencing public opinion, in overcoming the inertia of indifference to nursing standards that for so long characterized those not in immediate need of nursing service. More, very much more, could stand to our credit if every registered nurse really accepted the obligations that go with the title, to make the "R.N." a known and an honored symbol.

Despite the fact that we still have very many schools that are schools in name only, inasmuch as they are operated for the advantage of the hospital rather than to prepare nurses for future service in their communities, the students and graduates of today owe a vast debt to state registration. One must look back to pre-registration days to realize how great the change has been. Organized courses, even though all too frequently inadequate, are now the rule rather than the exception. More and more schools are accepting the eight hour day. The housing of students has undergone a marked improvement.

Says James Harvey Robinson, "We have absolutely inexhaustible capacities for appropriating what others do for us without thought of a 'thank you.' We do not feel called upon to make any least contribution to the merry game ourselves. Indeed, we are usually quite unaware that a game is being played at all." [1]

So it is with those who have entered the profession after registration has been established. It is easy to disparage. It is difficult to evaluate what has already been accomplished. The least optimistic will concede that a basis has been established on which we may safely build. The public requires more service than registered nurses alone can give. Only by legislative action can they have a sound basis for comparison of the various groups in the field. Nurses must put forth every effort to make the "R.N." recognized and understood as the symbol of preparation for the care of the acutely sick. They should seize every opportunity for adding to their own professional equipment. They must continue their efforts to strengthen the laws,—not for the sake of the standards, but for the sake of the efficiency which standardization brings, and for the protection of the patients who must be given a sound basis for judgment in their choice of nurses.

Legislation alone cannot bring to our schools a full sense of self realization as schools. When our schools have been graded, much as medical schools and hospitals have been graded, and when we have uniform registration acts, by means of which the various groups can be given suitable titles based on their known preparation we shall be able more nearly to approximate our ideal. The achievements of twenty years are infinitely less than the pioneers in secur-

---

[1] "Mind in the Making," page 57.

ing nursing legislation hoped, none the less we have moved forward as rapidly as our own limitations and an inert public would permit. State registration is now one of the pillars upon which our professional structure rests. It behooves every nurse to make the most of it instead of supinely taking advantage of it.

Our Objective

WHEN all our schools can keep in view, persistently and consistently, the real objective of *schools* for nurses, we shall have less criticism of nurses. The objective of a school for nurses is not the care of the patients of a particular institution. The care of the patients is the responsibility of the nursing service of the hospital which may include, but which should certainly extend beyond, the service of students. The true objective of schools for nurses should be to give a basic preparation to young women for the many types of nursing and health service which our communities demand of graduate nurses. The schools make a tremendous contribution to the nursing of our hospitals. This fact has loomed so large and has proved so profitable when educational needs have been neglected, as to sadly obscure the larger vision, in many instances.

Many are the adjustments being made to meet the growing needs. Many, many more will be necessary before large numbers of our schools are really worthy of the name of schools. The problem is economic and social as well as professional and educational, but our class rooms are beginning to reflect the larger vision.

Some of the straws which show which way the wind is blowing are very interesting. For example, an instructor in certain preliminary courses has her students clip items relating to sickness and health from the daily papers. Each morning fifteen minutes is spent in discussing the problems presented. Almost from the day of admission, therefore, these students are taught to think of their class and laboratory work in its relation to the patients in the community, as well as to those in the hospital. This instructor has been a teacher and a public health nurse. When asked which activity she enjoyed more, she replied that she could make no distinction inasmuch as public health nursing is largely teaching, and teaching nurses is barren if it does not have for its objective an improved public health. It is an opinion that should give pause to those administrators who still see in the student only a means of meeting the institutional needs of the moment.

The Joy of Giving

IT it really the joy of giving that makes nursing so worth while. Nurses' lives are made up of opportunities for giving of knowledge and of skill. Nurses are generous of time, of effort, of money. They are much more generous with patients than is generally believed, for such things are naturally not matters for general discussion. Growing contributions for the relief of our almost starving Russian and German sisters are evidence of the habitual response of American nurses to specific appeals for help.

The contributions to the American Nurses' Association totalling almost $200,000 as listed by Agnes G. Deans in our last issue are an indication of

unselfish giving. The gift of $1,000 to National Nursing Headquarters by the Illinois State Association and reported in the same Journal, is an example of unusually generous and coöperative action. Nurses are all women of limited incomes. No matter how generously inclined, they must sharply limit their financial outlay, but it has not been our observation that they look for returns other than satisfaction in results accomplished. Much of their giving, however, is a sound investment yielding large and increasing returns by adding to our educational and other resources. The Delano Memorial will really be a tribute to all who serve. The Bordeaux School, through the service of its graduates, gives added lustre to the name American Nurse, already highly honored in France. Funds used for scholarships and loans return an hundred fold because any advance in knowledge raises the general level of professional achievement.

The Illinois nurses may feel that they have given to a remote cause but they have given wholeheartedly. More and more clearly do we perceive the value of the coördination of the work of our National Organizations that is now possible. More and more are our Headquarters becoming a clearing house for professional problems. It is an expression to the world at large of the magnitude of our effort. Illinois nurses will find that the investment of moneys and of good will returns dividends of increased coördination, coöperation and so of professional advancement, just as surely as the nurse who gives more rather than a little less than the service demanded reaps a reward in the esteem and friendship of her patients. Truly, there is joy in giving and the returns are multiplied many times by the selflessness of the gift.

Simple Courtesy

THE work of the Placement Bureau at National Headquarters to be effective must be carried on a genuinely coöperative basis. It is being seriously hampered by the failure of some nurses to live up to the rules of ordinary courtesy. Names are placed on file for the various types of positions. Hospitals desiring nurses are given the addresses of those nurses whose qualifications seem to fill the requirements of the positions offered and the hospitals communicate directly with the nurses. Under any and all circumstances, such letters are worthy of a reply. Even though a position may seem wholly undesirable to the applicant, she should make her decision known. An amazing number of nurses ignore the rule of etiquette that demands a reply to a letter, just as a personal greeting calls for a spontaneous reply.

Most of the positions are accepted, but again there is lack of courtesy. All too frequently both hospital and nurse fail to report that an agreement has been reached and the position filled. Records have to be checked back and letters sent out to ascertain the facts. This is all very unbusinesslike, it is time consuming and inefficient.

Nurses want positions. Hospitals want nurses. The Placement Bureau is prepared to make the desired contacts. It can serve both groups more effectively if all concerned recognize their responsibility and, although busy, take time to be courteous.

Types

THE supervisor of a public health nursing service says that two nurses who confess to having been born "before 1875" form the very backbone of their service. Both served long years as private duty nurses. They are so firmly established in the esteem of those they have served, that ex-patients still keep their telephone numbers, in order that they may readily obtain advice when the health of John, or James, or Mary—born five or ten or fifteen years ago—gives cause for anxiety.

Not long since, a patient to whom one of these nurses had been making prenatal visits had premonitory symptoms in the evening. The husband, reporting the fact, asked for the nurse who had been advising the prospective mother. He was told she was off duty and furthermore that she lived a long distance from the Center, but that the nurse on call would go at once. With calm certainty he replied, "That may be, but I know Miss C. will come to my wife if you will let me send for her. I know there is time, for she told us just how it would all happen."

The complete faith of the young parents was justified, just as the faith of the patients of long ago has stood the test of years. The nurse willingly answered the call to the case although she was not really responsible that night.

Contrast that picture with that of the young nurse called to a home where two old ladies were mildly ill with "flu." To quote the supervisor in this instance, "They were lying in their beds as harmless as doves," and requiring little care. Influenza and pneumonia were raging in the community. Nurses were at a premium. Although her duties were far from arduous, the nurse demanded that a second one be called, in order that she might have time off duty away from the house. To her credit be it said that she proved open to conviction on the subject of relaxation in the home, instead of away from it, when a real emergency existed.

Are these extreme instances? Perhaps they are, but these decisions are typical of those that nurses are constantly making and by which they, and the whole profession, are judged.

The older woman had learned, as Herbert Hoover has so well said, that "when we rehearse our own individual memories of success, we find that none gives us such comfort as memory of service given." The young nurse has that lesson still to learn. She will be neither a wholly efficient nor yet a happy nurse if she fails to grasp its meaning.

"The problem of education is twofold; first to know and then to utter. Every one who lives any semblance of an inner life thinks more nobly and profoundly than he speaks; and the best teachers can impart only broken images of the truth which they perceive. Speech which goes from one to the other between two natures and, what is worse, between two experiences, is doubly relative. The speaker buries his meaning; it is for the hearer to dig it up again; and all speech, written or spoken, is in a dead language until it finds a willing and prepared hearer."—*Robert Louis Stevenson.*

DEPARTMENT OF NURSING EDUCATION

LAURA R. LOGAN, R.N., DEPARTMENT EDITOR

TEACHING AND SUPERVISION OF NURSING EDUCATION

BY PHOEBE M. KANDEL, R.N.

"Theory and practice always act upon each other; one can see from their works what men's opinions are; and from their opinions predict what they will do."—*Goethe.*

THE object of this paper is to determine whether teachings and supervision of nursing practice are one and the same thing.

The old definition of teaching was solely the "imparting of knowledge," and that of supervision "to oversee." It will be observed at once how inadequate these two definitions are compared with our present concepts of teaching and supervision. To quote from Professor Bonser's Elementary School Curriculum,

> The more immediate purpose of instruction must be to impart the knowledge and power, and form habits that determine a well ordered daily life.

And again,

> The instructor must be careful to inculcate good habits and emphasize the appreciation of relative values. Supervision in its proper educational sense covers all that has been taught in the class room, both concerning principles and methods; it is the supplementing of class room instruction by critical and helpful observation at the time when the student is actually doing the thing she has been taught.

Whether the science and art of education is taught in a School of Household Arts or in a School of Engineering or in any other technical school the theory and practice is given by a teaching personnel who are specialists in their particular subjects. In order that there be a common purpose in the interpretation of the curriculum and that the students derive the greatest benefit, it is well that each instructor have some appreciation of the programme as a whole. This should assure better coördination and more frequent application.

Whenever a direct application can be made that will fix a fact in the memory and establish association paths, it should be done. For example, if a class of student nurses have included in their chemistry experiments the precipitation of proteins by salts of heavy metals, and if they actually combine a protein solution, such as egg-white, with a solution of bichloride of mercury, they will instantly see that a heavy protein precipitate forms. If the teacher is acquainted with the actual treatment given a patient suffering from bichloride poisoning in the early stage, the class will be told that it will not be possible to remove a heavy precipitate easily through a stomach tube without first putting the precipitate in a form to facilitate the expediency of the treatment. A demonstration showing a closer union of the precipitate by the action of sodium bicarbonate would illustrate the principle used in an allied subject, in this case to a medical treatment in which the nurse takes an active part. While the instructor conducts the laboratory work in these experiments, the student will learn the relative values of other heavy salts with various protein solutions.

How does the nurse teacher function in teaching and supervision? It is not uncommon to see in some announcements of schools of nursing, titles of Theoretical and Practical Instructors.

Neither is it uncommon to hear that "the teaching of theory is given by Miss "A"; the supervision is done by Miss "B." How has the idea arisen that teaching and supervision, or theory and practice, are two separate and distinct phases of the nursing programme? It is not possible to understand how one can function without the other. For example, whenever a lesson is given on counterirritants, the teacher must know, (if she is to conduct a satisfactory class) why counterirritants are applied; secondly, how substances may be combined so that their qualities will not be destroyed; and thirdly, the methods by which counterirritants are applied. Technic is the method by which nursing practice is done; theory relates to the reason why. Without knowing the wherefore of a nursing procedure the student might be responsible for some very grave errors. The reasons given by the teacher will include many of the underlying principles, put into application not only in the various departments of the hospital but also in the home. Are not theory and practice combined in all of these illustrations? If the teacher asks a student to demonstrate to her the treatment she has been taught either in the ward or in the class-room, are not teaching and supervision again closely related?

To get the best teaching supervision there must exist the spirit of coöperation between supervisors, teachers, head nurses, and the student nurse group. Does this spirit of coöperation always exist? From observations and inquiries made personally the answer would be, it does not. The one factor which largely determines the extent of coöperation is the personality of the supervisors. Grace Alice Day, author of Some Principles Underlying Effective Supervision, says

> The supervisor must establish a friendly relation between herself and the supervised and a democratic spirit as well as experience as a teacher must exist, in order to establish a feeling of confidence.

And again,

> The authority a supervisor clothes herself with is not always conducive to meeting on common ground on which to do their best work.

Too often nurse teachers are clothed with the militaristic bearing to such an extent that a common meeting ground between teacher and students never becomes established. Then, too, as in other professions there are teachers and supervisors who are not adequately prepared to teach. Recognizing their weaknesses they veil themselves with an unapproachable air and in their effort to make an impression, offer harsh criticisms and reprimands leaving the student no better prepared to execute the task she set out to do than before the destructive criticism was made. This is neither teaching nor supervising. Such an attitude is not conducive to recruiting students either through the graduate or the student body.

With the gradual preparation of more instructors, who may or may not serve in the capacity as both teacher and supervisor, in that proportion will we have a reciprocative graduate and student nurse group? A balance of firmness, patience, sympathy, and courtesy is the quality to be looked for in the personality of the nurse teacher and supervisor. To quote Miss Day again concerning constructive criticism,

> The teacher or supervisor not only tells wherein the work is poor, but actually shows the student how to do it.

The source of the following is unknown; it is used to strengthen Miss Day's statement.

Teaching by example is more effective than teaching by precept. We learn to do not by knowing alone, but by knowing and doing.

In the nursing profession as well as the teaching profession we meet with young women who have entered upon teaching or nursing not knowing what else to do. It is not from this group, as a usual thing, that our teachers and nurses come who manifest real interest in the development of the profession they have entered upon. Not infrequently do we find that those who enter the schools of nursing and graduate feel they should be given positions of authority and responsibility without taking some of the intermediate steps that will secure for them the higher position by virtue of step by step preparation. If a school is unable to retain its best graduates whom it considers especially capable as head nurses, then the uninterested group is drawn from. Consequently headnurseships are granted to nurses who lack the true spirit of nursing and teaching,—the first handicap to the growth of the school. Fortunate for the schools of nursing when we get over the span of time that appears to have been used by some head nurses and assistants in serving as guards rather than as teachers and nurses. Effie J. Taylor, formerly of Johns Hopkins Hospital, says, "Too many graduates feel that when they go in white they must keep the uniform spick and span." No teacher or supervisor of nurses can keep herself spotless if she actively participates in the subject she is teaching, no matter in what capacity she is teaching and supervising.

What constitutes the preparation of the young graduate for the position of teacher or supervisor? A headnurseship is an excellent start. In this capacity she could be carefully guided by the upper members of the faculty of the school. It is they who should remember that they are contributing to the growth, the strength, and firmness of the foundation of her preparation in proportion to the care with which the first blocks of knowledge are laid. To the principal or director falls the first responsibility of acquainting and stimulating the young head nurse with her duties. Then come conferences between supervisor and head nurse, and with other members of the teaching staff and other head nurses, out of which the problems of teaching, supervision, and ward housekeeping become better systematized and administered. Group conferences for the mutual exchange of ideas and reports of new treatments help to develop a unity of interest as well as a spirit of enthusiasm among the entire teaching personnel. One ward is an integral part of a whole system of wards and the head nurse of each ward must be prepared to see the relationship of one ward with another in its scheme of instruction for the student group. Given wise council, a head nurse will better appreciate the important part she plays in the education of the student body as they are assigned to her particular ward for clinical experience. It is no small thing to be a successful head nurse. To her is carried all of the little details of the ward. In addition she must be a veritable information bureau ready to answer any number of questions from physicians regarding patients as well as to direct her nursing personnel, maids, porters,

and orderlies. To assist the head nurse, both in her administrative and teaching duties, the teacher-supervisor is very generally being introduced. In some instances the teacher-supervisor is responsible for two pavilions representing four or more wards, but all one service, for example, either pediatric or surgical. Then again a mixed service may be assigned depending upon the size of the hospital and number of patients.

After a head nurse has successfully demonstrated her ability to manage a ward, she may express a desire for promotion, or the principal, recognizing special teaching and supervising ability, may advance her to such position. If this person shows a natural aptitude for teaching, it is necessary that she first acquire a thorough knowledge of the subject she is to teach as well as the fundamental principles of education. Specialization should not be stressed too much, yet the individual, for example, who teaches Pediatric Nursing, should be thoroughly prepared to teach that subject, and at the same time possess considerable information about other forms of nursing so that she can adapt herself quickly in times of emergencies.

This is an age when everyone who desires to render expert professional service should make the effort to acquire the fundamental principles of education offered in the many colleges and universities. It is something within the reach of all who really wish to grow, if only the personal effort is made to get it.

Dr. Lyman Abbot said, a few years ago, in an address, "A leader accomplishes most of his best work through individual and very personal contacts." The position of head nurse, teacher, or supervisor offers great opportunities of service through interests in individuals and personal contacts. Without these, little can be achieved in any form of education.

THE PROBLEM OF THE BACKWARD STUDENT[1]

By Lauretta I. Morrisey

THE problem of the backward student is as old as the history of education. It has always been deplored. It is peculiar to no time nor locality. All persons who have endeavored to help a people to emerge from the commonplace to a level of achievement, have known this problem. The educational systems of the past, and to a large degree, of the present, have been built around and greatly influenced by the possibilities of the less capable. In fact, the desire to raise the student of meager intelligence to the intellectual status of the more capable has been so great that little thought has been given to offering opportunity to the student of superior ability to advance at a rate and to a degree commensurate with his abilities.

We are all too familiar with the class room exercise where by far the greatest amount of time and energy are given to an endeavor to assist the backward student to assimilate and appreciate subject matter for which he has neither capacity nor interest; while in the meantime, the

[1] Paper read at the convention in Seattle, June, 1922.

time of the capable student is wasted, his interest dissipated, and ample opportunity offered for the formation of habits of lack of concentration and deficiency in the power of attention, the two chief elements in the development of ordered and vivid intelligence. It is conceded by psychologists that the supreme necessity in any effort is to proceed straight ahead without allowing any diversion of attention.

The great obstacle to clearsightedness in intellectual processes has been the complete absence, until recent years, of the scientific spirit in psychology.

The essential idea that in psychology there are laws that are sure and inevitable in effect as in mechanics had not penetrated the minds of educators. The result has been that mere routine has prevailed because there was no coherent body of observations and experiments in the field of psychological effort. We have simply done what we have seen others do. We now know that the art of learning is the art of obeying the laws of mind and body. And so we find the educators of today seriously inquiring into the reaction of students to methods of instruction, and formulating from experiments and observations plans for grading, and methods of presentation which shall be in accord with the mental capacity and personal equipment of the student. Many schemes and plans have been devised. They differ markedly in detail, but all have for their basis the endeavor to measure the nature and speed of the student's reaction to environment. They aim to analyze and measure the status or the efficiency of traits and capacities in the individual. It is a study of mental performance rather than mental content. The various devices or means used are known as mental or intelligence tests and their application is most varied and extensive. Each day we hear of some new form and use. They are not confined as originally conceived to the professional field, but have spread to the business and industrial fields as well. Not only are the universities and colleges using them in determining entrance requirements, but business concerns are employing them in the selection of administrative and clerical officers, and industry is using them in placing men with a view to greater efficiency in operation. It is of interest to trace the development of these tests.

We find that they are by no means new and recent ideas, in fact they have a historical background of considerable range. We find mention of them as early as the thirteenth and fourteenth centuries where use was made of them in determining the degree to which a criminal was responsible for his crime. In one case a criminal was pardoned because he had only the mental age of a child of ten, and was therefore no more responsible than a child for his acts.

With the development of the science of psychology the consciousness of intellectual differences increased, and the men who had the vision of what this might mean to education, endeavored at different times to enlist the interest of the authorities but with meager success. It is interesting to note that the vision did not perish, and it is of particular interest to hospital authorities to learn that the earliest record of educational measurements is the Scale Book, compiled in 1864 by the Rev. George Fisher of Greenwich Hospital, England. This book contains the grade given

for each degree of proficiency in the subjects of examination, spelling, mathematics, history, and so on, the different specimens being rated from 1-5 in excellence. The book, however, had little influence in the educational standards of the times. In 1801 Fecher, a worker in experimental psychology, organized methods for the measurement of mental capacity which received favorable attention. In 1890 the United States, Germany, France, began to consider the value of such measurements. In 1905, Binet, a French psychologist who was working upon problems of individual psychology brought out his first set of tests. In 1908, a second set appeared. Binet was the first to utilize standards in measurements of intelligence. This discovery was, from a practical point of view, the most important in all the history of psychology.

To understand the present stage in the development of the intelligence tests, the Army tests and the Binet-Simon Scale, it is necessary to take up some of the various individual elements from which they have been synthesized. These are listed in the Manual of Mental and Physical Tests by Whipple. Among the tests listed in this book are those for attention and perception; for description and report; for association; for learning and memory; for imagination and invention; for intellectual equipment. The Binet-Simon test drew largely from this series in its general arrangement.

No record of psychological research would be complete without mention of E. L. Thorndyke who first arranged statistical records which have been of greatest value.

While the general worth of the mental tests was quite generally accepted from the standpoint of theoretical value, no practical application was made until the outbreak of the World War. At that time when there was so much work that required definite and specialized ability, and when thousands of men from all walks of life were clamoring for service, and where time and efficiency were such important factors, the selection of the right man for the right place was most important. The task proved to be of such difficulty and of such great proportions that in desperation the authorities turned to what they had considered the last resort, the methods of the impractical, theoretical psychologists. To them they said, "If there be any merit of reason in your dreaming and theories, here is an opportunity to demonstrate their practical application. Show us, if you can, how we may select from among these thousands, the men who will make the best pilots, mechanics, truck drivers, and officers of various rank." This the psychologists agreed to do and straightway set about arranging committees, but even then the Army authorities were skeptical, for they insisted upon having as members of the committees, men from other professions and occupations, lawyers, business men, engineers, to act as ballast. The tests arranged were so successful and demonstrated so thoroughly their reliability and worth, that they were put into general use in classifying the men according to their general intelligence. A number of different forms are now available. The most elaborately devised series is that known as the National Intelligence Tests, prepared in 1920 under the direction of the National Research Council.

It is interesting to note the gradual spread of this form of rating in educational systems and institutions, and to observe the reaction of educators to it. Many expect too much and others have no confidence in it. To those who have imagination and the scientific type of mind which gives hope and patience with experiment it is like radium or wireless, full of possibilities and functioning wonderfully considering the amount of knowledge of it available at present.

In giving so much attention to the subject of mental testing it might seem that I had lost sight of the original question, the problem of the backward student. But I have not lost sight of the problem, for all that I have said of the history, development, and application of intelligence testing is, in a measure, my answer. I believe it will be the answer to the administrator's problem of this student, and also the student's problem of himself.

The term "backward student" is very general in its application. It is used in describing the mental ability of students with a mental age of seven to twelve; the mentally retarded, the result of physical disability caused by adenoids, diseased tonsils, or defective vision; or physiological disability, mal-nutrition, and endocrinic disturbances. It is also applied to the student whose environment, and educational advantages have been meager; and to the slow thinker, who makes associations more slowly than the average, but who is able to form sharp and clear concepts if given enough time. I believe that by the skillful use of physical and mental tests we shall be able to place such a student where he may develop to the utmost the capacities and abilities he possesses, by paths of instruction especially designed to meet his needs. By so doing, groups of homogeneous ability and intelligence level will be formed, and the time, energy, and effort of all concerned will be conserved.

There is still another group of students, of greater intelligence and higher intellectual organization, the grading and placing of whom is of great complexity. They are found among the backward group because of a lack of the two-fold instrument of intellectual development, will power and work, lack of concentration, and general irresponsibility. A mental test enables us to say to such a student that she is lacking in application, that she is capable of doing better, that her failures are entirely without justification, that she is willfully wasting both time and money.

In the selection of applicants for entrance to schools of nursing education, I believe such tests would be most valuable. Under the present systems of training, the theoretical work is most intensive, and technical, and the practical work, detailed and exhaustive, while the cost to the institution is entirely disproportionate to the student services rendered. Here, as in the Army, it is necessary to know clearly and definitely what may be expected from each student. The student who, because of lack of ability, drops training after a few weeks' trial, or who is obliged to repeat work, is an economic loss in every sense of the word. The student whose physical and mental equipment renders her work so near to the limit of her endurance that she is worried, unhappy, and fatigued, is also a liability. The student who is capable, but who is not applying herself, is an economic loss for she acts

as a badly adjusted part, a needless interference to the smooth running of the hospital machinery.

Of course it is not possible to get a group that, taken as a whole, will represent homogeneous ability. Such conditions are not of this earth. But by being able to judge somewhat of possibilities and probabilities, the administrative office is able to eliminate, at the start, the impossible, to arrange the classes in number and personnel, so that students who need more attention and encouragement may be classed in fewer numbers than those capable of going ahead on their own initiative and power.

I believe the determined and ever increasing demand by hospital authorities for a higher grade of scholarship in their applicants, and a constant raising of the character of hospital instruction will do much to solve their backward student problem. It is a well known fact that many students of very limited intelligence are able to complete the eighth grade by substituting memory for intelligence. On entering the high school they find that memory is not sufficient, and that judgment and reason must be used. Thus through the natural process of elimination they fail in high school and therefore have not the entrance requirements for hospital training.

In closing I would add one more reason for the proper consideration of the problem of the backward student; and that is the right of the individual to find pleasure in his work, and there can be no pleasure when one is outside his sphere of endeavor. Jules Payot in his book Will Power and Work, in speaking of the influence of pleasure, says:

> Any system of education which casts aside all emotional appeal is doomed to failure. Pleasure might be denominated the song of triumph of the human organism. It indicates the proper working of a machine under high pressure. It is a consciousness of a superabundance of energy. Under its influence one accomplishes much with little conscious effort, and this you must agree is the most desirable condition in any work.

SUMMER SCHOOLS OR INSTITUTES

California: Course for Administrators and Instructors, June 18-July 25. Faculty,—Ray Lyman Wilbur, M.D.; Carolyn E. Gray, B.S., A.M., R.N.; Sarah G. White, B.S., R.N.; Mary R. Walsh, R.N. Make application to Registrar, Stanford University, Calif.

Illinois: Chicago.—Institute for administrators and instructors, dates to be announced later. Lectures in the morning, field trips in the afternoon. Subjects,—Psychology, Principles of Teaching, Sociology. Visits to institutions with demonstrations. Faculty,—University professors for lectures, qualified nurses for demonstrations. Make application to Mary Cutler, 1750 Congress St., Chicago.

Iowa: Course for Executives and Instructors. June 11-July 20. Faculty,—Mary C. Wheeler, R.N., B.A.; Beulah Crawford, R.N., M.A.; Lola Lindsey, R.N., and University professors. Subjects,—Administration in Schools of Nursing, Teaching Nursing Principles and Methods, Organization of Nursing Subjects, Demonstrations of Nursing Procedures, Psychology. Elizabeth Bemis, B.S., Administrative Dietitian at the University Hospital of Iowa City, will give a course in Institutional Management. Make application to Josephine Creelman, R.N., Resident Director, University Hospital, University School of Nursing, Iowa City, Iowa.

Michigan: Detroit.—Two postgraduate courses, four months in length, one in surgical

technic, one in the administration of anesthesia. Students receive board but are expected to defray other expenses. A fee charged for each course. Apply to Superintendent of Nurses, Farrand Training School, Detroit.

New York: Teachers College, Columbia University. Regular summer courses for administrators and instructors. Apply to the Registrar, Teachers College, New York.

New York: Oswego. — Health Education. July 12-August 10. Faculty,—Sarah C. Olmstead, R.N., B.S.; Richard K. Piez, Pd.D.; Charlotte Walls, A.B. Bartha McChesney Mascot will be one of the lecturers. Subjects offered: School and Community Hygiene, Physical Education, Psychology, Field Work, Sociology, Personal Hygiene and Nutrition, Mental Hygiene. Apply to Director of Health Education, State Normal School, Oswego, N.Y.

Tennessee: Nashville.—Course for Instructors and Administrators, at George Peabody College. Six weeks, beginning June 11. Subjects,—Supervision in Hospitals and Schools of Nursing, Teaching in Schools of Nursing, courses in Chemistry, Biology, Psychology, and Principles of Teaching. Annie W. Goodrich will assist in the course for one week. The special instruction in supervision and teaching will be given by Susie A. Watson, A.B., R.N. Apply to Abbie Roberts, George Peabody College, Nashville, Tenn.

(A list of courses in Public Health Nursing will be found in the Department for Public Health Nursing.)

OUR CONTRIBUTORS

Adda Eldredge, R.N., is Director of the Bureau of Nursing Education, Wisconsin; and President of the American Nurses' Association. See Who's Who in the Nursing World, July, 1921.

Nina Simmonds, B.S., M.A., is Associate in Chemical Hygiene, School of Hygiene and Public Health, Johns Hopkins University, Baltimore. Miss Simmonds has been associated with Dr. E. V. McCollum for nearly eight years. She is a graduate of the Home Economics Department, University of Wisconsin, class of 1915.

Hazel Corbin, R.N., Assistant Director of the Maternity Center Association of New York, is a graduate of the Brooklyn Hospital School for Nurses. She has been actively engaged in maternity center work in Brooklyn and New York since graduation.

Louise Zabriskie, R.N., graduate of the New York Hospital School for Nurses, was night superintendent of the Lying-in Hospital of New York for three years. She has been a private nurse and has done district nursing for the Metropolitan Life Insurance Company. She is now assistant to the Director of the Maternity Center of New York.

E. Blanche Seyfert, R.N., a graduate of St. Joseph's Hospital Training School, Lancaster, Pa., and President of the alumnae association of her school is, at present, a supervisor with the Pennsylvania Department of Public Health, engaged in a survey of the work of midwives. Miss Seyfert has been an instructor of nurses, she was a member of the Navy Nurse Corps, for three years, and she has also studied X-ray work.

Dr. Richard Olding Beard of the University of Minnesota completes, in this issue of the *Journal,* his study of the Report on Nursing Education of the Rockefeller Foundation.

Effie M. Krusey, R.N., is a graduate of the South Side Hospital Training School, Pittsburgh, class of 1920. She was supervisor at the Columbia Hospital, Wilkinsburg, before taking her present position as college nurse at Pennsylvania State College.

Margaret S. Smylie, R.N., received her training as a nurse in England and became a "Queen's Nurse" in Ireland. She later took a major summer course in the New York School of Social Service. After holding executive positions in Pennsylvania and doing health teaching in New Jersey, she is now superintendent of the New Samaritan Hospital and Training School, Sioux City, Iowa.

Catherine Nichol is children's librarian, Ohio State Library, Columbus.

Phoebe M. Kandel, R.N., is working for her B.S. degree at Teachers College. She is a graduate of Lakeside Hospital, Cleveland, and has been for three years an instructor in School of Nursing, Cincinnati General Hospital. Miss Kandel has the distinction of being an Isabel Hampton Robb scholar.

Lauretta I. Morrisey is a graduate of Columbia University, New York. She is an instructor at Junior College, Grand Rapids, Mich.

Elizabeth Cole, A.B. (Mount Holyoke), is Assistant Publicity Secretary of the National Tuberculosis Association. She has been head of the English Department and Director of Plays at St. Margaret's School, Waterbury, Conn.

DEPARTMENT OF RED CROSS NURSING

CLARA D. NOYES, R.N., DEPARTMENT EDITOR
Director, Nursing Service, American Red Cross

NURSES NEEDED BY THE ARMY, NAVY AND U. S. VETERANS' BUREAU

ARMY—The Nursing Service of the American Red Cross has recently been notified by the Office of the Surgeon General of the Army, that nurses are needed at the following posts: San Antonio, Texas; El Paso, Texas; Fort Sam Houston, Texas; Denver, Colorado. As short appointments will be allowed, nurses will be required to pay their own traveling expenses. This will not be a hardship if the nurses in the immediate locality apply.

Nurses in other parts of the country, who have long felt an interest in Army nursing, but have not felt it possible to enroll for three years, may also be interested in this arrangement, and even though at some distance, may be willing to pay their transportation for the sake of the variety, experience, and opportunity for service to their country which is offered through this arrangement.

NAVY—The Navy is also in need of nurses. The corps at the present time consists of 493 nurses. It is very much desired to increase this to at least 525. Consequently, a recent request for twenty-five or thirty nurses has been filed with the Red Cross.

The Navy will also appoint nurses for a period of six months. The nurse in this case is expected to pay her transportation. Such appointments are confined to the Naval Hospitals at Philadelphia, New York and Chelsea, Mass. Local nurses may apply directly to these institutions. Nurses may also be appointed for one year as reserve members, or for as long as the emergency lasts. In this case the Navy pays the transportation. It is understood, however, that nurses will be assigned to the nearest Naval Hospital from the point where the application is made.

Interesting plans for the development of this service are under consideration. The nurse for the Navy should be a woman of some executive and teaching ability, as Navy nurses are entrusted with the preparation of the hospital corps men. It may interest the readers of the *Journal* to know that the Hospital Corps Training School at San Francisco, Calif., has become an Accredited School in that State, and that negotiations are now being made for the same recognition of the School at Norfolk, Va.

The Navy Department is planning to give its nurse instructors the summer Instructors' Course at Teachers College, Columbia University, New York, and also at the Stanford University, California. Laboratory nurses will be placed in every Naval Hospital, and excellent laboratory courses have been given, and are now in progress, at the Naval Medical School, Washington, D. C. A very complete and interesting Course in Dietetics is being arranged at Miss Farmer's School of Cookery, Boston, Mass., where eight Navy Nurses will specialize this spring. Plans are also being developed for the same type of course at the University of California. At the Naval Hospital, Washington, D. C., a fully equipped physiotherapy

department is being developed in which nurses may receive a course of instruction fitting them for these special departments. J. Beatrice Bowman, Superintendent of the Navy Nurse Corps, says:

> It is recognized that the Navy Nurse is a woman of high ideals, executive ability, an inborn sense of loyalty and one who takes the greatest interest in her work. Mere words cannot express the coöperation and loyal support manifested by the Corps, a welding of duty and principle that makes for staunch, true womanhood, and splendid results no matter what difficulties may arise. The Navy respects and appreciates its nurses to the fullest extent and feels them capable of important and far reaching things. We hope to draw to our lines more nurses who will come with a determination to help us build a better institution for the training of male nurses.

It is hoped that many Red Cross nurses will be attracted toward this duty. A word of explanation may be needed as to the utilization of Navy Nurses as dietitians. The nurse is recognized as an integral part of the Navy Department. The dietitian, if she enters this service, goes as a civilian employee, and not as a member of the Navy. For this reason the Navy deems it wiser to utilize nurses who have had special training for their work in dietetics.

Staff Nurses in both the Army and Navy are allowed seventy dollars a month, with maintenance. This is the lowest salary rate.

United States Veterans' Bureau—The United States Veterans' Bureau is also in need of nurses for the hospitals which it maintains for the care of ex-service men. Every effort is being made to increase the efficiency of this service. A special course of six weeks is now being given at St. Elizabeth's, Washington, D. C. in psychiatric work. This course consists of lectures by eminent psychiatrists, and practical experience in the wards of St. Elizabeth's. Thirty nurses have completed the course and thirty-four registered for March 5. A special course is also being given on tuberculosis at New Haven. A similar one was given some time ago at Oteen. The salary of the staff nurse is from $1680 to $1800 per year, minus $50 per month, which is deducted for maintenance.

Enrolled Red Cross nurses interested in any one of the above services may apply directly to the Red Cross, as in that case the Red Cross will refer their papers to the Departments concerned, although they may apply directly to the Superintendent of the Service in which they may be interested.

Status of Nursing Personnel in General Hospital Reserve Units

Shortly after the World War, the Red Cross was asked by the Surgeon General of the United States Army to reorganize and hold together the Base Hospitals, organized by the American Red Cross prior to the war. The plan has been changed somewhat and these are now being developed directly under the War Department. Red Cross nurses who may be approached locally and urged to join these units, or others who are not enrolled, will be interested in the ruling recently issued by the Surgeon General's Office which also affects dietitians:

> 1. The enrollment of nurses at the present time can be made as a provisional arrangement. Such an enrollment should be taken to mean that the nurses listed are considered available and eligible for service. At the present time such nurses must be enrolled in the American

Red Cross Nursing Service, on the active list of that organization.

2. The enrollment of dietitians also may be similarly arranged to indicate the availability and eligibility of the persons listed. Such dietitians also should be enrolled Red Cross dietitians to indicate their necessary professional standing.

Closing of American Red Cross Office at 44 East 23rd Street New York City

All roads used to lead to Rome, and to the majority of ex-service nurses or enrolled Red Cross nurses passing through New York, all roads seemed to lead to the Red Cross Nursing Office at 44 East 23rd Street, where Florence M. Johnson has welcomed them, advising, in some cases, encouraging in others, and occasionally admonishing, but always ready to supply the thousand and one needs that have seemed to exist. Nurses in general will be sorry to know that the familiar office is closed.

Miss Johnson is still with the Red Cross, however, and is now at 598 Madison Avenue, New York City, the headquarters of the New York County Chapter, and will be glad to have the nurses call upon her there.

Closing of American Red Cross Convalescent Home for Nurses at Bay Shore, Long Island

After careful consideration of all the circumstances surrounding the conduct of this institution as a Convalescent Home for Nurses, the American Red Cross has decided to discontinue this activity with the expiration of the present lease April 30, 1923.

The primary object of the Home, when it was opened in 1920, was to afford a place where ex-service nurses might find under suitable conditions an opportunity to regain their shattered strength and morale. Hundreds of war-worn nurses have been restored to health through the care received at this institution, while many others, including duty nurses from the Army, Navy, United States Public Health Service, as well as nurses engaged in other activities, have been admitted when room existed. Gradually the number of ex-service nurses has decreased and the time has arrived when it would appear that the original purpose for which the institution had been opened has practically been fulfilled. The Red Cross has therefore reached the conclusion that it is not advisable to maintain the institution for a longer period.

Nurses who have benefited by a stay at the Home under the efficient and tender care of Mabel W. Fletcher, the Director, will probably always remember with grateful appreciation the associations established there. Letters expressing gratitude for the privileges afforded by the institution and the help they have received have been received from hundreds of nurses. The good accomplished has indeed been "exceeding great," and the Red Cross appreciates its privilege in being able to render this type of assistance to nurses who have needed it, and regrets quite as much as does the individual nurse, the necessity for discontinuing this activity.

Appointment of a Medical Advisory Committee

The American Red Cross has recently appointed an Advisory Committee on Health, which includes the following members: Surgeon General Hugh S.

Cumming, Washington; Dr. Herman M. Biggs, New York; Dr. William H. Welch, Baltimore; Prof. C. E. A. Winslow, New Haven; Dr. Franklin H. Martin, Chicago; Dr. Thomas S. Cullen, Baltimore; Dr. John H. J. Upham, Columbus; Dr. George Morris Piersol, Philadelphia; Dr. Frederic B. Lund, Boston; Dr. Livingston Farrand, Ithaca. This Committee has held two meetings, and has submitted a report in which it "heartily approves" of the present health activities of the Red Cross; viz., the Courses in Home Hygiene and Care of the Sick; Nutritional Programme; First Aid; Life Saving; the health phases of the Junior Red Cross programme, such as the development of personal health habits; participation in a school health programme and in community health programmes; the enrollment of properly qualified nurses under the Division of Nursing Service; the development of public health nursing in rural and semi-rural districts; the development and the standardization of training of public health nurses through loans, scholarships, subsidies, and coöperation on a national scale with such organizations as the National Health Council, for the purpose of furthering the coördination of voluntary public health activities.

This Committee also recommends the appointment of a Director of Medical Activities of the American Red Cross "of such capacity, experience and reputation as to command the respect and coöperation of Public Health officials and of the medical profession throughout the country."

The American Red Cross has long felt the need of a Committee of this character, and believes that in the appointment of such an one, its work will be greatly strengthened.

THE DELANO MEMORIAL

The fund for the memorial is mounting daily. Committees are actively at work, and there is every reason to assume that the desired quota will be reached. Some of the most interesting responses have come from the schools. For example: Junior students of the St. Agnes School for Nurses, Fond-du-Lac, Wisconsin, have each contributed ten cents; Intermediate and Seniors fifteen cents; graduates fifty cents; and a male nurse gave one dollar. The good will and democracy of a plan like this would have been pleasing to Miss Delano. The memorial will be truly a memorial to a great souled woman because it will represent the contributions of the many rather than of the few—of the obscure as well as the prominent.

Occasional letters say that the writers are uninterested because many sincere and hard-working women, imbued with a purpose quite as lofty as that of Florence Nightingale or Miss Delano, have given to the utmost but lie in unknown graves. These writers have failed to grasp the deeper purpose of the Delano Memorial which is definitely that of placing in our capital city where all the world may view it, an expression of the spirit of service which animates American nurses and which was so beautifully examplified in the life and the service of Jane A. Delano.

DEPARTMENT OF PUBLIC HEALTH NURSING

A. M. Carr, R.N., Department Editor
National Organization for Public Health Nursing

"PLAYING" FOR HEALTH

By Elizabeth Cole, A.B.



Courtesy National Tuberculosis Association.

KING GOOD HEALTH AND HIS AIDS

In a pageant held at Washington, D. C., 500 Modern Health Crusaders brought the message of health to an audience of nearly 20,000 children and parents. This movement which is sponsored by the National Tuberculosis Association and its affiliated agencies, has enrolled nearly 6,000,000 boys and girls who perform daily health chores and thus protect themselves against tuberculosis germs. The Crusade is partly supported by funds raised in the annual Christmas Seal Sales.

Health plays personify all sorts of intangible attributes to hygiene such as Tidiness of Hair, Cleanliness of Teeth, and Ears. Above are three Modern Health Crusaders impersonating King Good Health and his aids.

WHY is it that so many grown-ups are afraid to let themselves go? We are inclined to speak of dramatic instinct as if it were quite a remarkable acquisition to a person's accomplishments, as if the layman must go out and search for this possession through reading articles, listening to lectures, or seeing dramas. We stand in awe of dramatic power; whereas, in reality, everyone is born with the love of acting. If you do not believe it just watch the children in a kindergarten happily singing and acting out "Here's a ball for

baby." Yet as these very children grow older they begin to hold in their emotions, they put a coat of armor about their spontaneity, "even as you and I." To be sure, we have to try so hard to fill our own shoes, as we grow older, that we have little time to try to fill somebody else's. Yet when one is able to jump into some role other than his own, then is he capable of broader sympathies and the world for him has an enlarged horizon.

Every year, the value of acting, of visualizing through living in a land of imagination, has been realized more and more by educators. A history lesson will remain in the memory if, for instance, the incident to be learned is that of John Smith and Pocohantas and the scene is acted out. The court scene in the "Merchant of Venice" will not soon be forgotten when parts are taken and the lines are given before the class by the respective pupils. There is no doubt but what "the play" has come into modern classrooms and it is here to stay.

A new use of the play, however, and one that is still just finding its way into the education of boys and girls, is in the field of health. The worth of producing health plays to enforce lessons in sickness prevention and in habits of hygiene is being understood more and more by teachers, nurses, and health workers. Since 1915, when the National Tuberculosis Association published a series of fifteen plays, the popularity of this method of teaching public health has been steadily growing. There are, nevertheless, opportunities for improvement and much demand for better and more plays to emphasize health.

Nurses have an unusual opportunity for promoting this pleasant form of health propaganda. Not only after they have gone into the field and come in contact with teachers and other health workers, but even while in their training schools, they may produce these plays. Amateur theatricals are always good fun and profitable. Yet when the effort of learning lines, devising sets, and designing and making costumes is put into a play with a worth-while lesson of health, the derived benefit may be doubled. Nurses, whether they are taking part or directing the play, may be enthusiastic coöperators for bettering the health play situation.

For practical assistance in the production of a health play, several general rules for the director are given. First, select a play to fit the occasion. A pageant, long and complicated, will not please an audience to be made up mostly of children, neither will a morality play. The time allowed for the production will usually be given, and it has been found that the short, lively play is more often the best to chose for the usual audience. It is easier to learn the lines and a play depending on its action, rather than on careful and trained interpretation of the lines, is simpler for the amateur. Short speeches have cues that are easier to "pick up" and one of the reasons why amateur plays so often drag is because the cues are not "picked up" quickly. In real conversation the person who is being addressed usually has his reply ready to follow up the speaker. Notice that at a tea party. If you haven't one ready the tea will be a bore! So will the play.

Secondly, in selecting a play have in mind those who are to take the parts. To be sure, real talent is often discovered

in unexpected places, but if the play depends on a character with a dancing part, or a decidedly leading part, it is better to have some special one in mind. It is always well to say you will have try-outs, then if the one assigned to a specific part is not good, her feelings will not be hurt when a change is made.

dirt, disease and germs. People want to see pleasant things, not ugly, in their Land of Let's Pretend.

Then comes the costuming. Let the players make suggestions here. Several minds together can work out something more original and ingenious, while the actor will be proud to be consulted and



Avaunt Villains! Jovial Mr. Milk drives away glum Mr. Coffee and trembling Tricky Tea. The applause and laughter that greeted the antics of this trio conceived by the Child Health Organization brought thrills of pleasure to those taking the parts.

There is much need for tact on the part of the director and it is always well to have one person as the recognized coach. Someone else may have charge of the costumes, another of dancing, another of music, but they will all work together as a committee with the coach for chairman.

Thirdly, have a play with a positive health message. There is enough to emphasize in sunshine, clean air and good foods, without unduly bringing out

will enjoy a chance to express his own ideas in his costume. The players will also be willing to put more effort into making them or in getting them made. The most charming costumes are oftentimes made of cheesecloth or crepe paper and have been designed and put together in a short time at little cost. Such a costume is the graceful one for "Sunshine," pictured in the Frontispiece. The suggestion of the rays in the headdress, the golden warmth of the color

and there you are! The effect is one of pleasing simplicity. In another illustration, two large bath towels serve to clothe Sir Scrub-well.

Finally, be ready to interpolate dances or speeches of local interest to give the play a more colorful atmosphere. If a character has learned an eccentric dance let that be introduced. If a speech about some local condition that can be appreciated by the audience comes to the mind of one of the players, he will usually receive applause for it.

Regarding the setting, little can be said save, Keep it simple. An out-of-door play needs little and even an indoor stage set can create imagination through one tree, a plain curtain or some effective twist of lighting. A cluttered stage is a bugbear to work on.

Speaking of bugbears, several technical problems that will confront the amateur coach come to mind. One is the grouping. Be careful that no one is standing in a straight line behind somebody else. Keep the voice up on the last words of the speech. The audience does not wish to make an effort to catch the ends of sentences. For gestures it is less awkward to use the hand away from the audience. Get in the habit of using the same gesture each time for a certain speech. For instance, also, if a person is to be a fat old man with his hands crossed on his stomach, in rehearsing keep his hands out there where his stomach will be. He will look funny, but he will live in his part better. Walks are important and can convey much. Beware of exaggerating, however, for that is one fault amateurs, and often professionals, delight in. Remember it is the first time the audience has heard the lines and they must be "put over." Then enforce on everybody who is on the stage that he is part of the picture. Whether he has anything to say or not he is playing a part and is hugely important in the big effect. That is one of the secrets of being a *true* actor. No matter how minor the part, he lives in the play with his whole heart. Therein lies the key to success for our Shakespeares, our Booths and our Maude Adams'.

Countless other hints and helps will probably come to mind, but these are some of the ways in which the amateur producer may make her actors and audience "play" for health.

Regarding the twenty-five health plays that were chosen out of a great number by a committee on health plays for the National Health Council it is necessary to say something. They should be an inspiration to others to write health plays and it is hoped that a larger list will be offered for recommendation in the near future. Of these, excellent imaginative pieces that may be given out-of-doors by grown-ups as well as children are: "The Magic Basket," "The Passing of the Littlest Pageant," "The Theft of Thistledown," and "Prince Caloric and Princess Pieta." "Nobody's Case" and "The Spirit of the Double-Barred Cross" are more elaborate and better for grown-ups. All of the above could be given by community or club groups as well as by nurses in training. Examples of indoor plays for older children are "The Jewels of Cornelia," "David and the Good Health Elves," "A Fantasy of Foods," and "The Adventure of Every Child." "The Health Champions," "The Mountain Meadow," "Milk Fairies," "King Good Health Wins" may be played out of

doors by children of various ages. For younger groups are "The Brushes' Quarrel," "Playing Visit," "The Magic Oat Field" and "The House the Children Built." "Pirate Percy and the Slovenly Sloop" is excellent for boys.

A circular describing the plays in full will be sent upon request to the National Health Council or to the National Tuberculosis Association, 370 Seventh Avenue, New York. The writer will also be glad to answer questions regarding any of these plays or their production. She will most of all be glad to receive manuscripts for any new health plays and will welcome an opportunity to help enlarge and better the health play field in any way possible.

SUMMER SCHOOLS FOR PUBLIC HEALTH NURSES

Some announcements of schools offering summer courses in various phases of public health nursing have been received in the office of the National Organization for Public Health Nursing. Full information of the courses offered can be obtained from the Director of these Public Health Nursing Departments. Next month we hope to publish a list of additional schools offering special programmes during the summer.

University of Iowa, College of Medicine, School of Public Health Nursing, Iowa City, Iowa—Six weeks, special emphasis on child hygiene direction. Helena R. Stewart, Director.

University of Michigan, Ann Arbor, Michigan—Four months. Two months theoretical work at Ann Arbor, June 25-August 17. Two months field work in Detroit and environs arranged in two sections, the first section April 30-June 22; second section, August 20-October 12. Mrs. Barbara H. Bartlett, Professor of Public Health Nursing, Room 329, National Science Building.

University of Minnesota, School of Nursing, Minneapolis, Minn.—Six weeks, June 26-August 3, special programme of Maternity and Infant Hygiene. Anna Jones, Director.

Columbia University, Teachers College, New York City—Six weeks, Theoretical work, general public health nursing programme. M. Adelaide Nutting, Director.

Western Reserve University, School of Applied Sciences, 2739 Orange Avenue, Cleveland, Ohio—Four months field work as one-half complete course. A. Elizabeth Dines, Director.

University of Oregon, Portland School of Social Work, Portland—Six weeks. Health Education on School Nursing programme, theory and practice. Elnora E. Thomson, Director.

Pennsylvania School for Social Service, Department of Public Health Nursing, 339 So. Broad Street, Philadelphia, Pa.—Six weeks, beginning June 15. Lecture course for nurses already in public health work in subjects especially relating to school nursing. Four months field work (including lectures) beginning June 1. Harriet Frost, Director.

George Peabody College for Teachers, Department of Public Health Nursing, Nashville, Tenn.—Three months, June 11-August 31. General Public Health Nursing subjects. Abbie Roberts, Director.

University of Washington, Seattle, Washington, College of Science, Department of Nursing—Six weeks or three months, beginning June 20. General Public Health Nursing courses with special emphasis on nutrition aspects of nursing work.

HOSPITAL AND TRAINING SCHOOL ADMINISTRATION

ALICE SHEPARD GILMAN, R.N., DEPARTMENT EDITOR

HOSPITAL STANDARDIZATION

BY AMY M. HILLIARD, R.N.

(*Continued from page 501, March Journal*)

WARD UNITS

IF good nursing work is expected on a ward and conservation of time, energy and money effected, the ward unit must be planned with these considerations in view and each service segregated.

Every ward unit should consist of the general or public ward, a smaller private ward, and a series of rooms where certain patients may be isolated. The bathroom, toilets and utility room should communicate, and provision should be made to allow for the easy entrance to this room of wheel chairs. If such a room opens into the middle of a ward rather than at the end, much quicker bedside service can be given. The linen closet may be in the room for surgical and medical equipment and the toilet for nurses may be less obtrusive here than elsewhere. The pantry and dining room for patients should communicate. The chart office should have visual control of the ward and of the small room where very ill patients may be transferred from the ward. A central clothes room eliminates confusion and the necessity for separate clothes closets on each ward, but unless such a central room is in charge of an admission clerk, enough time of students can be wasted in the admission and discharge of patients to offset any economy of space through centralization.

In order to have complete standardization of procedures and equipment, each ward unit should be a facsimilie of every other unit. The students should be taught in a class room built as nearly like a ward as possible and equipped exactly like it. They should be able to go to any ward in the hospital and find a certain supply or piece of equipment in the same relative place. This conserves time, eliminates repetition of instruction, and enables the student to use her energy to better purpose than hunting about for elusive equipment. Each supervising nurse should understand that any initiative on her part towards changing the position of supplies (except such changes as may be adopted as a result of faculty conferences) will not be tolerated by the administration, as it is a great injustice to students to expect them to adjust their work to the whims of as many supervising nurses as may be in charge of departments of a given hospital.

SCHEDULE OF WORK

Planning schedules of work for each department will call for complete understanding and coöperation between the Principal of the School of Nursing and the Superintendent of the Hospital,

as the Principal of the School of Nursing must act for the Superintendent in the supervision of the work, not only of student nurses, but of the ward employees. Unless a supervising nurse is held responsible for every person working in her department, there is immediate overlapping of authority and friction.

The work to be done by each supervising nurse, student nurse, ward helpers and employee should be clearly defined. The Principal of the School of Nursing should, when appointing a graduate nurse, make it very clear to her just what her duties will be. It is a great mistake to leave them to her own imagination. Moreover, it is unfair to physicians, patients, students, and employees, as well as to the heads of all departments with which she will come in contact. A slate in the chart office is a simple way to present the duties of senior, sub-senior, intermediate, junior and preliminary students. It does away with indecision and fixes responsibility for faulty technic, untidy beds, etc.

Each ward should have a loose leaf manual with an outline of the duties of student nurses, and employees, as well as outlines for procedures and an inventory of all ward equipment.

Standardization of Procedures

1. Daily routine of ward work, resident physician, attending physicians and surgeons, nurses, and employees.

2. Duties of senior, sub-senior, intermediate, junior and preliminary students.

3. Duties of 2-11 p. m. nurses.

4. Duties of night nurses, 11 p. m.-7 a. m.

5. Duties of orderlies, hours on duty, hours of relief, by whom supplied.

6. Duties of ward maids and ward porters. Clear line of demarkation drawn to prevent friction.

In the standardization of procedures, consideration must be given to the number of patients to be cared for, the number of nurses and employees to render such service, the distances to be covered, and the total amount of time available. There is no sense or justice in teaching any student a procedure in the class room which, for lack of time, would be humanly impossible for her to carry out in practice. What profit is it to teach a student to scrub her hands 15 minutes for each catheterization and then put her alone on night duty on a ward of 30 gynecological or maternity patients? Standardization of procedure should make for the elimination of all equipment except that absolutely necessary for such procedure and of all movements, except those absolutely necessary to accomplish it.

I have seen students taught the most time-absorbing methods of procedure, from taxing their brains as to whether a sheet is to be folded in accordion pleats or left as it comes from the laundry, to whether the towel should occupy the right or left side of the tray, and then put on night duty alone on a ward of 30 to 40 patients with neither towels nor sheets in supply.

We have learned much from the newly considered science of motion that we can apply to advantage in conserving the time, motion, and energy of student nurses in their performance of nursing duties on wards. Finished nursing can be best accomplished by the greatest simplification of practical nursing

procedures, for it is only reasonable to suppose that if a student nurse learns in the class room to make a bed in three minutes, she is going to take pride in doing this on the wards; but if she is taught to fuss over innumerable and unimportant details, she will be likely to do the same on the wards and, when left to her own devices, (for nobody will be able to supervise every minute of her time) she will not always have good judgment as to what to do and what to scrap when confronted with a certain schedule of work and a third of the time for doing that would be necessary in order to carry it out according to instruction.

What has been said of nursing procedures applies just as potently to all ward work such as sweeping, scrubbing, etc. If the students have a time limit within which all beds must be made, in order that the floor may be swept by the maid, and if the maid is required to clean her pantry and stack her dishes in order that the ward may be swept before the time for rounds for physicians, the result will be clean, orderly wards and dignified medical and surgical rounds when all attention is focused on patients.

The following are a few of the procedures that must be standardized if harmonious action is expected on wards:

1. Admission of patients to

a—medical, surgical, pediatric, orthopedic, obstetrical, eye and ear, nose and throat, communicable disease services. b—Work of admitting clerk; admission card, chart, valuables, financial responsibility slip, notification of relatives in case of accident, etc. c—Ward work of admission, temperature, pulse, respiration, bath, inspection of patient for abnormalities or uncleanliness, care of clothing. d—Standing orders for preoperative, medical, etc. e—Charting patient's condition.

2. Discharge of patients: a—Only on written order. b—Consultation with social worker. c—Checking clothes and valuables. d—Accompanying to office. e—Payment of bill.

3. Transfer of patients to other institutions, etc.

4. General orders:

a—Medical and surgical procedures. b—Medications, narcotics, alcohol, etc. c—General and special diets. d—Enemata—douches. e—X-ray, pathological laboratory, hydrotherapy departments.

5. Emergency in extremis, etc.
6. Duties of orderly.
7. Duties of ward maid.
8. Duties of special employees.
9. Duties of house physicians.
10. Duties of attending physicians, etc.

Standardization of Equipment

The class rooms should be planned like the ward unit, the number of beds and amount of equipment depending on the number of students to be taught; five beds is a good minimum for a class of 20, which should be taught in two sections.

There should be complete ward equipment in the class rooms for the number of beds provided for teaching. This equipment, to its minutest detail, should be identical with that in use on wards. Care should be given to the placement of ward equipment in order to save time, space, and damage to equipment. To illustrate,—if a basin is provided and is marked with black paint, "stupe," M. S. W., and if this basin is kept in

reasonably close proximity to the gas or electric stove where stupes are heated, it is not likely that nurses will walk across the hall or to another room and ruin a face basin or surgical dressing basin by boiling stupes in them. If a specially shaped basin is kept for washing medicine glasses and is marked with black paint for the purpose, you can rest assured that a surgical dressing, face or enema basin will not be substituted for the purpose. Buy a different sized and shaped basin for each different purpose and equip all wards exactly the same and with identical equipment, kept in relatively the same places throughout the hospital.

Keep all old equipment (if it does not leak) for patients on "precaution" and plainly marked for the purpose.

If your ward is standardized for 6 bed pans, 20 wash basins, 10 bath basins, etc., arrange so that when any patients are put on "precaution" each will have an extra set of equipment, isolated from the others, so that the nurses will have their full quota of equipment for use at all times and not have half of it tied up for two or three patients. Old equipment serves admirably for this purpose and may be kept either in a patient's room or in a special cupboard in utility room.

When standardizing equipment for private rooms, provide reasonable equipment for the special nurse instead of railing at her for running all over the hospital and appropriating whatever she may need, wherever she can find it, thereby putting students in the disagreeable position of reporting the loss, and fixing the responsibility. Try equipping each private room with everything the nurse or patient will need and charge for everything missing when the patient is discharged. The economy will reward you.

If each washstand contains towels, face cloth, emesis basin and rubber, bed pan and cover, buttocks basin and towel, back wash, mouth wash and talcum, and if each bedside table has a thermos bottle and tray, a cup, saucer, plate, spoon and napkin, it has been my experience that special nurses are grateful, coöperative, and very happy to find that common sense instead of complaints seem to emanate from the administration.

Try it, the initial cost is more than offset by the economy effected and the improved morale and *esprit de corps* of students and graduate nurses.

Standardization of Supplies

The standardization of supplies controls not only the kind of supplies to be used, but the quality and quantity of such supplies. There should be weekly order books for surgical, stationery and household supplies and daily drug orders, diet slips, linen orders, surgical dressing orders, etc.

The best way for the superintendent to check up the various departments is by morning reports from each. This will require time, but it must be invested if the best results are to be obtained. I have found the best routine in this respect is to have the night report given directly by the night supervisor to the Principal of the School of Nursing at 7 a. m. sharp. No one but the Principal of the school can have as much authority in getting the heads of the nursing departments on duty sharply on time. The housekeeper and dietitian should also be on duty at 7 a. m. The Superintendent should be on duty, ready

for breakfast, not later than 8 a. m. She should receive reports from the various departments in about the following order:

1. Night report from assistant or Principal.
2. Admission and discharge cards and condition of accounts by bookkeeper or admission clerk.
3. Report from housekeeper (absence of employees, supplies needed, condition of house, etc.).
4. Report of dietitian: daily menus, orders for special diets, groceries, meats, etc.
5. Report from engineers.
6. Report from pharmacist, etc.
7. Report from house physician concerning chart, etc.

Dietary Department

Theoretically speaking, this department should be under the supervision of a dietitian. I regret to say that the department is usually better administered by an experienced housekeeper. Very few dietitians are good housekeepers or are able to teach or discipline employees successfully. It does not follow that because a young woman has graduated from a school of domestic science that she is competent to run a dietary department. It is not quite fair to expect it of her, however competent she may assume to be. I could write volumes from my experience with well recommended but absolutely incompetent dietitians. Their teaching does not prepare them for administrative positions any more than nurse training fits every graduate nurse for the administration of a hospital. The head of the dietary department should be responsible for requisitioning, preparing and serving food, and teaching students. She should supervise and be responsible for not only the diet kitchen, general kitchen, bakery, food refrigerators, grocery supplies, but for the preparation of menus and service of food to all patients, nurses, and employees, and for the care of employees' and nurses' dining rooms. Unless she has had experience in the preparation and service of well balanced and acceptable menus and is a good supervisor of her department, there is sure to be complaint of poor hospital food and uncleanliness.

Housekeeping Department

This department should be in charge of a competent housekeeper, preferably a graduate nurse. She should have charge of the requisitioning of all household supplies to be purchased by the Superintendent. Furthermore, she should have supervision of and be held responsible for the dormitories for employees and for the cleanliness of all departments of the hospital with the exception of ward units. She should engage, teach, and discharge all employees and have complete authority over them wherever possible. The laundry and linen rooms should be under her direction.

Department of Medical and Surgical Supplies

The Assistant Superintendent should have charge of the distribution of all such supplies after their requisition has been approved by the Superintendent. The supply room should be so organized that the supply of stationery, glassware, enamelware, rubber goods, operating room supplies, cotton, gauze, etc.,

should each have its section. The wards should be given an outline of the sequence in which such supplies should be ordered. This conserves time in distribution and prevents forgetfulness in ordering sufficient supplies to carry the department and thereby obviates the habit of borrowing. Such supplies should be requisitioned once a week only. Replacement should be made whenever necessary.

Clerical Department

The clerical department should include a bookkeeper, a stenographer, a historian, and two telephone operators. The chief clerk or bookkeeper should see that all bills for supplies have duplicate orders attached and that they have the approval of the head of the department for which they were purchased,—(housekeeping, dietary, surgical supplies, engineering, laundry, etc.) After such approval, vouchers should be attached and presented to the Superintendent for auditing. A special committee from the trustees should audit bills after their approval by the superintendent, and vouchers should then be sent to the treasurer for payment. The chief clerk should report daily to the superintendent concerning non-payment of bills by patients. She should admit patients, see that financial responsibility slips are signed and that full records appear for each patient on the admission cards. She should keep all hospital statistics.

Engineering

The engineering department should have both day and night engineers and firemen, and at least one employee who will be competent to make emergency repairs in the steam, hot water, electricity, refrigeration and plumbing equipment of the hospital. The chief engineer should requisition all coal, oil, ammonia, waste, and other supplies necessary for use in the engine room. These will be ordered by the Superintendent.

Grounds and Roads

The care of grounds and roads should be under the supervision of a joint committee from the Board of Trustees and Board of Woman Managers. The best results in planting are obtained if a definite landscape gardening plan is followed. If there is any considerable length of road bed, it should be given very careful and expert consideration so that a fairly permanent surface will result.

WAR NURSES HONORED

Distinguished Service Medals were awarded on March 13 to twenty-one nurses who had served during the World War, as follows: Lillian Aubert (deceased), Cecelia Brennan, Katherine Brown, Sophie M. Burns, Reba G. Cameron, Mrs. Alice H. Flash, Annie W. Goodrich, Carrie L. Howard, Grace E. Leonard, Sayres L. Milliken, Jane G. Molloy, Edith A. Mury (Mrs. Kershaw), Adele S. Poston, Maria B. Rhodes (Mrs. Clarence Cash), Blanche S. Rulon, Lillian J. Ryan, Mary E. Sheehan, Nena Shelton, Katherine Sinnott, Ethel E. Sweet (Mrs. Theodore Falconer), Mrs. Lynnette L. Vandervort.

STUDENT NURSES' PAGE

OUR FIRST TWO MONTHS IN TRAINING

By Grace P. Knowlton and Dorothy Jane Livingston

MORE than two months have passed since we came to the Army School of Nursing at Letterman General Hospital, San Francisco. Before we arrived, we were impressed with the fine spirit existing in the School as demonstrated by the letters each of us received from Junior students. They were very cordial, gave helpful hints about our uniforms, and the writers offered to meet us at the Ferry Building upon arrival. These letters made each of us feel that we were welcome and linked the distance between home and Letterman.

Some of the students were met by ambulances at the dock and others, who came in advance, were guests at the hospital until the opening day of the fall class. The first day was not unlike a Freshman's matriculation at college. We met our fellow classmates who came from all points of the compass,—Washington, Illinois, Georgia, New York, North Carolina, Texas, California, and San Salvador. Every bit of hospitality was shown us and so much kindness bestowed upon us that homesickness through loneliness was forgotten. This day we met our Chief Nurse, had the required physical examination, took the Oath of Allegiance, and received a schedule of our classes. In the afternoon we attended an informal tea which was held for us, the Preliminary Students, where we met some of the Stanford University students who were interested in hospital work and who had come out to Letterman on an inspection tour.

During the first two months no ward duty was assigned, and we attended classes only, from 8 a. m. to 5 p. m. These classes were in the following subjects: History of Nursing, Ethics, Personal Hygiene, Setting-up Exercises, Anatomy, Physiology, Bacteriology, Bandaging, Practical Nursing, Hospital Housekeeping, and Cooking. The quiet hour for study is spent in the quarters or Reference Library between 7:30 p. m. and 10 p. m. and is always cheered by slipping out one by one to the bread and milk stand. Oh, it is so good!

Our practical nursing consisted of demonstrations and practice in bed-making of all types, admission of patients, care of patients, discharging of patients, and hospital housekeeping.

Poise and self assurance were acquired by four hours of daily practice in Nursing Arts in the classroom, before starting the ward duty. One certainly does not go blindly into unknown work and methods when the foundation has been thoroughly laid.

During the first two months we learned Hospital Housekeeping to the last degree. Inspection tours were made of all departments in the hospital, the Medical Supply, Laundry, Wards, Kitchens, and Power House. In fact, nothing was missed. After each tour, each student wrote a paper giving description, plan of operation or supervision, and offered any criticisms or suggestions which she considered would aid in bettering that department.

Every Saturday morning, inspection

of the entire hospital is made by the Commanding Officer and the Chief Nurse. On one particular Saturday morning we accompanied them. It was a momentous occasion, the Colonel having in attendance the Chief Nurse, an aide, the sanitary officer, and an orderly. The latter was the instigator of much discussion among us, whether the word was "Attention!" or "Inspection!" with which he heralded the procession, as all we could get was "Shun!" You can well imagine how important we felt, mere blue-uniformed Preliminary Students accompanying such people of importance on inspection. In fact, WE inspected and afterwards handed in a report to the Colonel and Chief Nurse. This inspection took two hours, two hours of criticising the order and cleanliness of the wards, diet kitchens, linen rooms, utility and bath rooms, at the end of which time we were all in a state of collapse due to dignity fatigue.

As to something of our life outside of classes,—our first Sunday was a free day for all students. The Juniors had planned a picnic across San Francisco Bay. We started about 9 a. m. with ample provisions, crossed the Bay in a Government boat and were met by an Army truck which took us two or three miles over hills and through tunnels until we reached the ocean. It was a glorious day. After rambling around for an hour or two the chopped bacon and scrambled eggs with coffee and buns tasted the best ever. After a rest, and when the picnic housekeeping was completed, a few of us walked to the great lighthouse that helps to guard beautiful Golden Gate. At 4 p. m. the truck called for us and gaily we returned to the hospital, each declaring it a perfect day.

The Nurses' Clubhouse has been the site of many a joyous party. It is a splendid recreation building where we may have music, dance, play pool or cards, and read. There is a good-sized library to which all have access, supplied with good books, the popular magazines, the *American Journal of Nursing, The Public Health Nurse,* and *Modern Hospital.* Every morning from nine to ten-thirty we may have coffee and toast here, and afternoon tea from two-thirty to four-thirty. In our own dining room, which is separate from that of the graduates, we may have guests at any time for meals. We have two very good tennis courts, many delightful walks along the beach to the old Spanish Fort and to other points of interest, and there is a fine swimming tank at the Y.W.C.A. We had opportunities to avail ourselves of all of the above recreation during our first two months as well as at the present time, and we surely took advantage of them.

Regardless of necessary strict criticisms from our instructors, and concentrated and conscientious application to study and work, no one pined away in flesh or thought. All hope for the realization of a preliminary student's dream,—HER CAP.

TOO LATE FOR CLASSIFICATION

Ohio: The annual meeting of the Ohio State Association of Graduate Nurses will be held in Akron, May 3 and 4.

LETTERS TO THE EDITOR

The editors are not responsible for opinions expressed in this department. Letters should not exceed 250 words and should be accompanied by the name and address of the writer.

APPRECIATION

DEAR EDITOR: I wish to express my appreciation of the very enlightening article written by Miss Muse on Stimulus-Response Bonds. I wish we could have more of this. R. G.

WHO CAN ANSWER THIS?

DEAR EDITOR: Can you tell me if nurses employed as anaesthetists are required to comply with state registration laws if working outside of the state in which they are registered?

Ohio M. F. B.

"WHEN SAW WE THEE SICK?"

DEAR EDITOR: Very recently in our town there have been two cases of contagion which could not be received at the Isolation Hospital on account of lack of accommodation. The first case was a woman who lives alone in one of the apartment houses, and it was only after considerable effort that we finally persuaded a little Italian practical nurse to go and take charge of the case. The second case was one of Scarlet Fever and, to me, one of the most pathetic I have encountered in my work. The patient was a desperately sick baby girl of 15 months. Her mother was attempting to care for her, as well as look after the new baby. For over twenty-four hours we tried locally and out of town to get a nurse, and although there were some who were available, as soon as they heard what the case was, they declined. If they could only have seen that poor mother sitting beside the little sufferer's bed, trying to feed her with one hand, while she held the baby with the other, trying to nurse it, I am sure they would have relented and have come to her assistance. Finally, after some persuasion, we again got the Italian practical nurse to go in and help. The nurses seemed to think they could not afford to lose the time which would be required after they had left the case before taking another, and this leads me to wonder if we are not allowing the mercenary side of the work to blind us to the high ideals of our profession.

Connecticut J. M. R.

"UNDAUNTED"

DEAR EDITOR: In the February *Journal*, L. C., of Indiana has asked for some expression about the nurse who took the State Board examination after being out of the work for fifteen years. I wish to extend my congratulations to this nurse, I can fully appreciate the courage required to do this. My own experience was much like it. Graduating in June, 1895, married in August, 1895, before state registration was established, I was not registered. Until the World War came, I had been engaged in the peaceful occupation of household duties and bringing up my boys, with no nursing activities otherwise. When the war came, I felt that the service of every nurse was a moral obligation, and if they were prevented from serving by reason of age or circumstance they could be a second line of defense to take the place of some younger nurse who was free to go wherever called. This would release many more, and all were needed. With this in mind, and anxious to serve with the Red Cross, (it was at that time necessary to be an R.N.) I applied for and took the State Board examination in 1918, having been out of nursing twenty-three years. It was up to me to prove my love of service and of country on a very slim possibility. I argued that it was no disgrace to do one's best and fail, but to neglect a possible opportunity would be an acknowledged defeat. So after work by day, and study by night, to grasp everything helpful, I took the State examination (Missouri), passed with a grade of 87 per cent, and became a Red Cross Home Defence Nurse. My service was not what I had hoped or planned it should be, but a younger nurse whose place I took in Visiting Nurse work was released to go overseas. It was necessary that my service be in St. Louis, as my husband had already gone as a Surgeon in the Army, and my older son to the Navy, leaving another son in school, and our home to hold together. Now the War is over, let us hope forever, and my nursing activity for the present is finished, but I shall continue to stay an R.N. and retain active membership in the N.O.P.H.N as a "preparedness" measure. This personal experience is to point a moral and

adorn a tale. Never give up your nursing interest; your fees help to float the work and your moral support to steady it. When old age creeps on, we can still lend a hand in the spirit of the newsboy who tried to show his appreciation for a good Thanksgiving dinner by eating on and on, until at last he announced with a sigh of triumph, "I can still chaw, even if I can't swallow."

Missouri D. S. S.

STUDENT FRIENDSHIP FUND DRIVE

DEAR EDITOR: The drive for the Student Friendship Fund, at Farrand Training School, Detroit, was the most thrilling event we have had for some time. In November, Margaret Quail, who has been in Europe as a Social Service worker helping to administer the Student Friendship Fund for three years, told us of her experiences and of the great need for help. She spoke especially of the poverty and prseverance of the students of Russia. Her story of their poverty and pride, poor nourishment and great ambition so deeply touched the heart of every listener that one student nurse offered to give $50 to the Fund if the rest of the students would raise $200. Before the meeting closed plans were made to raise money. Our House Mother, with a committee of representatives of each class, arranged a week of stunts, as follows: Probationers,—Jitney Carnival; January and April Sections, '25,—Thanksgiving Frolic; January, '24,—Dance and Sunday Breakfast; April, '24,—Tea, Fancy Goods Sale, and Sunday Breakfast; September, '24,—Tag Day, Beauty and Shoe Shining Parlor; Seniors,—Candy Sale. All are rejoicing over the success of the Drive for we have $433.04 to send to the student nurses in Moscow. The committee is happy because of the hearty coöperation of every person both at McLaughlin Hall and at the Hospital.

Michigan G. M.

"BACTERIOLOGY IN A NUTSHELL"

DEAR EDITOR: With regard to Bacteriology in a Nutshell,—Reid, a review of which appeared in the February number of the *Journal*. This well known primer for Junior nurses is in the *Tenth Edition*, which fact surely bears evidence of its usefulness as a textbook. It has been fully revised a number of times, although from a perusal of the review, one gains the impression that the present edition is identical with the one published in 1904; yet at that time the book contained 110 pages, now it has 323. In each edition published it has been the aim of the author to embody in that edition matter, either instructive or interesting, that has developed along bacteriological lines since the preceding one. A brief introduction to each edition is retained in the initial pages of the present book and these constitute the "numerous prefaces of the book" to which your review refers. In this review *just one sentence* is quoted from the introduction to the Fourth Edition on page 7, viz., "Teachers agree that much laboratory work is unnecessary for the average pupil nurse"; quite ignoring that *on the same page and in the same paragraph* it is advised as follows: "If you are so fortunate as to have a sensible, enthusiastic bacteriologist in charge of your laboratory, have your pupils serve a term in the laboratory just as they do in all other departments of the hospital." In the same introduction, on page 8, practical laboratory demonstrations are touched upon, of which every pupil nurse should have a good working knowledge, and even at that date, 1910, *when the quotations referred to were written,* our pupil nurses in training were obtaining this knowledge in our hospital laboratories. Only the difficult laboratory tests that have taken men of science "years to evolve and perfect" were at that time considered "unnecessary for the average pupil nurse." Many of our best teachers in training schools still hold the opinion that this part of laboratory work should not be "compulsory" and also, another quotation from page 9, that: "Teaching the simpler laboratory work comes within the province of the superintendent of nurses, the head nurse or the instructor, the more difficult part belongs to the bacteriologist." When from far off China came the request for permission to translate Bacteriology in a Nutshell into the language of that country for the use of Chinese pupils in training schools, the letter contained this paragraph: "While the translation will be of no financial benefit to you (we sell all of our textbooks to pupils at cost), yet it is an honor, which you will appreciate, to know that your book has been

given preference over a number of others on this subject, etc." When the translator was in this country on a furlough, about two years ago, she wrote again of its value and sent two copies of the Chinese edition. On the cover, *in English,* appeared the title, author's name, the name of the translator, and the acceptance of the book for the use of Chinese student nurses in training by the Nurses' Association of China. From the letter of a Superintendent of Nurses in a Southern hospital the following quotation: "Bacteriology in a Nutshell is a valuable handbook for junior nurses. The subject matter is well classified and treated in language that can be easily understood and readily assimilated. The marginal annotations define and emphasize at a glance, the subjects treated by clearly stated paragraphs. Practical and sensible points in hygiene for the nurse, are carefully explained and her duties set forth on the ethical side of her profession. The supplement on Serum Therapy adds valuable information to a book containing much meat in small compass." Another good word from a Superintendent of Nurses in a hospital in New York State: "The Supplement to your good book is a most valuable addition. I am so interested in the serums and am glad to have all of the work under one cover. My Senior nurses are eagerly studynig the Supplement in the Junior's book." Again from the Superintendent of Nurses in a far Western state: "We consider it the best book on the subject published for nurses. Our bacteriologist, who is, also, bacteriologist in the University, teaches the subject to our nurses. He recognizes the unusual merit of your book and recommends it to all nurses. He is a graduate of Bellevue, New York, Medical College. This is a 700 bed hospital." A Superintendent of a New Jersey hospital writes: "Our pupils are delighted with the book. It should be more widely advertised; pardon the suggestion, but I believe in passing a good thing along." Some little time ago, a bacteriologist in one of your big eastern cities, wrote to suggest that "Bacteriology in a Nutshell . . . is a most instructive book for nurses and, in my opinion, it contains sufficient carefully prepared matter for first year medical students." (This is a laboratory man connected with one of the large college hospitals.) In concluding a letter on the subject of a new serum which he has discovered and used with marked success, a prominent New York physician just a few weeks ago wrote: "You are the author of Bacteriology in a Nutshell, are you not? Let me congratulate you. It is one of the best textbooks for nurses on the subject, of which I have any knowledge." These are extracts from letters of *absolute strangers*. Many others might be mentioned, all from strangers, but they are hospital training school superintendents, laboratory workers, bacteriologists and instructors, none of whom are connected with hospital training schools for "attendants," yet they use Bacteriology in a Nutshell in their work and recommend it to others because they *seem* to find it of value as "a textbook" and not because of "its simplicity and historical notes" alone, or as a reference book. Here in West Virginia, especially in Charleston, where in recent years the author has been on the teaching staff of one of the best training schools, many kind references to its value as a textbook are still received, not only from laboratory workers and "instructors" but from those who consider the book good enough to use in connection with their lectures to pupil nurses.

MARY E. REID, R.N.

Charleston-on-Kannawha,
West Virginia.

FROM A NAVY NURSE

DEAR EDITOR: "When the War is over and the fighting is done, why stay in the Service?" This I have often been asked. Sometimes it has been intimated that there are no good reasons if one can make a living on what the "gobs" call the "U. S. S. Outside," and therefore I'm going to give my reasons for staying in the Navy Nurse Corps. First, don't think because you were in the Army Nurse Corps during the War that you know all about the Navy. The two are as much alike as our own "P.H." and Bellevue. The Navy Nurse Corps is small, almost like one big family; everywhere you go, you find people with whom you have been shipmates before. Besides, the U. S. Navy has hospitals in the Philippines, Samoa, Guam, the Hawaiian Islands, Haiti, the Virgin Islands and Yokohama. If you have the "wanderlust" it is

instructors, and others, particularly topics for round tables, and questions for the question box.

A. Mental Nursing, one Session, in charge of Helen Sinclair.
B. Pediatrics.
   1. Affiliated Courses
   2. Relation of Child Psychology to Pediatrics
   3. Care of the Child in Public Health
   4. What Constitutes the Preparation of a Nurse Who is to Care for Children
   5. What the Pediatrician Requires from the Nurse Caring for Sick Children
C. Session in charge of the Educational Committee of the League.
   1. Institutes and Summer Schools
   2. Teaching Supervisors
   3. Central Schools and Centralized Teaching, Junior Colleges
D. Session in charge of Instructors.
   1. Uniform Standards for Schools of Nursing as a Basis for Interstate Reciprocity
   2. Would It Be Advisable To Give Probationers their Practical Nursing Notes in Printed or Mimeographed Form?
   3. Methods of Teaching Nursing Procedures
   4. Follow-up Work on the Wards
   5. Should Parliamentary Procedures and Public Speaking Have a Place in the Curriculum?
   6. What Will a Two-year and Four Months' Course Mean to a Student Receiving Practical Experience in All Departments?
   7. How Can We Secure the Coöperation of the Head Nurses?
E. The Outstanding Problems of the Training Schools for Nurses in the Small Hospitals.
F. Question-box: Some of the Minor Problems of Training School Administration.
G. Greater Use of the Teaching Material to be Found in our Out-Patient Departments.
H. Relation of the Hospital Superintendent to the Training School Superintendent.
I. Reports of the *Journal,* the Central, and Eastern Councils.
J. Discussion of the Rockefeller Report, Headquarters.
K. Administration from a Human Point of View.
L. Health of Nurses.
M. Review of the Thirty Years Since the Superintendents' Society was Created in 1893.
N. Round Tables.

The Nominating Committee of the National League of Nursing Education, Helen Wood, Grace Phelps, Mrs. Adelaide Northam Chairman, has presented the following report and it has been accepted by the Directors: For president, Laura R. Logan, Cincinnati, Ohio; for first vice-president, Carolyn Gray, Cleveland, O.; for second vice-president, Mary M. Roberts, New York; for secretary, Ada Belle McCleery, Evanston, Ills.; for treasurer, Bena M. Henderson, Chicago, Ills.; for directors (for two years), Adelaide Nutting, New York, Helen Farnsworth, Kansas City, Mo., Harriet Gillette, Philadelphia, Pa., Marion Rottman, Milwaukee, Wis.

The By-laws direct that the Nominating Committee shall nominate one person for each office. Additional nominations may be made from the floor.

The Directors discussed the question of appointing a Transportation Committee and decided on the following members: E. J. Taylor, New York; Mary K. Nelson, Boston; Minnie H. Ahrens, Chicago, Helen Farnsworth, Kansas City; Evelyn Wood, San Francisco; Jane Van De Vrede, Atlanta; Martha M. Russell, Chairman, New York. As there has never been a sufficient number in attendance at a League meeting to obtain special rates, it has been decided to advise members to ask for the summer rates which will be in force at that time and make no effort for any closer prices. The members of the Transportation Committee will be glad to aid in making up parties to travel together from different parts of the country or to aid members in any possible manner.

Martha M. Russell, *Secretary.*

The New England Division of the American Nurses' Association will hold its third

biennial convention in Burlington, Vermont, May 22-24. (*Note the change of date.*) A tentative programme, subject to change, is as follows:

Reports showing the work of the State Associations and State and Local Red Cross Committee will be presented. Certain sessions will be devoted to the following and other important branches of nursing work with prominent educators conducting: Public Health, Private Duty Nursing, State Leagues of Nursing Education. Reports of problems, advancement and probable future status of Registration Laws now existent in the New England States will be presented by representatives of Committees having intimate knowledge of this work. It is planned that these special sessions shall present material of practical and educational value with demonstrations of different phases of the work, exhibits, and explanations as to results obtained along special lines.

An effort will be made to afford time during the three days' sessions for an opportunity to get acquainted and to further the bonds of interest and friendship, which have already been strengthened as a result of the meetings of this Division.

Vermont is planning to be most hospitable in arranging for social gatherings.

One session will be devoted to a Question Box with the following suggested topics: Nurses' organizations; Formation, value, affiliations with other organizations; Relief and educational funds of the American Nurses' Association; The Rockefeller Report—questions as to its practical value after a year's study; Influence of the private duty nurse upon general nursing affairs; The *American Journal of Nursing;* Rural nursing in New England; Health and recreation of nurses in training.

The meetings will be held in the New Sherwood Hotel, which will be the headquarters of the Division. Rooms with baths will be secured at the following hotels at the rate of $2.50 to $3.00 per day: The New Sherwood, The Van Ness, Hotel Vermont.

A full programme of the Convention will appear in the May *Journal.* Don't forget the change of date! A trip to Burlington, Vermont in May will be ideal! The meeting place, Burlington, and the wonderful natural scenery which surrounds it need no description. The spirit and atmosphere of the meetings of the New England Division are always inspiring.

Chairman Committee on Arrangements: Anastasia G. Correy, 16 Colchester Ave., Burlington, Vermont.

Chairman Programme Committee: Jessie E. Catton, New England Hospital for Women and Children, Dimock St., Roxbury, Mass.

THE NORTHWEST SECTION OF THE AMERICAN NURSES' ASSOCIATION for the states of Idaho, Montana, Oregon, and Washington will hold its biennial convention in Tacoma, Wash., June 7, 8, and 9, when it is hoped all nurses of the northwest will attend and take a personal interest in the meetings. Tacoma, "The City of Destiny," will endeavor to keep up her reputation of hospitality to all her guests. Agnes R. Fletcher, Chairman Publicity Committee.

ARMY NURSE CORPS

In February, 1923, the following named members of the Army Nurse Corps were ordered transferred to the stations indicated: To Station Hospital, Fort Eustis, Va., 2nd Lieut. Florence G. Gerhart; to Fitzsimons General Hospital, Denver, Colo., 2nd Lieut. Winifred N. Rose; to Letterman General Hospital, San Francisco, Calif., 2nd Lieut. Annie G. Fox; to Station Hospital, Ft. Sam Houston, Texas, 2nd Lieut. Julia McKenna; to Walter Reed General Hospital, Washington, D. C., 2nd Lieut. Sara M. Schoenberger; to U. S. Military Academy, West Point, N. Y., 2nd Lieut. Jean G. Mackenzie.

Orders have been issued for the separation from the service of the following named 2nd Lieutenants, A.N.C.: Adolphine Arnke, Anna P. Barclay, Clara L. Blood, Alta Cheshire, Nettie E. Clark, Irene D. Christopher, Loretta Colby, Cornelia G. Cole, Jennie Agatha Calligan, Mildred Vera Ford, Olive M. Hallmark, Iva W. Hancock, Bessie E. V. Keil, Isabel Kennedy, Mary J. LaCoke, Mary E. Linehan, Clara B. Locklin, Elizabeth E. McCurdy, Mary H. Silver, Edna Marie Starkey, Stella Terrell, Esther Van Scoyk, Grace E. Wells, Margaret L. Wilcox.

ARMY SCHOOL OF NURSING

A new class of students was admitted to both branches of the Army School of Nursing on March 7.

SAYRES L. MILLIKEN.
Captain, Acting Supt., Army Nurse Corps.

U. S. PUBLIC HEALTH SERVICE NURSE CORPS

Transfers: Marion Lynch, Gertrude Mead, Mary Small, Esther Gibson, Anna Samuelson to U. S. Marine Hospital No. 21, Stapleton, N. Y.; Margaret Murphy to No. 2, Boston, Mass.; Anne McNulty to No. 3, Buffalo, N. Y.; Jeannette Storey, Ethel Ludwick to No. 6, Cleveland, O.; Edna McDougall to No. 43, Ellis Island, N. Y.

New Assignments: Margaret Farrell, to Boston; Bessie Turner, to Detroit; Martha Hill, to Evansville, Ind.; Vivian Newman, to St. Louis, Mo.; Dorothy Sweeney, to Stapleton, N. Y.; Eileen Sward, to Ellis Island, N. Y..

Reinstatements: Rose Fallon, to No. 2, Boston, Mass.; Julia Kolodzej, to No. 6, Cleveland, O.; Minnie Hanson, Nell Hanson, to No. 7, Detroit, Mich.; Agnes Lally, to No. 11, Louisville, Ky.; Gladys Brock, to No. 14, New Orleans, La.; Bessie Coombs, Georgia Scott, to No. 21, Stapleton, N. Y.; Ida J. Seright, to No. 43, Ellis Island, N. Y.; Celestino Fernandez, to No. 70, Hudson St., New York; Elizabeth Burke, to No. 19, San Francisco, Calif.; Mary McRae, to U. S. Quarantine Station, Angel Island, Calif.; Alcesta Owen, to Scientific Research Division, Hagerstown, Md.

LUCY MINNIGERODE,
Supt. of Nurses, U. S. P. H. S.

U. S. VETERANS' BUREAU, NURSING SERVICE

Transfers: Lulu Shively, to Palo Alto, Calif.; Gertrude B. Patterson, to Greenville, S. C.; Edna E. Redwine, to Whipple Barracks, Ariz.; Edna S. Grabill, Telva T. Moore, to Chicago, Annex; Sara J. Kehoe, Helena Krause, Asst. C.N., to Chicago, Ill.; Werta T. Johnston, to Washington, D. C.; Elizabeth T. Joyce, to Ft. Lyon, Colo.; Mary Pearse, Anna A. Shockitis, Helen T. Waldron, to St. Louis, Mo.; Allie M. Knott, to Waukesha, Wis.; Augusta Cornog, to Atlanta, Ga.; Mary H. Coble, to Boise, Idaho; Winifred A. Blake, Ethel E. Friedman, Carolyn Traves, to Memphis, Tenn.; Helen G. Duncombe, Margaret M. Murdock, to Kansas City, Mo.; Hannah T. Collins, Jennie Harrison, to Camp Kearny, Calif.; Mattie Periman, to Ft. Bayard, N. Mex.; Mary G. Curran, Mary E. Grady, Margaret Nicolay, Elva L. Reeve, Harriet R. Rivett, to St. Paul, Minn.; Sara A. Lee, Chief Nurse, Anna A. Stover, to Minneapolis, Minn.; Augusta S. Anderson, to Newport, Ky.; Beatrice Joyce, to Portland, Ore.; Annabel Marker, to District No. 2.

Reinstatements: Cora B. Stine, Palo Alto, Calif.; Mary E. Carney, Chicago, Ill.; Della M. Fannin, Waukesha, Wis.; Katherine C. Granfield, Margaret L. Maher, New Haven, Conn.; Annie B. Grimes, West Roxbury, Mass.; Bertha E. Brigham, Minneapolis, Minn.; Mabel Ekstron, Maywood, Ill.; Catherine V. Collins, Fort McKenzie, Wyo.

FOLLOW-UP SERVICE

Transfers: Marion Carter, to District No. 1; Katherine Flynn, to District No. 2; Winifred Gallagher, to Allentown, Pa.

During the month U. S. Veterans' Hospital No. 53, Dwight, Ill., and U. S. Veterans' Hospital No. 75, Colfax, Iowa, were closed.

Plans were completed for the Postgraduate School in Tuberculosis Nursing to be conducted by the U. S. Veterans' Bureau at U. S. Veterans' Hospital No. 41, New Haven, Conn. Alice Stewart, Director of the Tuberculosis League, Pittsburgh, is acting as Instructor for this course.

MARY A. HICKEY,
Superintendent of Nurses.

THE ANNUAL CONFERENCE OF THE ALUMNI OF TEACHERS COLLEGE was held on February 21 and 22. There were no special departmental activities. The meetings were devoted to a recapitulation and celebration of Dean Russell's twenty-five years of splendidly constructive service. The crowning event was the dinner given by the Association for Dean Russell at the Hotel Commodore, New York City, on the twenty-second at which more than fourteen hundred members of the faculty and alumni were present. Alumnae of the Department of Nursing and Health were everywhere in evidence.

The American Association of Hospital Social Workers will meet in Washington, D. C., May 16-23. The Washington will be Conference Headquarters. The current Bulletin carries interesting discussions of the social service experience of student nurses at the Johns Hopkins Hospital, Baltimore, and at the Children's Hospital, Boston.

The American Hospital Association will hold its twenty-fifth annual conference in the Municipal Auditorium, Milwaukee, the week beginning October 28. The Small Hospital Section has been reëstablished and will present a programme.

Arizona: Tucson.—St. Mary's Hospital graduates a class of seven on April 3.

Arkansas: Little Rock.—The Fifth District Association gave a reception recently in honor of Mrs. James D. Moncure, formerly Frankie L. Hutchinson, president of the State Association, whose marriage occurred in February. The reception was held in the ball room of the Hotel Marion, with one hundred and fifty present. A delightful programme of music, readings and dancing was enjoyed, followed by a banquet. Ollie Ainsworth, on behalf of the Association, presented a beautiful silver service to Mrs. Moncure in recognition of her twelve years' service and of the appreciation in which she is held. Mary E. Gladwin went to Arkansas on March 1 to make a survey of the schools of nursing in the state.

California: San Francisco.—Anna C. Jamme, Director of the Bureau of Registration of Nurses, returned March first from a three months' visit in the Orient. Miss Jamme carried greetings from the American Nurses' Association and the National League of Nursing Education to the nurses of China. She addressed groups of nurses in Peking, Shanghai, Canton, Tokio, and Manila, speaking through an interpreter. Miss Jamme speaks in warmest praise of the work of American nurses in the foreign field. Miss Jamme is preparing for the *Journal* a series of articles on the work of nurses on the other side of the Pacific. **Los Angeles.**—The California Lutheran Hospital held its first meeting of the year on January 8 at the Lindley Home, with the new officers as hostesses: President, Agatha Dunston; vice-presidents, Mrs. Isma French, Anne Snowden; secretary, Vada Grace Sampson; treasurer, Mrs. Lena Lowe Rogers. Committees for the year were appointed. A social hour followed. At the meeting on February 5, Mr. Armstrong, editor of the *Hospital and Nurses' Review,* spoke. The members voted to give its official notices through that paper. Lila Brant of the Senior Class of the training school asked for the interest and support of the members for the first School Annual. Word was received of the purchase of a lot near the hospital for a beautiful new nurses' home. The Hospital of the Good Samaritan graduated a class of nine on January 16.

Colorado: The Colorado State Board of Nurse Examiners will hold an examination to register nurses at the State House, Denver, on May 22, 23, and 24, 1923. For further information apply to the Secretary, Louise Perrin, State House, Denver. The Colorado State Graduate Nurses' Association held its nineteenth annual meeting at the Brown Palace Hotel, Denver, February 7-9. The State League held its fifth annual meeting at the same time. After the meeting had been called to order by the president, Mrs. Eda M. Pine, a report of the Denver section of the League was given, followed by a report and discussion of the various activities of the state in nursing education. The course in tuberculosis nursing for affiliating students and graduate nurses which is given at Fitzsimons General Hospital, was described by Mrs. Marie Ingraham, instructor of students. This was most interesting, as many nurses of the state were unaware that such opportunities for acquiring knowledge on this important subject were to be had. Public Health Nursing at the Denver Visiting Nurses' Association, was the subject of a paper written by Miss Buford, assistant superintendent of the Association, and presented by Miss Perdue, one of the staff. A general discussion followed, the chairman explaining that owing to the scarcity of applicants to the schools of nursing for the past two years, some schools were unable to avail themselves of this excellent course. The Value of Affiliation from the Viewpoint of the Student was the title of a paper presented by Mary Sullivan, a student nurse. School Nursing, Its Opportunities and How

to Prepare for the Work, was presented by Anna Boyd, superintendent of Nurses in Denver public schools. A paper, How Shall Hospitals Meet Their Obligations and Educational Responsibilities? was read by Miss Hickman of Bethel Hospital, Colorado Springs. Miss Hickman stressed the necessity for more thorough instruction, shorter hours of duty and elimination of some of the routine procedures which could be relegated to ward helpers. Mrs. Pine read a letter from Anna Drake of Iowa, chairman of the National Tuberculosis Association, urging the establishing of courses on tuberculosis nursing for the student nurses, such courses to be given in sanatoria for the care of the tuberculous. Colorado has such courses. Following the adjournment, two interesting round table discussions were conducted,—the first by Sister Mary, superintendent of Glockner Sanitarium, on The Cost of Educating a Nurse. Sister presented the figures for one year in their school, which numbers forty. She explained that the home was the simplest but the food the best. Expenses of entertainment and of illness were not included. It was a matter of surprise to all that at the end of three years, after a generous allowance for her services was deducted, each nurse had cost the hospital $542.32. How to Interest the Younger Nurses in Local, State and National Affairs was the subject for round table discussion presented by Mrs. Bessie Haskin, of Longmont. The conclusion here was that one very good way of promoting such interest is to send a student representative to all State and National meetings. A motion that this be recommended to the training schools was carried. Discussion upon meeting the expense of such representatives followed. Some thought the hospital should defray this expense, others thought the Alumnae should assume it, while others thought that if the students had to work to provide it themselves, they would value it more. On Wednesday evening, the formal opening session of the two state organizations was held, opened with community singing. The invocation was given by Rev. B. B. Kessler; address of welcome, Hon. Carl S. Milliken, Secretary of State; responses, Mrs. Eda M. Pine, president of the State Association, and Loretta Mulherin, president of the State League. Addresses were given by Louie Croft Boyd on Tendencies in Nurse Education, Past and Present, and by Rev. David H. Fouse, on The Super-Woman. Thursday morning was occupied with the business of the State Association. In the afternoon, papers were given as follows: The Organization and Scope of Tuberculosis Work in Colorado, Garnet Isabel Pelton; Ethics From a Nurse's Standpoint, Lela Underhill; The Nurse and the Community, Jesse H. Newlon; Psychology and the Nurse, Dr. E. D. Phillips; paper, Olive Chapman, Director Nursing Service, Southwestern Division American Red Cross. A round table concluded the afternoon session, conducted by Matilda Harris of the Red Cross Public Health Nursing Service. In the evening there was a banquet. On Friday morning an excellent report was given by delegates to the Colorado Federation of Women's Clubs at Estes Park. Reports of the Seattle convention were given by Mrs. Pine and Miss Morrison, and there was also a symposium on the convention: League, Loretta Mulherin; Public Health, Elizabeth Forster; Private Duty, Carrie Moore; Tuberculosis, Ida M. Spaeth; Social Activities, Edith M. Embury. At the adjourned meeting of the League, the Nominating Committee announced the following officers for the coming year for the League: President, Mrs. Gertrude Loutzenheiser, Children's Hospital, Denver; vice-president, Sister Sebastian, Mercy Hospital; secretary-treasurer, Loretto Mulherin, St. Joseph's Hospital. All were unanimously elected. At 12:30 there was a luncheon given by the alumnae associations of St. Luke's, St. Joseph's, Park Avenue, Children's, County and Mercy Schools. The afternoon programme included: State Registration, Louise Perrin; Food Selection for Adults, Kittie D. Washington; Historical Review of Child Welfare Work, R. P. Forbes, M.D.; The Private Duty Nurse, Minerva Harrington. In the evening there was an illustrated lecture on The Undernourished Child by Edith M. Embury, and an address on Cancer by Philip Hillkowitz, M.D. The following officers were elected by the Colorado State Graduate Nurses' Association: President, Jessie D. Stewart, Colorado Springs; vice-presidents,

Carrie B. Moore, Mrs. Neary; secretary, Mrs. May M. Carpenter, 1027 Fillmore St., Denver; treasurer, Miss Livsey, Denver; directors, Misses Morrison, Hammill and Hart.

Connecticut: New Haven.—The Connecticut Training School held a regular meeting on March 1, with all officers and a full attendance. The new constitution and by-laws were unanimously approved after full discussion, ready for acceptance by the national. The members are now planning for the two-day celebration of the semi-centennial of the training school, to be held on Tuesday and Wednesday, May 15 and 16. The hospital and school are in cordial coöperation, committees have been appointed, and all graduates are most cordially invited to return. St. Raphael's Nurses' Alumnae Association held a regular meeting at the hospital on March 5. After the business, the members enjoyed a most interesting talk by Elizabeth Ross, associate superintendent of the Visiting Nurse Association, on her experience with the Red Cross during the war.

District of Columbia: Washington.—The Graduate Nurses' Association entertained the graduating classes of the training schools of the District on the evening of February 15, at the Club House. Agnes G. Deans, Secretary of the American Nurses' Association, spoke on the value and significance of nursing organizations, local, state and national. Clara D. Noyes, Director of the American Red Cross Nursing Service and former President of the American Nurses' Association and National League of Nursing Education, spoke on Vocational Opportunities for Nurses. The regular programme was followed by music, dancing and refreshments. This is the first effort of the kind in the District to create a closer bond between the younger and the older nurses and proved to be a most successful and enjoyable occasion. About one hundred and fifty student and graduate nurses attended. The Nursing League of Education held its regular meeting at Garfield Hospital on February 22. The programme was very full and proved unusually interesting. There was a report on the Central School of Nursing. The Committee is studying the situation in Washington from all angles. The League hopes to see the Central School established by another year. The question of a representative nurse from some of the larger organizations lecturing to the graduating classes of the various schools of the city for the recruiting of student nurses was brought up and it was moved and carried that the Secretary write the Board of Education in regard to this. A special course of lectures in Nursing Problems for the benefit of the Senior classes of all the Hospitals was arranged for, to begin at an early date. After the business meeting, the members were entertained at a George Washington Birthday party by Miss McWhorter, Superintendent of Nurses, Garfield Hospital, and her Staff. A delightful social hour was spent. Harriet L. Leete of the American Child Health Association will hereafter have her office at 370 Seventh Avenue, New York.

Florida: Tampa.—District 4 held its annual meeting on March 5, and elected the following officers: President, Nelle S. French; vice-presidents, Mary D. Conoley, Gertrude Tiedeman; secretary, John O. Johnson; treasurer, Mrs. H. Ryland Cox; directors, Mrs. Walter Bradford, Lillian Hollahan. At the February meeting, held at the Gordon Keller Hospital, Mrs. Benham, secretary of the state examining board, was a guest. It was decided to make the Nurses' Central Registry the official registry of the Tampa Registered Nurses' Club. It is located at the hospital.

Georgia: The State Board of Examiners of Nurses for Georgia will hold its regular semi-annual examinations for registration of applicants, April 11 and 12, 1923, in Atlanta, Augusta, Macon and Savannah. Jane Van de Vrede, President.

Illinois: Chicago.—The Central Council of Nursing Education has completed three years of activity. The interesting report of the Executive Secretary, Carol L. Martin, was presented at the annual meeting on February 23. 116,243 pieces of literature have been distributed and 190 addresses were made by the Executive Secretary. A total of 32,726 people were reached through interviews and addresses. The report states frankly that results are difficult to estimate but that, without doubt, the number of students entering the schools served by the Council is increasing. The report further states

that "the value of the council lies chiefly in the opportunity it affords for concerted, coöperative effort of both lay and professional groups connected with our hospitals and schools of nursing. The Council is the means of bringing together hospitals and schools for nursing of all denominations in united effort to solve the many perplexing problems common to all." THE ALUMNAE ASSOCIATION OF THE ILLINOIS TRAINING SCHOOL held its annual meeting at Congress Hall, on January 2. Reports of committees were given. There was discussion of the need of addition endowment of the Alumnae room at the Presbyterian Hospital. Officers elected are: President, Mary C. Wheeler; vice-presidents, Mathild Krueger Lamping, Jessie F. Christie; recording secretary, Mrs. Georgia Messner Wescott. The February meeting was held on the 6th at the home of Mrs. Theodore Tieken. The class of 1923, of the training school, entertained the class of 1924 in December by the presentation of a comedy. MT. SINAI HOSPITAL graduated a class of 14 on February 28. THE FIRST DISTRICT is setting a good example for other districts in their generous contributions to the Nurses' Relief Fund, having mailed checks amounting to $207. Of this amount, $100 is from the St. Luke's Alumnae Association, Chicago, in memory of Edith Johnstone, for many years Superintendent of Nurses. The Presbyterian Hospital Alumnae, Chicago, has contributed $75 and the balance is from individuals in the district. **Kankakee.**—THE KANKAKEE STATE HOSPITAL graduates a class of three on April 2.

Indiana: THE INDIANA STATE BOARD OF EXAMINATION AND REGISTRATION OF NURSES will hold its semi-annual examination for registration of nurses, May 9-10, in the Senate Chamber and the House of Representatives, State House, Indianapolis, Indiana. On Tuesday, May 8, the annual meeting of the Board will convene in the office of the Secretary, 333 State House, at 9:30 a. m. MARY E. GLADWIN, who has been Educational Director of the Board for the last year, was given a reception by the State League of Nursing Education on February 24, at the Indiana University School of Medicine. Superintendents and instructors from all parts of the state were present to testify to the value of the work Miss Gladwin has done and to wish her success in the work of similar nature which she is to undertake in Arkansas. A copy of the Life and Letters of Walter H. Page was presented to Miss Gladwin, who was made an Honorary Member of the League. **Fort Wayne.**—The members of the LUTHERAN HOSPITAL ALUMNAE ASSOCIATION were the guests of the students at a Valentine Party at the Nurses' Home. Edna Kroeger, class of 1921, is superintendent of the General Hospital, Hartford, Wis.; Bertha Beutrup is her assistant. Ina Kempff, class of 1922, is superintendent of the Lutheran Deaconess Hospital, Beaver Dam, Wis.; Minnie Retzloff is night supervisor. Luella Ritt, class of 1921, is surgical supervisor of the City Hospital, Henderson, Ky.

Iowa: Keokuk.—DISTRICT 2 held its annual meeting on December 29 at the Y.W.C.A. A very full program was enjoyed by a large attendance of the members. Papers on Dietetics and Social Service, a short drill in Parliamentary law, reports upon the American Hospital Association meeting, the State annual meeting, and the American Legion convention were given. Officers elected are: President, Mary Elder; vice-presidents, Blanch Sharp, Sister Dominica; secretary, Mabel Lusk; treasurer, Margaret Sollers. The annual report of the Secretary showed that all the alumnae of the District have affiliated, which increases the membership a great deal since last year. The two alumnae associations were hostesses at a six o'clock dinner. **Creston.**—DISTRICT No. 9 held its annual meeting January 11, electing as officers: President, Frances Hutchinson, Council Bluffs; vice-presidents, Mrs. Margaret Pierson, Afton, and Mabel Guthrie, Creston; secretary, Mrs. Stacia Reed Hoffman, Creston; treasurer, Margaret Benning, Council Bluffs; directors, Mrs. Merietta Heifner, Florence Dean. During the year, 42 members have been accepted and 25 dismissed; total membership, 105. The survey shows 211 nurses. At a meeting of the Board of Directors, February 14, vacancies were filled, committees appointed, and the 20 cents per capita, asked for by the State Association to reimburse the treasury, after paying the 35 cents per capita additional to the national, was voted upon favorably and the treasurer was instructed to

pay the bill at once. **Council Bluffs.**—The Jennie Edmundsen Alumnae Association elected as officers for the year: President, Kathleen Brunow; secretary, Bernice Bernhardi. Pauline Martignoni, superintendent of the Jennie Edmundsen Hospital, has resigned to take up public health nursing in St. Louis. Helen Hansen, assistant superintendent, is filling the position temporarily. The Alumnae gave a dance on January 19, the Board ladies acting as patronesses. The sum of $175 was realized to fill a depleted treasury. Mercy Hospital Alumnae has elected officers: President, Helen Fisher; secretary, Helen Minear. **Boone.**—Beatrice Case, superintendent of Eleanor Moore County Hospital was elected president of the Boone County Registered Nurses' Association, with Hazel Graban, vice-president; Mrs. Grace Campbell, secretary and treasurer; Emma B. McCall, reporter. **Cedar Rapids.**—Margaret Smith, who has been supervisor of the contagious service at the Minneapolis General Hospital, is now night supervisor at St. Luke's Hospital. Mercy Hospital is building a new wing of about 100 rooms. Mary McClernon, class of 1907, has gone to Tulsa, Okla., as a surgical nurse. **Hampton.**—The Lutheran Hospital graduated a class of eight on March 1.

Kansas: The Kansas State Board for Examination and Registration of Nurses will hold an Examination for State Registration at the State House, Topeka, May 2 and 3, 1923. Applications for this examination should be filed at least ten days before the examination, with the Secretary of the Board. Sister Mary Helena, St. Luke's Hospital, El Dorado, Kansas. **Concordia.**—The Concordia Hospital graduated a class of two on March 15.

Kentucky: The Kentucky State Board of Nurse Examiners will hold examination for State Registration on Tuesday and Wednesday, May 22-23, 1923, at the State Capitol Building, Frankfort, Kentucky. For application and information apply to Flora E. Keen, Secretary, 115 N. Main St., Somerset. **Mayfield.**—The Mayfield General Hospital graduated a class of one on March 1.

Louisiana: The Alexandria District of the State Association held its annual meeting, January 16, at the Baptist Hospital, with an attendance of twenty-four. The reports showed that 26 new members had been admitted during the year, the total number now being 36. Eight regular meetings had been held, all well attended except the September one. At the March meeting it was decided to appoint one of the older doctors as the Advocator of the association to represent it at the Medical Society meetings, resulting in the election of Dr. G. M. G. Stafford. Much was accomplished by him during the year. A special meeting was called on April 29 when a resolution was drawn, to be presented to the Medical Society, asking for its support of the law for registration of nurses. The Society replied it would do so. After this, the unqualified nurses residing in Alexandria returned to their home states. The work of establishing a central directory was begun in June and completed in December. The following officers were elected: President, Lucille Wilson; vice-president, M. Ward; secretary-treasurer, Bertha McManus; councillors, M. Delaney, M. Young. Dr. R. O. Simmons gave an address on Professional Ethics, leaving a lesson long to be remembered. **New Orleans.**—Touro Infirmary graduated recently a class of twenty-two. Dr. Rudolph Matas presented each member a subscription to the *Journal* as a graduating gift.

Maine: Lewiston.—St. Mary's General Hospital graduated a class of five students in March. **Presque Isle.**—The Presque Isle General Hospital graduated a class of seven in March.

Maryland: The Maryland State Board of Examiners of Nurses will hold an examination for State Registration, May 15, 16, 17, 18. All applications must be filed not later than April 23 with the Secretary, Mary Cary Packard, 1211 Cathedral Street, Baltimore.

Massachusetts: The Massachusetts State Nurses' Association held its mid-winter meeting on February 17 in the Boston Public Library, Boston. Section meetings were held in the morning. At the League Section, Miss Catton, first vice-president, presiding. Mary Beard told of her trip abroad and of her visit to the Bordeaux School. Miss Hall spoke of the proposed reorganization of the National League. At the Private Duty Section, Miss Galvin, vice-chairman presiding, Mrs. Albert

of Fall River read a letter sent by Miss Eldredge. At the Public Health Section, Miss Fowler presiding, Miss Beard spoke on conditions in Europe. At each of these section meetings, Miss Roberts spoke briefly on the *Journal*. The State meeting, proper, held in the afternoon, was opened by music from the Nurses' Glee Club of the Peter Bent Brigham Hospital. Sophie C. Nelson spoke interestingly on what the Red Cross Nursing service means to Europe. A collection for the Jane Delano Fund was taken, amounting to nearly $100. Mrs. Susan L. Briggs and Sally Johnson spoke on Legislative matters. Mary M. Roberts of the *American Journal of Nursing* gave the final address. After the meeting, tea was served at the Boston Nurses' Club by the Cambridge Hospital Nurses' Alumnae Association. **Boston.**—Jessie E. Catton has resigned her position as superintendent of the Lawrence General Hospital, Lawrence, and has been appointed to a similar position in the New England Hospital for Women and Children. The Alumnae Association of the Massachusetts Homeopathic Hospital held a Valentine luncheon and tea on February 14 for the benefit of the Emergency Fund. The Training School graduated a class of twenty-three in March. **Fall River.**—The Alumnae Association of the City Hospital held a theatre party and a banquet on February 13. **Tewksbury.**—The Massachusetts State Infirmary Alumnae Association held a regular meeting on March 1, at the Infirmary. An interesting lecture was delivered by Dr. John H. Nichols, Superintendent. Lunch was served later in the Nurses' Library.

Michigan: The Michigan State Nurses' Association will hold its nineteenth annual meeting in St. Joseph, May 23, 24 and 25. The association will be the guests of the nurses of Berrien County, and "blossom time in May" has been selected by them as the most desirable season of the year. Henrietta M. Schoenbeck of St. Joseph is chairman of the Arrangements Committee. A very excellent programme of unusual interest is being prepared by Mrs. Elsbeth Vaughan, of Lansing, chairman of the Programme Committee. Adda Eldredge, President of the American Nurses' Association, is to give an address, the first evening, and is to be the guest of Michigan nurses at this meeting. The Board of Directors of the Michigan State Nurses' Association met on March 17 in Ann Arbor at the home of Alice L. Lake. **Detroit.**—The regular meeting of the First District of the Michigan State Nurses' Association took place March 2 at the Central Bureau of Nursing. One of the activities of which the First District is the author is the Parliamentary Law Class every Friday afternoon from three to five, conducted by Mrs. Emma Fox, Parliamentarian. The Local League of Nursing Education was entertained by the Teachers of the Cass Technical High School, on March 9. Before the business meeting occurred, the League members were taken through the entire Cass High School buildings and through the laboratories, where classes were working in Dietetics, Biology and Bacteriology. These laboratories are among the finest in the country. Refreshments were then served and a business meeting was held for about an hour. There were twenty-four members present. The Farrand Training School Alumnae Association held its monthly meeting March 13, at McLaughlin Hall. The chief item of interest at the meeting was the activities of the "Boosters Committee," which is to help raise funds for the 1924 convention. **Ann Arbor.**—The Second District held a bridge party in one of the nurses' homes of the University Hospital on February 5, the proceeds, $25, to be used toward the District's share of the expense of the national convention in 1924. Mary C. Haarer has left Michigan to become one of the inspectors of schools of nursing at Albany, N. Y. **Petoskey.**—Lockwood Hospital graduated one student in March. **Grand Rapids** is starting the year 1923 with great enthusiasm. Sarah E. Sly was in the city, March 8 and 9, conferring with the Committee on Revision of By-laws for the three Alumnae associations. She also attended the meeting of District 6, at the Y.W.C.A., Friday evening, March 9. After a short business session, during which Miss Sly made some suggestions regarding the method of raising funds for the 1924 convention, the meeting was adjourned and turned over to Ida Reber, chairman of the Arrangements Committee, who announced a St. Patrick's party. Refreshments were served, music and dancing were indulged in. Officers for

the District for 1923 are as follows: President, Elizabeth Kendall; vice-presidents, Ethel Rice Brown, Maud Galbraith; treasurer, Miss Helm; recording secretary, Mable Sterritt; corresponding secretary, Bessie Blacklock. The new $600,000 Sanitorium is nearing completion. It will be ready in about six weeks. Barbara Hunter, of Oswego, N. Y., will be the new superintendent of nurses. The present infirmary will be converted into a general hospital for use of the patients of City Physician, A. H. Edwards, M.D. Emma Sater, Superintendent of Nurses of the Christian Church Hospital of Kansas City, Mo., has accepted a similar position at the Butterworth Hospital.

Minnesota: The Minnesota State Board of Examiners of Nurses will hold an examination for the registration of nurses in St. Paul, April 27 and 28, at the New State Capitol. At the last meeting of the executive board of the State Association it was decided to hold a meeting of the association in Minneapolis on May 19. This being the last day of the convention of the Tri-State Hospital Association a large attendance is anticipated. **Duluth.**—The Second District held its March meeting on the second, at St. Luke's Hospital, a social hour following the business meeting. Many of the nurses of the city have been ill with influenza. **Minneapolis.**—The members of the Third District were guests of St. Barnabas' Alumnae Association in February. The meeting was held in Gethesemane Church and Frances Ott, Chairman Private Duty Section, A.N.A., was the honor guest. Her words of advice, sparkling with humor, were appreciated by all, and especially by the Senior nurses of the city who had been invited to hear her. Dainty refreshments were served to over 500. **St. Paul.**—St. Luke's Alumnae Association elected officers as follows: President, Charlotte Drew; secretary, M. Baer; treasurer, Kathleen Cleary. It was voted to send $50 to the Delano Memorial Fund. The alumnae is showing a keen interest in the campaign to raise $350,000 to build a nurses' home and an addition to the hospital. Several committees were formed to help carry on the work. St. John's Alumnae held its annual meeting on January 26, and elected the following officers: President, M. Proehl; vice-president, A. Braun; secretary, M. Horejes; treasurer, A. Gutz. Laura Haering, formerly of St. John's Hospital, has accepted the position as Surgical Supervisor at the Union Hospital, New Ulm. Ida Baldwin, formerly of St. John's Hospital, has moved to New Ulm. **Red Wing.**—St. John's Hospital has appointed as assistant supervisor, Mrs. Mayme J. Risse, class of 1922. Alice Evans of the same class has accepted the position of historian at St. John's Hospital, St. Paul.

Missouri: St. Louis.—St. Luke's Alumnae Association has elected the following officers for the year 1923: President, Mrs. N. W. Sharpe; vice-president, Janet Mackenzie; recording secretary, Janet Ross; corresponding secretary, Retta Snyder; treasurer, Alice Weddell; auditor, Mollie Wilkins. Virginia Gardner was reëlected chairman of the Endowment Fund. Mrs. Walter Vornbrock was appointed chairman of the Bazaar Committee. A special effort will be made this year to communicate with all non-resident members, especially those who have apparently lost interest in the Association and its activities. City Hospital No. 2 graduated one student on January 16th.

New Jersey: The New Jersey State Nurses' Association will hold its twenty-first annual meeting on Friday, April 6, at Willard Hall, Passaic. The entire day will be given over to the programme of the association which promises to be of great interest. Dr. Haven Emerson will give an address on Preventive Medicine, and reports will be given by chairmen of various committees. The evening meeting will be under the chairmanship of Florence Dakin, president of the New Jersey State League for Nursing Education. Nurses are cordially invited to all meetings. The New Jersey State League has as its secretary, Marie Louis, Muhlenberg Hospital, Plainfield, instead of Martha M. Scott, as announced last month. The directors are: Mary J. Stone, Ida F. Austin, Huldah Randall. **Newark.**—The Newark City Hospital Alumnae Association held its annual meeting on February 27 at the Nurses' Residence. Miss Suydam of the State Tuberculosis League gave an interesting talk. A goodly sum has been realized for the Scholarship Fund which will be used to send one graduate each year to study at Teachers

College. The new officers are: president: Sara V. Traynor; vice presidents, Florence E. Grove, Alma M. Gordon; secretary, Edith Reddy; treasurer, Grace Cairns. The retiring superintendent, Miss Mason, was presented with a handsome table by the Association. Mary F. Mason entered the training school in 1896, graduating in 1898, at which time she was appointed assistant principal of the school. In November, 1899, she was made principal and superintendent. On January 1, 1923, Miss Mason retired on a pension which she has justly earned. Her devotion to the school and hospital was recognized by the Mayor who, with the attending staff, presented to her, at the farewell reception, a platinum and diamond wrist watch. Other gifts were a chair from the graduates; a lamp from the executive staff; a satin gown from the ward maids; a platinum chain from the employees of the Nurses' Home. Carolyn Schmoker, who has been Miss Mason's assistant, succeeds her. Dorothea Rusch, industrial nurse for the General Electric Company, has gone abroad to demonstrate an electric bulb. **Bridgeton.**—The Bridgeton Hospital graduated a class of two on February 9. **Long Branch.**—The Monmouth Memorial Hospital graduated a class of eleven on March 9.

New Mexico: The bill for state registration of nurses passed without one dissenting vote. It becomes a law on June 1. The directors of the State Association met on March 10 to select a list of ten names from which the Governor will select members for the first Board of Nurse Examiners. Bertha C. Rowe, secretary of the State Association, has been called to her home in Los Angeles and has therefore resigned her position.

New York: Buffalo.—Meryl E. McCool, class of 1914, Deaconess Hospital, has received a $500 scholarship from the Chicago Visiting Nurse Association and will take a six months' postgraduate course at Johns Hopkins Hospital. **Rochester.**—District 2 entertained the Senior classes of the training schools of the city at the meeting held February 27. At the business meeting it was decided to ask the State Department at Albany to hold an institute in Rochester in May. Addresses were given by nurses engaged in different lines of nursing work: Industrial Nursing, Miss Hull; Public Health Nursing, Miss Phillips; Private Duty, Miss Faust; Executive Work, F. Bacon; Instructor's Work, Hazel Jennings; the Club House and the Directory, Lucy Bayley; Red Cross, Eunice A. Smith. The Alumnae Association of the Rochester General Hospital held services on February 23, for the unveiling of a brass tablet in honor of the 83 members who had served in the World War. One of these, Miss McKenzie, gave her life, having been on a hospital ship which was sunk. A most appropriate address was given by Bishop Ferris. On the tablet in addition to the names of those who have graduated from the school, are those of the assistant superintendent, Emma E. Jones, and the superintendent of nurses, Eunice A. Smith, both of whom were holding these positions when called to service. **Elmira.**—The Arnot-Ogden Hospital graduated a class of nine in March. **Syracuse.**—Nellie R. Hamill has resigned as superintendent of the Hospital of the Good Sheperd, a position she has held for seven years. The Alumnae Association of this hospital has contributed $50 toward the Jane A. Delano Fund. **Carthage.**—Rilla L. McNeil, superintendent of the Carthage Hospital, has bought the institution. **Rome.**—The Rome Hospital Alumnae Association, at a recent meeting, decided to start a Loan Fund for the Training School. A dance is to be given on April 8, for the benefit of this fund. **Saranac Lake.**—The Graduate Nurses' Association held a meeting on March 6, in the Library. Catherine McDonnell, chairman of the Jane Delano Memorial Committee, reported that at a tea given on February 20, $32 was raised. Dr. Edward Wells gave a very instructive talk on Thoracoplacy in the Treatment of Pulmonary Tuberculosis. **Kingston.**—District 11 held its annual meeting on March 9, with a good attendance, each nursing center of the District being represented. The amendments to the constitution and by-laws were acted upon and approved. Newburgh will hereafter be the headquarters of the District. Officers elected are: President, Nellie Silver, Kingston; vice-presidents, Ethel Rhodes, Newburgh, Agnes Valley, Middletown; secretary, Henrietta Schwab, 83 Moore Street, Kingston; treasurer, Mary Rodie, Kingston. **Poughkeepsie.**—Rachel

McCrimmon, who has been for a long time superintendent of nurses at the Vassar Brothers Hospital, has resigned. **New Rochelle.**—Margaret E. Flynn has opened a home at 467 Pelham Road for the care of patients needing rest or treatment for nervous conditions. **New York.**—DISTRICT 13 held its annual meeting on March 6. The Relief Fund Committee reported for the year that it had sent in $1801.49. Of this amount, $906.30 was realized from the sale of souvenir programmes at the State meeting. Miss Davis spoke of the needs of the Russian nurses. A hat collection was taken, amounting to $83. At the February meeting, Dr. Howard Taylor spoke on the prevention of cancer. Anne McIntyre told of Near East work. Miss Farley spoke on the Red Cross. THE NEW YORK HOSPITAL held graduating exercises for the class of 1923 on the evening of March 7, in the Administration Building. There were sixteen in the class. THE JANE A. DELANO POST NO. 344, AMERICAN LEGION, holds meetings at the Central Club on the second Friday evening of each month. The Post has an active committee which is doing fine work in the care of sick nurses. Ex-service nurses living in New York, or visiting the city, are invited to attend the meetings. MT. SINAI HOSPITAL graduated a class of twenty-nine on March 8. THE NEW YORK POST GRADUATE HOSPITAL graduated a class of forty-nine on March 6. **Tompkinsville.**—THE STATEN LSLAND HOSPITAL graduated a class of seven on March 28.

North Carolina: Asheville.—DISTRICT 1 is the largest in the state, having about 90 members. A successful directory in the club house has been in operation two years. At Christmas, a number of baskets, valued at about $72, were sent to invalid nurses. The two nurses' wards at U. S. Veterans' Hospital, Oteen, were given subscriptions to four magazines for 1923. The meetings are held at different centers during the year, and there is a good attendance. An educational and social function is always in order. Mildred Sherwood is President, and S. E. McCracken is secretary.

North Dakota: THE NORTH DAKOTA STATE NURSES' ASSOCIATION will hold its annual meeting in Minot, April 26 and 27. THE NORTH DAKOTA STATE BOARD OF NURSE EXAMINERS will hold its next examination for certificate of Registered Nurse, April 24 and 25, 1923, in Minot, N. Dak. Applications must be filed with the Secretary at least twenty days prior to date of examination. For further information apply to M. Clark, Secretary, General Hospital, Devils Lake, N. Dak. **Devils Lake.**—MERCY HOSPITAL graduated one student on March 31.

Ohio: THE DIVISION OF PUBLIC HEALTH NURSING EDUCATION, DEPARTMENT OF HEALTH, COLUMBUS, will use the *Journal* as its official organ in announcing appointments, transfers, and resignations of public health nurses in the state, also any new rulings or other items of general news interest. **Cincinnati.**—DISTRICT NO. 8 held its regular meeting on February 26 in the Nurses' Home of Christ Hospital. The Association indorsed the bill which is now in the Senate that will give instructors in smaller schools of nursing the same salary as those in larger schools with the hope that the small schools in small towns will be able to procure the best of instructors. A letter was read from Claribel Wheeler, State Chairman of the Florence Nightingale Foundation Fund, saying that loans were ready to be made. Graduate nurses from Ohio Schools of Nursing who wish to further prepare themselves for teaching and administration are eligible. Applications for loans are to be made to the chairman. The Committee for the Advancement of Nursing Education has printed a pamphlet, listing the Schools of Nursing in this District, to be distributed to the public through various clubs, churches, and schools. Plans are made for a copy to appear in all newspapers in southern Ohio. Talks will be given in High Schools. In compliance with requests from the state and national organizations the annual dues were increased $1. Misses Emma Ardill and Marguerite Fagen were appointed as paid delegates to attend the annual meeting of the Ohio State Association of Graduate Nurses at Akron, in May; Misses Edith Northrup and Leatha McGough as alternates. Edna Bacon, a missionary to India, spoke very interestingly on Child Care in India. Miss Bacon told of the extreme need for more trained nurses in India and with the spirit of unselfishness there is no limit to the physical and spiritual good one may do. The

Christ Hospital Alumnae Association served refreshments. **Toledo.**—Margaret B. Garrow, a graduate of the Auburn Hospital, Auburn, N. Y., has been appointed superintendent of nurses at Flower Hospital. **Sandusky.**—The Good Samaritan Hospital graduated a class of two on January 30.

Oregon: Portland.—The Oregon Organization for Public Health Nursing held its mid-winter conference at the Central Library on February 24. At the morning session, Elnora Thomson presiding, subjects considered were: Relation of the Public Health Nurse to State Tuberculosis Hospital, G. C. Bellinger, M.D., followed by five-minute discussion; Positive Health for Nurses, Caroline Hedger, M.D.; The Child Welfare Programme in Oregon, ten-minute discussions from various angles. Luncheon was served at the Ex-service Men's Club. At the afternoon session, L. Grace Holmes presided, and the subjects were: County Health Unit Plan as it Applies to Oregon, A. J. Warren, M.D., of the Rockefeller Foundation, followed by discussions; How to Find and Use Other Welfare Agencies, A. R. Gephart, followed by ten-minute discussions; Desires and Ideals for Public Health Nursing Education, Elnora Thomson. Dr. Estella Ford Warner, medical director for the Bureau of Child Hygiene of Oregon, has been making an extended tour in the east visiting many clinics and also the Children's Bureau in Washington. Emanuel Hospital graduated a class of ten on February 15.

Pennsylvania: Philadelphia.—Anna C. Garrett resigned her position as superintendent of the Frankford Hospital, in October, because of ill health. Miss Garrett has been associated with the hospital since 1904. The Jewish Hospital Alumnae Association publishes a *Monthly Bulletin*. In November, the August and Ida Steppacher Memorial dining room for nurses was formally opened. Anna L. McCoy, class of 1899, represented the alumnae on this occasion; Ada Buisson spoke for the students. It is a beautiful and spacious room. A Theater Benefit was given by the Alumnae on January 29 and 30, the proceeds to be used for educational and other purposes. At the February meeting an address was given by Miss Barger of Trenton, N. J. The Samaritan Hospital Alumnae Association met on February 27 at the Nurses' Home. After routine business was disposed of, the Endowment Committee which has been very active and done much good work, reported on the combined meeting of the Hospital Committee and the Officers of the Alumnae Association, the details of the Endowing of the room were discussed and all left to the Committee to successfully carry through. Additional pledges were received to cover the remaining $200 needed to complete the Fund. St. Joseph's Hospital graduated a class of fifteen in March. The Nurses' Alumnae Association of the Woman's Hospital of Philadelphia held its 34th annual meeting at the Hospital, January 17. The year just passed has been a busy one; twelve new members were admitted to membership; two delegates were sent to the State Association convention and four, through the District and State Association, to the convention in Seattle. The Association subscribes for the *Journal* for every resident and non-resident member. Each member contributes one dollar annually to the Nurses' Relief Fund, making this alumnae one hundred per cent in its efforts to support this work. The Association also contributed $5 to the National Headquarters; $10 to the Jane Delano Fund; $50 to the Philadelphia School for Preliminary Courses in Nursing; $50 to the Pennsylvania State Legislative Fund; $20 to the Russian Nurses' Fund; $10 to the American Red Cross; and $15 to the Pennsylvania Welfare Federation. The alumnae has a scholarship fund. It also has its own endowed room in the hospital and a maintenance fund for the care of the room. Officers duly elected for 1923 are: President, Mrs. Sarah S. Entwisle; recording secretary, Mary C. Schabinger; corresponding secretary, Mrs. Grace Berelander; treasurer, Anna M. Peters. **Pittsburgh.**—The South Side Hospital Alumnae Association held its annual meeting, January 4, electing the following officers: President, Bertha Feingold; vice-president, Agnes Crawford; secretary, Thelma Caldwell; treasurer, Mrs. Anna Thomas; directors, Gertrude L. Heatley, Besse V. Stoner, Matilda Ugron, Lili Gallagher. The hospital graduated a class of six on March 22. The Nurses' Alumnae Association of the Allegheny General Hospital held a regular

meeting at the Nurses' Home, March 5. The Chairman of the Endowed Room, Sick and Relief Committee reported the illness of four members and the death of two during the last month. Ella M. Scheidy was appointed to act as Chairman of Arrangement Committee for 1923, in place of Isa P. Hanna, resigned. Adda J. McLaughlin was appointed Chairman of Resolutions Committee. Mrs. Isabel C. Flynn was authorized to take necessary steps to make a few changes in the Association By-laws.

Rhode Island: The Rhode Island Board of Examiners of Trained Nurses will examine applicants for state registration at the State House, Providence, May 9 and 10, at 9 a. m. For application blanks and information, address Lucy C. Ayers, secretary and treasurer, Woonsocket Hospital, Woonsocket.

South Carolina: The South Carolina State Nurses' Association will hold its annual meeting in Charleston, April 18, 19, and 20, in the Assembly Room of the Y.W.C.A. **Charleston.**—District No. 1 held a regular monthly meeting at the South Carolina Medical College on March 8. A large number of nurses were in attendance. Much business was transacted. Several good papers are ready for the scientific meeting which will be held as usual on the fourth Thursday, at eight p. m. The Arrangement Committee of District No. 1 is busy with the programme for the State Association. **Spartanburg.**—The Alumnae Association of the General Hospital held its regular meeting at the Hospital, February 13. A splendid address was given by Gay Williams after which music was enjoyed. The Association gave a dance and card party at Shorebrook on February 24. A large number of out-of-town guests were present.

South Dakota: Madison.—The Alumnae Association of the New Madison Hospital held a regular meeting on March 6, at which plans were discussed for the state convention which is to be held at Lake Madison in June. It was decided to contribute toward the Jane A. Delano Fund.

Tennessee: Columbia. — The King's Daughters' Hospital graduated a class of two in March.

Texas: Galveston.—Pupil Nurses of the College of Nursing, University of Texas, have organized a St. Barnabas Guild,—chaplain, Rev. H. M. Kellam; director, Mrs. C. P. Mann; chairman, Zora McAnelly; secretary, Mary Novella Davis; treasurer, Ruth Warrener. Xilema Faulkner has resigned her position as supervisor of Main Building, John Sealy Hospital, to accept a position at the Turbett Hospital, Martin, Texas. She is succeeded by Myrtle Kearney.

Washington: Seattle.—The King County Association, District 2, held a meeting on March 5, the programme consisting of a parliamentary drill, business and social hour. The Private Duty Section met on the same afternoon, and the Public Health Section met in the evening. The Swedish Hospital Alumnae Association gave a dance on the evening of March 30 at Woodman Hall. The Providence Hospital Alumnae held a social evening on February 13, at which the married members were the guests of honor.

Wisconsin: Milwaukee. — The Fourth and Fifth District held its regular monthly meeting February 13. After the business meeting, the members enjoyed a lively game of "Bunco." The alumnae of Mount Sinai Hospital Training School served refreshments. The Wisconsin Nurses' Club has moved from 566 Van Buren Street, where it has been for seven years, to 267 Prospect Avenue. On February 7, the Nurses' Club entertained its members to a "kids' party," no one over 12 years being admitted. The kiddies forgetting the dignity they possessed a few hours earlier, gaily played "The Farmer in the Dell," "Drop the Handkerchief" and other childhood games and indulged freely in all-day suckers and animal cookies. **Wausau.**—The Eighth District held its regular meeting February 20. A one o'clock luncheon was served at the Hotel Bellis. The table decorations were appropriate to Washington's Birthday. Mary Hughes of Mount View Sanitorium, told of her visit to Mount Vernon and gave a short book review on "Dr. McDougal McLean," the author being an ex-tubercular patient. The sum of $25 was subscribed to the Nurses' Relief Fund. The annual meeting will be held the third Tuesday in May in Marshfield. **Marshfield.**—The Student Nurses of St. Joseph's Training School

have given a series of card parties to which they invited the general public. They were well attended and the proceeds used for the nurses' home. ST. JOSEPH'S HOSPITAL GRADUATES are reported as follows: Hedwig Kremsruter has a position in the Obstetrical Department at Rhinelander Hospital. Gertrude Muehlemkamp and Rose Braun are doing contagious nursing in the City Hospital, Cleveland. **Eau Claire.**—THE TENTH DISTRICT held its regular meeting on February 13 at the Girls' Club. Following the business meeting, Professor Donaldson of the Eau Claire Normal School entertained the members with a Scotch programme which was thoroughly enjoyed. Refreshments were served. The sum of $40 was given to the Nurses' Relief Fund in memory of Dr. John Mathiesen of Eau Claire, whose thoughtfulness and kindness to the nursing profession will always be remembered. THE LUTHER HOSPITAL ALUMNAE held its quarterly meeting on February 2, in the nurses' parlors. The members voted to erect a bronze tablet in the nurses' class room in memory of the departed doctors and nurses. A meeting of the Public Health nurses of the Tenth District was held at Chippeway Falls, February 3. Miss Dunwiddie, state supervising nurse, presided at the round table. Sixteen nurses were present. Luncheon was served at the Hotel Northern. Katherine Pond of the Middlesex Hospital, Middletown, Conn., has accepted a position as Superintendent of the Lakeside Methodist Hospital of Rice Lake. Miss C. Vickery of Chetek has accepted a call to Brendadana, India, as a missionary.

BIRTHS

Birth, Marriage, and Death notices should be very plainly written, and dates should be given. Death notices of any date are published. Birth and Marriage notices are not published if more than four months past.

To Mrs. Rudolph Fuez **(Bertha Abbuhl,** class of 1914, Rome Hospital, Rome, N. Y.), a son, February 7.

To Mrs. Albion Heidner **(Elsie Argeson,** class of 1915, Augustana Hospital, Chicago), a son, in January.

To Mrs. Thompson **(Miss Aten,** class of 1921, Illinois Training School, Chicago), a son, February 8.

To Mrs. Hans Funch **(Bertha Bate,** class of 1914, Memorial Hospital, Roxborough, Philadelphia), a son, Ross Simpson, December 29.

To Mrs. Charles Metz **(Katherine Boyle,** class of 1917, Allegheny General Hospital, Pittsburgh), a daughter, March 3.

To Mrs. John Brennan **(Katherine F. Conlin,** class of 1917, J. B. Thomas Hospital, Peabody, Mass.), a daughter, December 25.

To **Mrs. H. S. Coppinger** (class of 1915, Presbyterian Hospital, Chicago), a son, in January.

To Mrs. Hubert Brunner **(Ural Covert,** Hahnemann Hospital, Chicago), a daughter, in February.

To Mrs. Raymond Sier **(Pearl E. Davidson,** class of 1914, Wesley Memorial Hospital, Chicago), a son, February 11.

To Mrs. Walter Lomax **(Cecil Davis,** class of 1917, Jewish Hospital, St. Louis), a daughter, February 19.

To **Mrs. Fred Dreman** (class of 1915, Presbyterian Hospital, Chicago), a son, in March.

To Mrs. Leo Kane **(Dorothy Englehart,** class of 1919, St. Mary's Hospital, Philadelphia), a daughter, Dorothy, December 10.

To **Mrs. Walter Ford** (class of 1920, Presbyterian Hospital, Chicago), a son, in January.

To Mrs. A. Fred Watts **(Clara B. Gebler,** Greater Community Hospital, Creston, Ia.), a daughter, Elizabeth Ann, January 9.

To Mrs. Harvey Schlichter **(Anna Goodwin,** class of 1910, Samaritan Hospital, Philadelphia), a son, Harvey, Jr., January 23.

To Mrs. C. E. Peterson **(Mary Gordon,** class of 1915, Illinois Training School, Chicago), a daughter, Dorothy Jane, December 20.

To Mrs. Wesley Weimers **(Doris Habig,** class of 1918, College of Nursing, University of Texas, Galveston), a daughter, January 29.

To Mrs. H. Green **(Lilla Holstrum,** class of 1917, Augustana Hospital, Chicago), a daughter, Carol Louise, February 4.

To Mrs. A. P. Gregg **(Inez Hooper,** class of 1920, College of Nursing, University of Texas, Galveston), a son, January 29.

To Mrs. George Leur **(Geneva King,** class of 1914, Christ's Hospital, Topeka, Kas.), a son, George Leroy, February 18.

To Mrs. Paul Bollinger **(Marie Kolb**, class of 1918, Henrotin Hospital, Chicago), a daughter, in February.

To Mrs. Michael Pfeffer **(Mary Komerak,** class of 1913, St. John's Hospital, Pittsburgh), a daughter, January 25.

To Mrs. Marie Little Shephard **(Marie Little,** class of 1919, Englewood Hospital, Chicago), a son, in March.

To Mrs. Bruce Lockwood **(Ruth Murphy,** class of 1918, Allegheny General Hospital, Pittsburgh), a daughter, March 3.

To Mrs. P. S. Herrick **(E. Puryear,** class of 1916, Illinois Training School, Chicago), a son, Walter Samual, December 7.

To Mrs. William F. Turner **(Clara Madeline Putt,** class of 1917, Philadelphia General Hospital, Philadelphia), a daughter, Christine Jane, March 4.

To **Mrs. Helen Monroe Roberts** (class of 1912, Massachusetts Homeopathic Hospital, Boston, Mass.), a daughter, Charlotte, January 24.

To Mrs. Thomas F. McCarthy **(Beatrice Roch,** class of 1920, Mercy Hospital, Cedar Rapids, Ia.), a daughter, in February.

To Mrs. George Johnson **(Grace Roos,** class of 1918, Oak Park City Hospital, Oak Park, Ill.), a daughter, February 23.

To Mrs. T. A. McLellan **(May Dorothy Ryan,** class of 1916, Kings County Hospital, Brooklyn, N. Y.), a son, Felix Alexander, at Manila, P. I., November 24.

To Mrs. Thomas Sheeslay **(Estella Scully,** class of 1920, St. Mary's Hospital, Philadelphia), a son, December 11.

To Mrs. Harry Ward **(Charlotte Shaver,** class of 1911, Rome Hospital, Rome, N. Y.), a daughter, February 22.

To Mrs. Jay Wilson **(Nellie Tomilson,** class of 1920, Mercy Hospital, Cedar Rapids, Ia.), a daughter, January 27.

To Mrs. Luther Owings **(Julia Irene Turner,** class of 1911, Indianapolis City Hospital, Indianapolis), a son, Luther, Jr., February 27.

To Mrs. John Kerwin **(Florence Warner,** class of 1915, Michael Reese Hospital, Chicago), a daughter, February 16.

To Mrs. Alvin Dresser **(Helen Zimmerly,** class of 1918, South Side Hospital, Pittsburgh), a daughter, Virginia May, January 27.

MARRIAGES

Pearl Adams (class of 1920, Illinois Training School, Chicago), to W. L. Stocks, M.D., December 16.

Ruth E. Adams (class of 1923, Rome Hospital, Rome, N. Y.), to Samuel T. Preston, February 17. At home, Rome, N. Y.

Adele L. Albrecht (class of 1921, Norton Memorial Infirmary, Louisville, Ky.), to Lee Palmer, M.D., December 24. At home, Carson, Ala.

Josephine Alworth (class 1917, Oak Park City Hospital, Oak Park, Ill.), to W. B. Perley, in February.

Anna E. Anderson (class of 1918, Swedish Hospital, Seattle), to Axel F. Brandstorm, January 4.

Hallie M. Brunson (class of 1922, Norton Memorial Infirmary, Louisville, Ky.), to William Gordon, December 22. At home, Clarksville, Tenn.

Mary Bunnell (class of 1919, Presbyterian Hospital, Chicago), to Arthur Lee Evans, February 10. At home, Chicago.

Glen Caswell (class of 1916, Massachusetts Homeopathic Hospital, Boston), to Karl Cline, March 10. At home, Saint Paul. Minn.

Pauline Dietz (class of 1914, St. John's Hospital, St. Paul, Minn.), to Harry H. Woodworth, January 22. At home, Watertown, South Dakota.

Mattie Duguid (class of 1918, Missouri Baptist Sanitarium, St. Louis), to S. J. Cherry, December 21. At home, Houston, Texas.

Margaret C. Field (class of 1921, Jewish Hospital, St. Louis), to Fred Rush, December 26.

Mary J. Glover (class of 1919, Chestnut Hill Hospital, Chestnut Hill, Pa.), to W. B. Pendergrast, January 16.

Grace Harrington (class of 1904, St. Mary's by the Lake, Milwaukee), to W. T. Nichols, M.D., February 17. At home, Milwaukee, Wis.

Esther Holmgren (class of 1918, Augustana Hospital, Chicago), to Hubert English, M.D., in January.

Florence Ann Humphrey (class of 1912, Massachusetts Homeopathic Hospital, Boston),

to Philip Keep Reynolds, in February. At home, Brookline, Mass.

Frankie Adelle Hutchinson (class of 1911, St. Vincent's Infirmary, Little Rock), to James Dunlop Moncure, February 15. At home, Little Rock. Mrs. Moncure is president of the Arkansas State Nurses' Association.

E. M. Jersild (class of 1921, Illinois Training School, Chicago), to Hugh McDonald, M.D., in January.

Laura A. Kile (class of 1919, Samaritan Hospital, Philadelphia), to Harry Riebel, December 19. At home, Chalfont, Pa.

Katherine Koenig (class of 1917, Jewish Hospital, St. Louis), to A. G. Neuwirth, December 28.

Gertrude Lewis (class of 1913, Christ's Hospital, Topeka, Kas.), to Walter Kelly, February 9.

Millie Loewenstein (class of 1912, Norton Memorial Infirmary, Louisville, Ky.), to Meyer D. Greenberg, February 14. At home, Louisville, Ky.

Kathryn Mahoney (class of 1912, Illinois Training School, Chicago), to Lawrence M. Mitchell, December 22. At home, Chicago.

Ruth Massie (class of 1922, Presbyterian Hospital, Chicago), to Harry L. Hill, January 1.

E. Josephine Mathews (class of 1910, Chicago Hospital Training School, Chicago), to Rochester B. Slaughter, February 5.

Ursula Mitchell (class of 1921, Illinois Training School), to Francis Joseph Gerty, M.D., December 21.

Hannah Nelson (class of 1917, Swedish Hospital, Seattle, Wash.), to Lander Hebin, February 24. At home, Wells, Minn.

Catherine Ruth Palmer (class of 1921, Illinois Training School, Chicago), to Ralph Frame Harvey, February 10. At home, Berwyn, Ill.

Alice G. Pardon (class of 1921, Norton Memorial Infirmary, Louisville, Ky.), to Henry R. Heimerdinger, December 28. At home, Louisville, Ky.

Irene Paul (class of 1922, College of Nursing, University of Texas, Galveston), to Brooks Ross Woolford, December 23.

Jane Pope (class of 1920, Presbyterian Hospital, Chicago), to Leonard F. Weber, M.D., January 9.

Nina R. Raub (class of 1917, Presbyterian Hospital, Philadelphia), to John W. Hill, November 16, in Manila, P. I. At home, Louisville, Ky.

Margaret Reichwine (class of 1921, Illinois Training School, Chicago), to Nicholas Stam, M.D., December 20. At home, Mason City, Iowa.

Marsa Riddell (Murray Hospital, Butte, Mont.), to Arthur C. Koerner, February 6. At home, St. Paul, Minn.

Jennie Clark Robertson (class of 1911, St. Lukes' Hospital, Cedar Rapids, Ia.), to J. Herschel Moore, January 1. At home, Nashville, Tenn.

Anna M. Scheader (class of 1917, St. John's Hospital, Red Wing, Minn.), to James D. Young, January 6. At home, Denver, Colo.

Blanche S. Sharp (class of 1914, Framingham Hospital, Framingham, Mass.), to Charles A. Fredrickson, February 17. At home after June 1, Canon City, Colo.

Anne Shaw (class of 1920, Washington University School of Nursing, St. Louis, Mo.), to Joseph Kleiber Wells, February 8. At home, Brownsville, Texas.

Edna Neil Smith (class of 1915, Minor Hospital, Seattle, Wash.), to Arthur Bloom, February 9.

Winifred Upton (class of 1917, Physicians and Surgeons' Hospital, San Antonio, Tex.), to D. W. McCoig, in December. At home, Godsden, Ala.

Grace Walker (class of 1920, Deaconess Hospital, Buffalo, N. Y.), to James Cameron, January 6.

Ethel A. Walsh (class of 1918, Hackensack Hospital, Hackensack, N. J.), to Ashley M. Thomson, January 20. At home, Hackensack, N. J.

Amy Weeks (Augustana Hospital, Chicago), to Harry Ritchie, in January.

Fannie Wissman (class of 1918, Wesley Memorial Hospital, Chicago), to Grover Post, in December.

Rachel Elizabeth Yost (class of 1922, Johns Hopkins Hospital, Baltimore), to Alvin Glenwood Athens, M.D., December 12.

DEATHS

Marie C. Bettig (class of 1894, University of Pennsylvania School of Nurses, Philadelphia), of pneumonia, January 24, at Reading, Pa. For five years after graduation, Miss Bettig had charge of various departments at the University of Pennsylvania Hospital, and then did surgical work at the German Hospital. After a period of private duty nursing, she took up tuberculosis nursing, being the first head nurse at Neversink Mountain Sanitarium, and later joining the staff of the White Haven Sanitarium. She later held positions at Eaglesville and Mount Alto but had, of late, done private nursing in Reading. Ten nurses from the State Association attended the funeral services. She was buried in her uniform.

Ella J. Boyle (class of 1907, Allegheny General Hospital, Pittsburgh), at Allegheny General Hospital, February 24, of pneumonia. Miss Boyle took a year preparatory course at State Hospital, Hazelton, before entering the Allegheny General Hospital. During the World War she served at Camp Ogelthorpe, Ga., and last year completed a course in Public Health Nursing at the University of Pittsburgh. She had been serving as a Public Health Nurse with the Pittsburgh Public Health Nursing Association since graduation, so efficiently that her death is considered a great loss by the Association and in the localities where she served in the homes and schools. The Katherine Mae Joyce Post, 509, American Legion, of which she was a member, held services at the Isabel Chaytor Nurses' Home, on Sunday afternoon, February 25. Her body was taken to the home of her brother in Mauch Chunk. Burial was at Beaver Meadow.

Kathleen M. Boyle (class of 1919, Providence Hospital, Beaver Falls, Pa.), at her home in Ellwood City, Pa., on June 5. Miss Boyle had done private duty nursing since graduation except for a short time when she held a position at the Ellwood City Hospital. The last winter was spent in Asheville with her mother, in an effort to regain her health. An operation was performed in March. Miss Boyle was beloved by all who knew her and is much mourned by her many friends.

Eleanor H. Brown (class of 1901, Connecticut Training School, New Haven, Conn.), in Forest Hills, Long Island, February 24. Miss Brown's was a charming personality. She will be greatly missed by patients and associates.

Mrs. Walter J. Laurence **(Helen Bulorsky,** class of 1917, Madison General Hospital, Madison, Wis.), on February 16, at Madison, of acute dilatation of the heart, after an illness of short duration. After graduation, Miss Bulorsky did private nursing until the war, when she joined Unit 22 and went to France, serving at Evacuation Hospital No. 5 at Chateau Thierry, and later in Belgium. She was married in May, 1922. The American Legion Post attended the funeral services, and a group of about twenty-five nurses. Her death is a sad blow to her many friends and fellow nurses.

Wilma Carlton (class of 1904, United Benevolent Association Hospital, Grand Rapids, Mich.), on December 27, at the Scott and White Hospital, Temple, Texas. Miss Carlton grew to young womanhood in Cameron, Texas, and after her graduation returned to the state, becoming superintendent of nurses at the Scott and White Hospital, where she served most efficiently until September, 1922, when she was stricken with the illness which caused her death. Shortly after her illness began she was taken to Rochester, Minn., to the Mayo Brothers' Hospital, but after careful diagnosis they decided they could do her no good and she returned to Temple, where she was under the tender ministration of those whom she had served so long, until the time of her death. Not only was she well known and much beloved by the nurses of Texas, but in other States as well. She was always an active member of the nurses' association, being a charter member of the Texas Graduate Nurses' Association, having served that organization twice as President. She was an enrolled Red Cross Nurse, and a member of the American Nurses' Association. Her professional ideas were always of the very highest type, and her wonderful patience and cheerful disposition rendered her specially qualified for the positions that she filled. The nursing profession has lost one of its most valued members in the loss of this splendid nurse.

Katherine Cochran, M.D., (class of 1898, St. Joseph's Hospital, Chicago), in Chicago, January 25.

Mrs. Mary Burk **(Miss Dolan,** class of 1911, Mercy Hospital, Cedar Rapids, Iowa), on March 5, at the home of her parents, Prairieburg, Ia.

Ida Leona Erickson (graduate of St. Mary's Hospital, Green Bay, Wis.), on January 21, in a private sanatorium, Detroit, after an illness dating from April, 1919, when she was invalided home from France. At the time the United States entered the war, Miss Erickson was a private duty nurse in her home town, Marquette, Mich. On July 15, 1918, she enlisted in the U. S. Army Nurse Corps. After one month stay at Camp Custer, she sailed for France, her first assignment being at Base Hospital No. 2. Later she was assigned to Base Hospital No. 10, and was transferred to a third hospital where she was chief surgical nurse. She contracted pneumonia and was sent to Southern France but returned to duty as soon as she had recuperated. On April 19, 1919, she was forced to give up her work. Landing in New York in June she was taken to Ft. Sheridan and later sent to Denver, Colorado, where she remained until July 23, 1920, when she returned to Marquette. On February 22, 1922 she went to the Private Sanatorium in Detroit where she died of tuberculosis and heart complications. Miss Erickson was the only nurse from Marquette who served overseas. Her pluck and cheerfulness during her long illness were an inspiration to the host of friends who mourn her loss from the ranks. The funeral at St. Paul's Cathedral, Marquette, was attended by a delegation from the Richard Joplin Post, American Legion, of which she was a member; by members of the Legion Auxiliary, and a group of graduate nurses. She was buried with military honors. At the February meeting of the Fourteenth District Nurses' Association, resolutions were drawn up in her memory.

Cora Evans (class of 1899, Buffalo General Hospital, Buffalo, N. Y.), at the Bradford Hospital, Bradford, in February or March of this year. Miss Evans was for five years assistant superintendent of the Jones Memorial Hospital, Jamestown, N. Y., and was later night superintendent at the Bradford Hospital. She had also held a position in Dr. Mann's private hospital, Buffalo. For five years she had been visiting nurse for the Bradford Chapter of the American Red Cross. Her death causes a vacancy not easily filled. Miss Evans had the love and respect of all who knew her; she was always ready to minister to the sick and needy, hundreds of whom have been helped by her. Sorrow and regret at her loss were heard from all who learned of her death.

Mrs. Erling Hansen **(Ella Gaustad,** class of 1913, St. John's Hospital, Red Wing, Minn.), on March 2, in Minneapolis. Before her marriage, in 1920, to Dr. Hansen, Miss Gaustad affiliated at the University of Minnesota, School of Nursing, and in September, 1912, accepted the position of obstetrical nurse, Out-patient Department, University Hospital,—a position which she held for five years. She later was supervising nurse in the University Dispensary. Her unusual ability as a nurse together with an untiring devotion to duty and a self-sacrificing spirit, made her at once a favorite among all with whom she worked. Patients respected and loved her and were benefited not alone by the excellent nursing care she gave, but by lessons in health and happiness taught in her simple earnest way. At the beginning of the World War she was enrolled in the Red Cross Nursing Service. Being of foreign birth, she was not permitted to serve overseas, but was most actively engaged in war work at home. During the influenza epidemic she volunteered her service at the Overland Building, Midway, an emergency Army Hospital. There she spent all her time while off duty from her own work at the University Dispensary, and often worked late into the night. Complications resulting from overwork at this time hastened her untimely death. Many doctors and nurses from the University of Minnesota attended the funeral at the Bethlehem Lutheran Church.

Mrs. Charles Pavitt **(Sophia Goodman,** class of 1901, Jewish Hospital, Philadelphia), recently, in Shenandoah, Pa. Mrs. Pavitt is mourned as a faithful member, for although she did not attend the meetings, she never forgot the Alumnae.

Catherine T. Guiton (class of 1912, St. Raphael's Training School, New Haven, Conn.), on February 8, after a short illness. For the past seven years Miss Guiton had been night supervisor of St. Raphael's Hospital; previous to this she did private duty nursing. She was a member of the first graduating class of her hospital. Her kind and even disposition won for her many friends by whom she was held in high esteem. Her passing away has deeply grieved her alumnae associates and many friends and relatives.

Gladys Laverne Hall (class of 1920, Presbyterian Hospital, Chicago), on January 12.

Mrs. Emil Steinfeldt **(Mary Harney,** class of 1907, St. Joseph's Hospital, Chicago), at Maywood, Ill., January 26.

Mabel Kirkpatrick (class of 1913, Jennie Edmundson Memorial Hospital, Council Bluffs, Ia.), on February 27, of cancer of the liver. Miss Kirkpatrick was superintendent of a hospital in Petaluma, Calif., for one year. She had been sick in a hospital in California but was removed to her brother's home in Denver, where she died.

Mary Viola Langfitt (class of 1913, Allegheny General Hospital, Pittsburgh, Pa.), at Allegheny General Hospital, February 19, of pneumonia. Miss Langfitt had been doing night duty at the hospital for a number of years and had been enjoying perfect health until stricken. Services were held in Pittsburgh and at her home, Taylorsville. Burial was at Claysville, Pa.

Anna C. McClure (class of 1901, Woman's Hospital of Philadelphia), on February 18, at the Chester County Hospital, West Chester, where she had been taken from her home in Glenmore on the 4th. Miss McClure had been ill since early in January. Her friends are glad to know that she suffered but little during her illness. Her life was well spent, giving of her best to her patients. A member of a family with whom she had spent years, writes of her: "In the passing of Anna C. McClure the profession has lost one of its best representatives. She was not only a nurse of exceptional ability but her steadfast Christian character and loyalty endeared her to all about her. She became in the highest sense companion and friend and her influence will ever be an inspiration. It gives us, as a family, great pleasure to add a personal tribute to her worth and to express our appreciation of her dependability, efficiency and helpfulness during the many years of her connection with us and to record our deep sense of loss in the passing from our lives of one whose memory we shall ever cherish."

Katharine M. Nilan (class of 1905, Samaritan Hospital, Philadelphia), on February 4, at the Fitzsimons General Hospital, Denver, Colo. Miss Nilan did private duty nursing in Houston, Texas for eight years, taking several postgraduate courses to prepare herself for wider usefulness. She was engaged in social service work in Houston, Texas; Anti-Tuberculosis League, Montgomery, Alabama, for three years; Gulf Division A.R.C., New Orleans, La., one year; Northern Division A.R.C., Minneapolis, Minn. She was an overseas nurse in the Army service and was honorably discharged from active service on February 20, 1919. She then engaged in Social Service and Home Hygiene work in Texas, Dakota, and Alabama. She was taken seriously ill in September, 1919, and was sent to Ft. Bayard, New Mexico, where she began a hard struggle for life. She was transferred to Fitzsimons Hospital, Denver, and for a time seemed to improve quite rapidly, but for a few weeks previous to her death she was desperately ill with tuberculosis complicated by a serious kidney condition. Miss Nilan was a bright, active, enthusiastic nurse, of a very pleasing personality, and made friends wherever she went. Throughout her illness, she maintained a cheerful and determined effort to recover and continue her chosen work, and never seemed to lose hope. She was an earnest, practical Christian worker who lived her life with and for the people. The nursing profession has lost a valuable woman. The tributes paid to her memory by her associates of her training days, by her co-workers in the various positions held, the nurses who cared for her during her illness, and by her sister nurses, themselves victims of the dreaded disease, are worth remembering; her memory is to be revered and is one worth emulating. Burial was at the National Cemetery, Germantown, Philadelphia. Miss Nilan was the first and only woman to be buried there.

BOOK REVIEWS

OBSTETRICS FOR NURSES. By Joseph B. DeLee, M.D. 525 pages, with 245 illustrations. W. B. Saunders Company, Philadelphia. Price, $3.

This book has been the guide to the knowledge of obstetrical nursing for so many of the women of our profession that there is little need of introduction. This sixth edition has some new illustrations which are very interesting and valuable; teachers and students will gain much definite understanding of the subject from studying them together.

Unfortunately the lack of concise statement and the scattering of items on a given subject in various chapters, which have always made the book a difficult one for a student beginning obstetrics, are in evidence in this edition also.

It is to be questioned whether a nurse should be expected to make rectal examinations or try to determine the advance of the presenting part by pressure on the perineum, as this means of judging is likely to distract her attention from symptoms she might observe without the slightest danger of criticism, and the knowledge gained by such examinations seems disproportionate to the possible danger of contamination.

The lists of articles needed for the mother and baby under various conditions are practical and will be of value in refreshing the nurse's memory, although much of the detail is covered in the classes in major and minor surgery, so it is a repetition here.

An excellent chapter has been added on the obstetric practice for visiting nurses, and it is written with understanding of their opportunities and responsibilities.

The whole book is pervaded by a spirit of generous appreciation of good nursing and of the necessity for intelligent coöperation between the physician and the nurse. We are much indebted to Dr. DeLee for the careful instruction this book gives. His ideals for the care of mothers and babies are high and it is to be hoped that he will be successful in interesting nurses in this work on which the health and happiness of the homes so largely depend. This book will help nurses to appreciate the social and humanitarian aspects of this specialty and it should be in every school for reference and study.

MARTHA M. RUSSELL, R.N.
New York

THE LIFE OF CLARA BARTON. By William E. Barton. Two volumes, 350 pages each. Houghton Mifflin Company, Boston, Mass. Price $10.

The Life of Clara Barton is not a book to be taken up for an hour's reading. From the first to the last page (and there are many, many pages) the interest is sustained and it would be difficult to imagine any reader not becoming absorbed in the recital, simply told, of a woman's accomplishments in the face of apparently unsurmountable obstacles and what at first appeared impossible opposition. Clara Barton never swerved in a determination to attain her ends,—the aim to succor and relieve suffering humanity in war. The accounts of her personal service to the wounded and dying, through the hideous scenes of carnage in three wars, would make this

history worth while without even touching on the great undertaking of her life, i. e., persuading the American Government to ratify the Geneva Conference of the Red Cross.

The recent World War with its heart-rending details of magnificent self-sacrificing devotion to the wounded has not blotted out one line of a page of what Clara Barton endured in her self-urged sacrifice. When she began her ministrations to the wounded she undertook many things which had never been considered possible or desirable for any woman. The necessary red tape in the care of the wounded and sick in war time, she either untangled or "got away with," in a fashion scarcely conceivable.

Although not considered a woman of physical strength, she accomplished untold feats of endurance, and although at times, toward the end of her career, she was obliged to give up to physical exhaustion, nothing interfered with her one aim and endeavor. Again and again she was decorated for her services. What she accomplished in the Franco-Prussian War was sufficient to have made her famous, but it was her work for her own country, through the Civil War and the Spanish-American War, that helped her attain her great ambition.

The ratification of the American Red Cross, eighteen years after the Geneva Conference, the starting of the Red Cross, was due to her single-handed efforts. In later years the tremendous detail and consequent financial responsibility proved, perhaps, too great a task for one who had always been accustomed to act for herself regardless of what is so necessary in all vast undertakings,—concerted action and the careful development of all the important business details. These she did not accept willingly; the Red Cross did not progress; and it became necessary to take from her the supreme control.

Accustomed as she was to doing everything herself, she resented having others take up and carry on, by the hundreds, what she as one human being could not accomplish. In fact, she could not and did not coöperate or recognize, until too late, the value of the trained personnel which stood ready to carry the great work she had established.

Professional trained nursing did not receive from her proper recognition and she was apparently blind to the merits of scientific work. Consequently she was not willing that women prominent in the nursing profession who volunteered their services should be allowed their opportunity.

But no one can read the history of her life without deep admiration of her single-minded purpose, her self sacrifice, and glorious achievements.

Anna C. Maxwell, R.N., M.A.
New York

Modern Methods in Nursing. By Georgiana J. Sanders. Third edition. W. B. Saunders Company, Philadelphia. Price, $3.

The principal changes in the revised edition of this well known text on nursing are the omission of the introductory chapter, the revision of the chapter on Bacteriology and the inclusion of a description of the Carrel-Dakin Technic of wound sterilization.

The author states in the preface to the third edition that State Boards of Examiners for the registration of nurses now publish lists of accredited schools and, therefore, a discussion of training

school standards is no longer pertinent as an introduction to such a work. An omission of a rather critical paragraph at the end of Chapter 20 would further indicate that the author finds herself more in sympathy than formerly, with present tendencies in nursing education.

The chapters on Bacteriology constitute a rather complete text on this subject, in condensed form, and might be so used in conjunction with one or more of the more exhaustive reference books. In the latest edition there are several new pages on the identification of the common pathogenic bacteria.

The illustrations of this text have always made it a useful one for class room instruction. The face of the probationer who is trying to memorize the "articles needed" for mouth toilet, a bed shampoo, or a poultice, lights up with relief when she sees a picture of a nurse doing one of these procedures with the articles all at hand,—and displayed in such a way that they are readily visualized by the novice.

MABEL F. HUNTLY, R.N., B.S.,
Philadelphia

HISTORY OF AMERICAN RED CROSS NURSING (Official). By Lavinia L. Dock, R.N.; Sarah Elizabeth Pickett, B.A.; Clara D. Noyes, R.N.; Fannie F. Clement, B.A., R.N.; Elizabeth G. Fox, B.A., R.N., and Anna R. Van Meter, B.A., M.S. The Macmillan Company, New York. Price $5.

It is manifestly impossible in the space permitted to do more than touch upon a few high lights of all that lies within a book of 1,500 pages, even although going through these pages, each development, each event, each participant, clamors for mention.

The list of names on the title page gives assurance of the care with which the sections have been compiled. We know that the entire book has been through the acid test of submission to all possible authorities for criticism and checking up, in the four years devoted to its compilation. It is not, of course, humanly possible that all those readers who have themselves been part of the events and struggles this history records will be entirely satisfied with proportion, perspective and conclusions. Matters controversial there are. But these have been dealt with with fairness and dignity, and in no way detract from the remarkable and admirably balanced picture. The whole book presents and preserves for us a picture of fine achievements carried through with a spirit, a thoroughness, a quiet acceptance of each task as a job to be done, that justifies the thrill of pride with which we read this so human, so vivid and so restrained record.

The first chapters written with the sprightly charm and insight into the heart of things that characterizes Miss Dock, weaves into a harmonious whole the intricacies of the beginnings in this country of all Red Cross services. Home disasters of flood and fire first showed to the country the temper of the young organization. The tragedies of the Spanish-American War led up to the Army Reorganization Act of 1900-1901, and to the establishment of the Army Nurse Corps with a nurse appointed by Doctor Anita Newcomb McGee to succeed her as head of the new service,—a hard-won, but in the end generously accorded, official recognition of the proven value and necessity of the "female nurse."

The pages of these early records are full of the names of the splendid pioneers of our profession for whom nothing was too difficult to attempt and whom nothing daunted. With them stand the equally famous names of the women and men of other professions and callings who stood valiently by and gave generously of help and counsel.

All these events and developments lead logically to the reorganization of the Red Cross and the recognition by Mabel E. Boardman and by nurses themselves that a strong nursing service must be one of its most important activities. It is natural that the chapters dealing with the stirring events of the World War will be those to which attention will most eagerly be turned, but there is nothing in printed form of which we know that will better present to young nurses a justification for the faith that is in them than the earlier chapters of this History, depicting vividly the persistent labors and struggles, the wholehearted devotion, as well as the inevitable mistakes and arrogances of a new profession. We wish these chapters could be "required reading" for student nurses.

The events which led to Miss Delano's appointment and her influence on the rapidly moving events which followed, give us an intimate portrait of the woman of whose service an Army medical officer wrote, after her death: "She gave her life freely and unreservedly to a noble service. She accomplished that which she undertook. She died at the height of her powers, at work. She was a fine figure, the figure of an American nurse."

From this beginning of an active Red Cross Nursing Service in 1910 under Miss Delano's firm hand and with the unstinted help of her contemporaries, a carefully nurtured purpose is apparent running like a steel thread through all the years of preparedness to the bitter unknown days ahead when patiently perfected plans would be put to a test infinitely more searching than the boldest imagination could have portrayed.

The larger part of the book is devoted to the part played by American nurses in the World War. From the sailing of the Mercy ship in 1914 to the tense months following the entrance of this country into the war, the narrative, as told by Miss Pickett, is an absorbing and most moving human document. Not only the anguish of the struggle in Europe, but the heavy, anxious work of the camps and cantonment zones and of the other groups whose duty it was to stay at home, are here given in rapidly moving pictures that "carry alive into the heart" once more the heroism, the fortitude, and the selfless and disciplined devotion of those never-to-be-forgotten days. The terse and colorful sketches, the letters and messages of the nurses themselves—many of which, we remember, appeared in the *Journal*—have an extraordinary and poignant appeal.

The difficulties and anxieties, the clashes of opinion and of personality inevitable in so vast and complex an undertaking, are put fairly before the reader, but nothing can lessen the sense of a great task nobly carried on by all who shared it.

The admirably constructed account of the nursing service given to the civilian population of the Allies preserves a series of accomplishments and their

far-reaching results which must remain, for all Americans, a proud memorial of well constructed humanitarian work amongst the ruin of many hopes and efforts. Miss Noyes completes this story in a chapter on Participation in International Nursing Education; and the interesting development of rural and public health nursing service as fostered by the Red Cross is presented by Miss Dock, Fannie F. Clement, and Elizabeth G. Fox.

The final chapter, with pleasant touches of humor, gives an account of the indispensable Dietitian Service. The whole volume, indeed, redeems its bulk by flashes of irresistable gaiety, delightful vignettes, and little intimate portraits and characterizations that will live and breathe long after this generation has passed on. We have no room left to dwell on the excellencies of the make-up of the book, the well selected illustrations, or the appendices which give in admirably succinct form the organized services of the Red Cross with the Army and Navy, and those under its direct control. Here also, is forever recorded, with the simplicity of greatness, the Roll of Honor of Red Cross nurses.

> War's annals will cloud into night
> Ere their story die.

It goes without saying that every training school will give this volume an honored place on its library shelves. We believe that the good-sized group known as the "general public" will also have, through this book, an opportunity they will not miss to know at last not only the achievements in the past of a highly trained, efficient, and useful body of citizens, but to be aroused through the vivid and intensely human interest of its pages, to the fact that the trained nurse, given the education and opportunities which rightly belong to her, is a vital agent in all our national life, in war, and in peace.

A. M. Carr, R.N.,
New York.

THE STERLING-LEHLBACH BILL

The passing of the Sterling-Lehlbach Reclassification Bill, which has been under consideration for the past two years, was one of the final acts of the 68th Congress. The Bill has been passed and has been signed by the President, with one or two drastic changes from the original bill as far as nurses are concerned.

In the original bill nurses were listed in the professional class, after a good deal of effort to have them placed in that classification. In the bill as passed, no specific mention is made of any profession.

In the original bill, the head of each department—the person who understands all of his various units and sections—was the allocating agency and the Civil Service Commission was designated as the classifying agency. In the act as it passed, the allocating agency is composed of a Personnel Board of three members, of which Board the Chairman of the Bureau of the Budget is chairman, with one member from the Bureau of Efficiency and one member from the Civil Service Commission. This Board is placed in charge of the administration of the bill, the allocation of personnel to the various grades and classes and is given authority to from time to time designate additional classes * * or to combine, divide, alter or abolish existing classes.

One other change which has been made which is really a return to the original Lehlbach Bill as it passed the House of Representatives, is the postponing of the effect of this law until July 1, 1924, when it takes effect both in the departmental service and in the field. Many people affected by the bill, and particularly nurses, feel grave apprehension in regard to its proper and fair administration, since the Bureau of Efficiency in the past has not shown itself to be a friend or even a fair opponent of nurses. The bill is a good bill if fairly and justly administered. Its whole effect will be in its administration and it rests largely with those affected by the bill to insist upon fair administration.

OFFICIAL DIRECTORY

International Council of Nurses.—Secretary, Christine Reiman, Kronprinsessegade 50, Copenhagen, Denmark.

The American Journal of Nursing Company.—Headquarters, 370 Seventh Avenue, New York. Business Office, 19 West Main Street, Rochester, N. Y. President, Sarah E. Sly, Birmingham, Mich. Secretary, Elsie M. Lawler, Johns Hopkins Hospital, Baltimore, Md.

The American Nurses' Association.—Headquarters, 370 Seventh Avenue, New York. President, Adda Eldredge, Bureau of Nursing Education, Board of Health, Madison, Wis. Secretary, Agnes G. Deans, 370 Seventh Avenue, New York. Treasurer, V. Lota Lorimer, 1238 West Lake Avenue, Lakewood, Ohio. Sections: **Private Duty,** Chairman, Frances M. Ott, Morocco, Ind. **Mental Hygiene,** Chairman, May Kennedy, Chicago State Hospital, Chicago, Ill. **Legislation,** Chairman, Roberta M. West, Room 150, 34 S. 17th Street, Philadelphia, Pa. **Relief Fund Committee,** Chairman, Elizabeth E. Golding, 317 West 45th Street, New York, N. Y. Treasurer, V. Lota Lorimer, 1238 West Lake Avenue, Lakewood, O.

The National League of Nursing Education.—Headquarters, 370 Seventh Avenue, New York. President, Laura R. Logan, General Hospital, Cincinnati, O. Secretary, Martha M. Russell, 317 West 45th Street, New York. Treasurer, Bena M. Henderson, Children's Memorial Hospital, Chicago, Ill. Executive Secretary, Effie J. Taylor, 370 Seventh Avenue, New York.

The National Organization for Public Health Nursing.—President, Elizabeth G. Fox, 3800 14th Street, N. W., Washington, D. C. Director, Anne Stevens, 370 Seventh Avenue, New York.

Isabel Hampton Robb Memorial Fund Committee.—Chairman, Elsie M. Lawler, Johns Hopkins Hospital, Baltimore, Md. Treasurer, Mary M. Riddle, 223 Newbury Street, Boston, Mass.

New England Division, American Nurses' Association.—President, Mary M. Riddle, 223 Newbury St., Boston, Mass. Acting secretary, Esther Dart, Stillman Infirmary, Cambridge, Mass.

Nursing Service, American Red Cross.—Director, Clara D. Noyes, American Red Cross, Washington, D. C.

Army Nurse Corps, U. S. A.—Superintendent, Major Julia C. Stimson, Office of the Surgeon General, Army Corps Division, War Department, 19th and B Streets, Washington, D. C.

Navy Nurse Corps, U. S. N.—Superintendent, J. Beatrice Bowman, Bureau of Medicine and Surgery, Department of the Navy, Washington, D. C.

U. S. Public Health Service Nurse Corps.—Superintendent, Lucy Minnegerode, Office of the Surgeon General, U. S. Public Health Service, Washington, D. C.

Nursing Service, U. S. Veterans' Bureau.—Superintendent, Mrs. Mary A. Hickey, Hospital Section, U. S. Veterans' Bureau, Washington, D. C.

Department of Nursing and Health, Teachers College, New York.—Director, M. Adelaide Nutting, Teachers College, Columbia University.

STATE ORGANIZATIONS OF NURSES

Alabama.—President, Bertha Clement, 2019 Avenue F., Birmingham. Secretary, Ruth Davis, Selma. State League, President, DeWitt Dillard, Mobile Infirmary, Mobile. President examining board, Helen MacLean, 1808 North 7th Ave., Birmingham. Secretary, Linna H. Denny, 137 N. 60th St., Birmingham.

Arizona.—President, Rose Benenato, 221 East Polk Street, Phoenix. Secretary, Mrs. Regina Hardy, 826 East Second Street, Tucson. President examining board, Edith P. Snowden, Phoenix. Secretary, Gertrude F. Russell, State House, Phoenix.

Arkansas.—President * * * Secretary, Blanche Tomaszewska, 815 Laurel St., Pine Bluff. President examining board, M. D. Ogden, M.D., Little Rock. Secretary-treasurer, Mrs. James D. Moncure, Route 4, Box 200, Little Rock.

California.—President, Mrs. E. B. Conzelmann, State Hospital, Stockton. Secretary, Mrs. J. H. Taylor, Route A, Galt. State League President, Lina L. Davis, Pasadena Hospital, Pasadena. Secretary, Evelyn Wood, San Francisco Hospital, San Francisco. Director, Bureau of Registration of Nurses, Anna C. Jamme, 724 Wells Fargo Building, San Francisco.

Colorado.—President, Jessie D. Stewart, 220 E. Yampa St., Colorado Springs. Secretary, Mrs. Mae M. Carpenter, 1027 Fillmore St., Denver. State League President, Mrs. Gertrude Loutzenheiser, Children's Hospital, Denver. Secretary, Loretto Mulherin, St. Joseph's Hospital, Denver. President examining board, Blanche I. Lewis, 1116 East Boulder Street, Colorado Springs. Secretary, Louise Perrin, State House, Denver.

Connecticut. — President, A. Elizabeth Bigelow, 69 East Main Street, Meriden. Secretary, Kathryn E. Sherman, Hartford. State League President, Sarah E. Hyde, Middlesex Hospital, Middletown. Secretary, Amelia M. Jones, Middlesex Hospital, Middletown. President examining board, Martha P. Wilkinson, 34 Charter Oak Avenue, Hartford. Secretary, Mrs. Winifred A. Hart, 109 Rocton Avenue, Bridgeport.

Delaware.—President, Marie T. Lockwood, Ford Building, Wilmington. Secretary, Amy E. Wood, 213 Seventh Street, Wilmington. President examining board, Harold L. Springer, M.D., 1013 Washington Street, Wilmington. Secretary, Mary A. Moran, 1313 Clayton Street, Wilmington.

District of Columbia.—President, Ida F. Butler, American Red Cross, Washington. Secretary, Catherine B. Hay, 1337 K St., N. W., Washington. District League President, Minnie Goodnow, Children's Hospital, Washington. Secretary, Anne H. Raffin, Emergency Hospital, Washington. President examining board, Margaret Hutchinson, 1337 K Street, N. W., Washington. Secretary-treasurer, Mary E. Graham, 1337 K Street, N. W., Washington.

Florida. — President, Theresa P. Fremd, Orange General Hospital, Orlando. Secretary, Elizabeth Steil, Riverside Hospital, Jacksonville. President examining board, Anna L. Felting, Box 196, Miami. Secretary-treasurer, Mrs. Louisa B. Benham, Hawthorne.

Georgia.—President, Mrs. Mae M. Jones, State Sanatorium, Millidgeville. Secretary, Chloe M. Jackson, 602 Chamber of Commerce, Atlanta. State League President, Mrs. Eva S. Tupman, Macon City Hospital, Macon. Secretary, Jean Harrell, Baptist Hospital, Atlanta. President examining board, Jane Van De Vrede, 464 North Boulevard, Atlanta. Secretary and treasurer, Jean Harrell, 110 Luckie Street, Atlanta.

Idaho. — President, Mary Brown Lowers, City National Bank Building, Boise. Secretary, Cora W. Palmer, St. Luke's Hospital, Boise. Department of Law Enforcement, Bureau of Licenses, Examiner, Napina Hanley, State Capitol, Boise.

Illinois.—President, Mabel Dunlap, 1531½ Third Avenue, Moline. Secretary, May Kennedy, Chicago State Hospital, Chicago. State League President, Mary H. Cutler, 1750 Congress St., Chicago. Secretary, Dora C. Saunby, Michael Reese Hospital, Chicago. Superintendent of Registration, Addison M. Shelton, State Capitol, Springfield.

Indiana. — President, Ina Gaskill, State Board of Health, Indianapolis. Secretary, Eugenia Kennedy, St. Vincent's Hospital, Indianapolis. President State League, Mary M. Peterson, Robert W .Long Hospital, Indianapolis. Secretary, Lizzie L. Goeppinger, Protestant Deaconess Hospital, Indianapolis. President examining board, Elizabeth E. Springer, Huntington County Hospital, Indianapolis. Secretary, Ida J. McCaslin, 501 East Noble Street, Lebanon.

Iowa. — President, Amy Beers, Jefferson County Hospital, Fairfield. Secretary, Nelle Morris, The Summit, D-1, Iowa City. President examining board, C. F. Launder, M.D., Garwin. Secretary, Rodney P. Fagan, M.D., Des Moines.

Kansas. — President, Ethel L. Hastings, Bethany Hospital, Kansas City. Secretary, Caroline E. Barkemeyer, Halstead. President examining board, Sister Catherine Voth, Newton. Secretary-treasurer, Sister Mary Helena, St. Luke's Hospital, El Dorado.

Kentucky. — President, Josephine Meyers, Newport. Corresponding secretary, Gertrude Bethel, 700 Francis Building, Louisville. State League President, Anne R. Manuel, Norton Infirmary, Louisville. Secretary, Lillian E. Rice, St. Mary and Elizabeth Hospital, Louisville. President examining board, Sophia F. Steinhauer, Speers Memorial Hospital, Dayton. Secretary, Flora E. Keen, Somerset.

Louisiana.—President, Sara Babb, Charity Hospital, New Orleans. Secretary, Celeste Janvier, 1503 Robert Street, New Orleans. President examining board, J. T. Crebbin, M.D., 27 Cusachs Building, New Orleans. Secretary, J. S. Hebert, M.D., 27 Cusachs Building, New Orleans.

Maine. — President, Mrs. Lou S. Horne, 122 Emery St., Portland. Secretary, Louise Hopkins, 246 Essex Street, Bangor. President examining board, Margaret M. Dearness, Maine General Hospital, Portland. Secretary-treasurer, Rachel A. Metcalfe, Central Maine General Hospital, Lewiston.

Maryland. — President, Elsie M. Lawler, Johns Hopkins Hospital, Baltimore. Secretary, Sarah F. Martin, 1211 Cathedral Street, Baltimore. State League President, Maude Gardner, Hospital for the Women of Maryland, Baltimore. Secretary, Charlotte M. Snow. President examining board, Helen C. Bartlett, 604 Reservoir Street, Baltimore. Secretary and treasurer, Mary Cary Packard, 1211 Cathedral Street, Baltimore.

Massachusetts. — President, Carrie M. Hall, Peter Bent Brigham Hospital, Boston. Corresponding secretary, Mrs. Anna R. Ross, 636 Beacon St., Boston. President State League, Sally Johnson, Massachusetts General Hospital, Boston. President examining board, Mary M. Riddle, 227 Newbury St., Boston. Secretary, Samuel H. Caulderwood, M.D., State House, Boston.

MEAD'S

NO CHARGE TO PHYSICIANS, DIETITIANS AND NURSES

for

Handy File Card Index Box

of

Corrective Diets for Infants and Children

CONTAINS

Diets for infants who fail to gain.
Diets for colicky breast-fed infants.
Diets for colicky bottle-fed infants.
Diets for the constipated infant.
Diets for infants with various diarrhoeas.
Diet in eczema, ammoniacal urine, marasmus, vomiting.
Protein Milk, Boiled Milk and Key to Modify Cow's Milk.
Diets for Older Children.
Extra file cards to jot down your own data.

This handy one-minute reference for individual feeding SHOULD sell for one dollar, but will be sent gratis on request. Postage prepaid.

Please give name of hospital where training was received

Made By MEAD
Manufacturer of
Mead's Dextri-Maltose

MEAD JOHNSON & COMPANY
Evansville, Indiana, U. S. A.
and
163 Dufferin St., Toronto, Canada

The Duchesne Saline Heating Pad

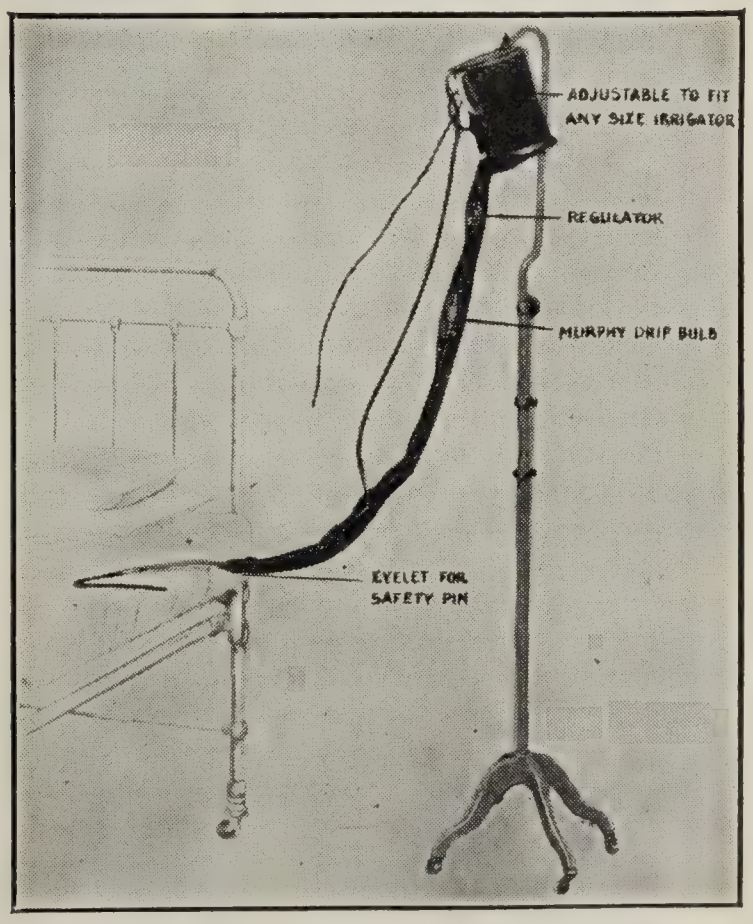
A great labor-saving device for efficiently giving:

INTRAVENOUS INFUSION
HYPODERMOCLYSIS
and
PROCTOCLYSIS

to the advantage of the patient, the nurse and the hospital.

For full details see the March issue of Amer. Jour. of Nursing.

For prices and folders write us or ask your supply house.



The Whitney Company, 143 Liberty St., New York City

Michigan. — President, Mrs. Barbara H. Bartlett, 329 Science Bldg., Ann Arbor. General secretary, Sarah E. Sly, Birmingham. State League President, Maud McClaskie, Harper Hospital, Detroit. Secretary, Helen M. Pollock, Flint. President examining board, Richard M. Olin, M.D., Lansing. Secretary, Mrs. Helen de Spelder Moore, 206 State Office Building, Lansing.

Minnesota. — President, Irene English, Northern Pacific Hospital, St. Paul. Secretary, Dora Cornelisen, Old State Capitol, St. Paul. President State League, Caroline Rankiellour, 3913 Eleventh Ave. S., Minneapolis. Secretary, Pearl L. Rexford, Northwestern Hospital, Minneapolis. President examining board, Jennette M. McLaren, M.D., 803 Lowry Building, St. Paul. Secretary, Dora Cornelisen, Old State Capitol, St. Paul.

Mississippi.—President, Mrs. B. M. Hopper, Mattye Hersey Hospital, Meridian. Secretary, Mrs. James A. Cameron, 511 Bay Street, Hattiesburg. President examining board, Dr. J. H. Fox, Jackson. Secretary-treasurer, Ernestine Bryson, Houston.

Missouri. — President, Mance Taylor, Parker Memorial Hospital, Columbia. Secretary, Bertha Love, Parker Memorial Hospital, Columbia. State League President, Eleanor Keeley, Columbia. Secretary, Glory H. Ragland, 3908 Olive Street, St. Louis. President examining board, Mary G. Burman, Children's Mercy Hospital, Kansas City. Educational director-secretary, Harriet L. P. Friend, 620 Chemical Building, St. Louis.

Montana. — President, Margaret Irish, 618 North 23rd Street, Billings. Secretary, F. L. Kerlee, Box 742, Billings. President examining board, E. Augusta Ariss, Deaconess Hospital, Great Falls. Secretary-treasurer, Frances Friederichs, Box 928, Helena.

Nebraska.—President, Lulu F. Abbot, 847 North 26th Street, Lincoln. Secretary, Cora E. Higgins, 2100 South St., Lincoln. State League President, Charlotte Burgess, University Hospital, Omaha. Secretary, Bertha A. Bryant, Grand Island Hospital, Grand Island. Bureau of Examining Board, secretary, H. H. Antles, Department of Public Welfare, State House, Lincoln.

Nevada.—President, A. Craven, Reno Hospital, Reno. Secretary, M. A. Ross, 243 West 3d St., Reno.

New Hampshire. — President, Anna C. Lockerby, Laconia Hospital, Laconia. Secretary, Mrs. Florence M. Knowles, Portsmouth. President examining board, Mae Morrison, Whitefield. Secretary, Ednah Cameron, 8 North State Street, Concord.

New Jersey.—President, Elizabeth J. Higbid, 449 VanHouten Street, Paterson. Secretary, Marie Louis, Muhlenberg Hospital, Plainfield. State League President, Florence Dakin, 468 Ellison St., Paterson. Secretary, Marie Louis, Muhlenberg Hospital, Plainfield. President examining board, Mary J. Stone, Room 302, McFadden Building, Hackensack. Secretary-treasurer, Elizabeth J. Higbid, Room 302, McFadden Building, Hackensack.

New Mexico. — President, Theresa McMinamen, 417 S. Arno Street, Albuquerque. Secretary, * * *

New York.—President, Mrs. Anne L. Hansen, 181 Franklin Street, Buffalo. Secretary, Ella F. Sinsebox, 443 Linwood Avenue, Buffalo. State League President, Amy M. Hilliard, Samaritan Hospital, Troy, N. Y. Secretary, Helen Young, Presbyterian Hospital, New York. President examining board, Lydia E. Anderson, 461 Washington Avenue, Brooklyn. Secretary, Alice Shepard Gilman, State Education Building, Albany.

North Carolina. — President, Pearle Weaver, Hendersonville. Secretary, Harriet M. Lisowski, Mary Elizabeth Hospital, Raleigh. State League President, Mary P. Laxton, Biltmore Hospital, Biltmore. Secretary, Gilbert Muse, High Point. President examining board, Mary P. Laxton, Biltmore. Secretary-treasurer, Dorothy Hayden, Greensboro.

North Dakota.—President, Sarah Sand, Osgood Flats, Fargo. Corresponding secretary, Esther Teichmann, 811 Avenue C., Bismarck. President examining board, Ethel Stanford, State Sanatorium, Dunseith. Secretary, Mildred Clark, General Hospital, Devils Lake.

Ohio.—President, Grace E. Allison, Lakeside Hospital, Cleveland. Secretary, Grace Bentley, 1200 Ethel Avenue, Lakewood. State League President, Blanch Pfefferkorn, Cincinnati General Hospital, Cincinnati. Secretary, Marguerite Fagan, Jewish Hospital, Cincinnati. Chief examiner, Caroline V. McKee, Hartman Hotel Building, Columbus. Secretary, Dr. H. M. Platter, Hartman Hotel Building, Columbus.

Oklahoma.—President, Olive Salmon, Pawhuska. Secretary, Virginia Tolbert, University Hospital, Oklahoma City. State League President, Lena A. Griep, Oklahoma Hospital, Tulsa. Secretary, Candace Montfort, University Hospital, Oklahoma City. President examining board, Mrs. Idora Rose Scroggs, 324 West Grey Street, Norman. Secretary-treasurer, Mrs. A. Ratliffe, 445 Cass St., Milwaukee, Wis.

Oregon. — President, Grace Phelps, 616 Lovejoy Street, Portland. Secretary, Margaret A. Tynan, St. Vincent's Hospital, Portland. President examining board, Jane V. Doyle, 660 Johnson St., Portland. Secretary-treasurer, Mrs. O. E. Osborne, 512 Oakdale Avenue, Medford.



The Importance of ONE SHORT WORD

In every home, there is a daily need for certain household products. You are often called upon to use such products yourself, or to suggest them upon the advice of the attending physician.

One short word will assure you always of their extreme purity and exact strength. That one word is "SQUIBB!"

The name Squibb identifies the products of a house which has served the medical profession for more than sixty years. In this service, E. R. Squibb & Sons have made many contributions to the advancement of chemical science as applied to medicine. It was the founder of the Squibb Laboratories who, in producing Squibb's Ether, first gave to humanity a safe and satisfactory anesthetic.

In most drug stores, Squibb Products are displayed in a separate Squibb Section. They are thus set apart as there is no comparison between Squibb Products and the ordinary commercial articles.

Your patients should make their purchases from the Squibb Section. In this way they are sure of purity and reliability in Household Products they buy.

A part of the broad Squibb Line is devoted to Toilet Products. We would like you to know the unusual merit of these products. Upon request, we will send you, free, full size packages of Squibb's Dental Cream and Squibb's Talcum. Mail the coupon.

SQUIBB

The "Priceless Ingredient" of every product is the honor and integrity of its maker

Copyright 1923, E. R. Squibb & Sons

FULL SIZE PACKAGES FREE

Mail this coupon to E. R. Squibb & Sons, P. O. Box 1215, New York, for a full size tube of Squibb's Dental Cream and a full size can of Squibb's Violet Talcum—FREE.

Name _____

Address _____

City _____

Pennsylvania. — President, Margaret A. Dunlop, Pennsylvania Hospital, Philadelphia. Secretary-treasurer, Gertrude Heatley, South Side Hospital, Pittsburgh. State League President, Mrs. Helene Herrmann, 1818 Lombard St., Philadelphia. Secretary, Susan Heitzenrater, Punxsutawney Hospital, Punxsutawney. President examining board, Albert M. Blackburn, M.D., 34 South 17th Street, Philadelphia. Secretary-treasurer, Roberta M. West, Room 150, 34 S. 17th Street, Philadelphia.

Rhode Island.—President, Amy Allison, Rhode Island Hospital, Providence. Corresponding secretary, Edith Barnard, 425 Broadway, Providence. State League President, Ellen M. Selby, Memorial Hospital, Pawtucket. Secretary, Elizabeth F. Sherman, 85 Tobey St., Providence. President examining board, Henry C. Hall, M.D., Butler Hospital, Providence. Secretary-treasurer, Lucy C. Ayers, Woonsocket Hospital, Woonsocket.

South Carolina.—President, Frances Bulow, 40 Coming Street, Charleston. Secretary, Annie J. Meyer, Mercy Hospital, Charleston. Secretary, board of nurse examiners, A. Earl Boozer, M.D., Columbia.

South Dakota.—President, Ellen McArdle, Aberdeen. Corresponding secretary, Carrie E. Clift, Rapid City. President examining board, Clara S. Ingvalson, Flandreau. Secretary-treasurer, Mrs. Elizabeth Dryborough, Rapid City.

Tennessee. — President, Mrs. Dorsey T. Gould, 1305 Edgewood Place, Nashville. Secretary, Annie Feltus, 809 Madison Avenue, Memphis. President examining board, Willie M. McInnis, University of Tennessee, Memphis. Secretary-treasurer, Dr. Reese Patterson, Knoxville.

Texas.—President, Helen Holliday, Baylor Hospital, Dallas. Secretary-treasurer, A. Louise Dietrich, 1001 E. Nevada Street, El Paso. State League President, Miss Lasky, Baptist Hospital, Waco. Secretary, L. Jane Duffy, University of Texas, Austin. President examining board, Helen T. Holliday, Baylor Hospital, Dallas. Secretary, Eula Whitehouse, Route 4, Cleburne.

Utah.—President, Daphne Dalton, 20 E. North Temple St., Salt Lake City. Secretary, Jane Rawlinson, 704 W. North Temple St., Salt Lake City. Department of Registration, Capitol Building, Salt Lake City.

Vermont. — Acting president, Anastacia Corry, 16 Colchester Ave., Burlington. Secretary, Mrs. Rose A. Lawler, Springfield. President examining board, Donley C. Hawley, M.D., Burlington. Secretary, Mrs. J. M. Allen, 50 Eastern Avenue, St. Johnsbury.

Virginia.—President, L. L. Odom, Sarah Leigh Hospital, Norfolk. Secretary, Blanche Webb, King's Daughters' Home, Norfolk. State League President, Virginia Thacker, Lewis-Gale Hospital, Roanoke. Secretary, Martha Baylor, St. Luke's Hospital, Richmond. President examining board, Virginia Thacker, Lewis-Gale Hospital, Roanoke. Secretary-treasurer, Ethel Smith, Craigsville.

Washington.—President, Mrs. W. M. McKinney, 5302 14th Street, N. E., Seattle. Secretary, Katherine Major, King County Hospital, Seattle. State League President, Evelyn H. Hall, Seattle General Hospital, Seattle. Secretary, Johanna Burns, American Red Cross, Spokane. Director of Licenses, Fred J. Dibble, Olympia.

West Virginia. — President, Mrs. Susan Cook, Lock Box 457, Wheeling; home address, Bridgeport, Ohio. Secretary-treasurer, Mrs. R. J. Bullard, Lock Box 457, Wheeling; home address, 510 Catawba Street, Martin's Ferry, Ohio. President examining board, Frank LeMoyne Hupp, M.D., Wheeling. Secretary, Jessie A. Clarke, Ohio Valley General Hospital, Wheeling.

Wisconsin. — President, Agnes W. Reid, Bradley Memorial Hospital, Madison. Secretary, Erna Kowalke, 85 Oneida St., Milwaukee. State League President, Marion Rottman, Mount Sinai Hospital, Milwaukee. Secretary, Cornelia van Kooy, 558 Jefferson St., Milwaukee. Director, Bureau of Nursing Education, Adda Eldredge, State Board of Health, Madison.

Wyoming.—President, Ida Mae Stanley, Wyoming General Hospital, Rock Springs. Secretary, Mrs. Clyde W. Peterson, 2004 Maxwell Street, Cheyenne. President examining board, S. J. McKenzie, St. John's Hospital, Cheyenne. Secretary, Mrs. H. C. Olson, 605 East 21st Street, Cheyenne.

TERRITORIAL ASSOCIATION

Hawaii.—President, Alice M. Yates, 1250 Manumea Avenue, Honolulu. Secretary, Harriet B. Delamere, Queen's Hospital, Honolulu.

WHERE TO SEND MATERIAL FOR THE JOURNAL

Send all news items, notices and reports of meetings, subscriptions, changes of address, advertisements, and all business correspondence to the Rochester Office, 19 West Main Street, Rochester, N. Y.

Send articles for publication, books for review, and editorial correspondence to the New York office, 370 Seventh Avenue, New York.

overdemand of physical and mental strength, on the part of Miss Goldmark, in order that the contribution of the nurse to the health of the community shall measure up to a truly extraordinary opportunity for service.

Now for my three-fold subject:

The University

"The highest functions of a university," says Professor Field, "are on the one hand to provide place and opportunity for the research worker to carry on and make his discoveries and, on the other hand, to train young men of *selected ability* to use their creative faculties." There are others who have expressed the function of the university to be that of standardization. I regret exceedingly that the time will not allow me to quote at length from Professor Field and that I shall have to limit myself to one further brief quotation:

> Whatever the undeveloped resources of a country may be, the greatest of all its resources is the brain of the people and more especially the brain of the exceptionally gifted. Other resources in fact are made available only by the combination with this primary resource. The wealth of the race consists of the thoughts of a limited number of men accumulated through the generations.

I find myself constrained to discuss, for a brief moment, a matter which is assuming ever greater significance and which this conception of the university again brings forward. I think more in the past, possibly than in the present, but nevertheless still definitely with us, is the tendency to give too much thought to the means through which a given end is reached, and thereby to lose sight of the matter of supreme importance, the end itself. Formerly in the field of theory, indeed, this tendency to which I refer found its expression not infrequently in the accusation of plagiarism. For myself, I know that beginning with the proverbial first school room, my mother's knee, on down through all my contacts with human thought, living or dead, all that I do, or say, or think, is but a composite photograph of these contacts, for my memory flashes upon every problem under consideration, often in such exact words, the thoughts of others bearing directly or indirectly on the matter in hand, that I have even come to have an understanding of the slight thread which lies between an appreciation that these are flashes of memory, and the hallucination of the mentally unbalanced which translates such flashes into actual voices. If this is the case with me, it must be, I conceive, with others and so I have come to wonder if we are not too much concerned with the instigators of projects and as to the devious ways, channels, or what you will, through which such projects are achieved, and to believe that this habit is so disturbing and retarding an element in the already too slow unfolding or development of creative schemes as to justify facing the fact squarely in an effort thereby to overcome it. To illustrate: Chanticleer played indeed a distinct part between the ushering in of the day and the sleeper when his crowing announced the dawn, the error was to imagine that part to be the creation of dawn itself. If more importance were attached to the *awakening* of the sleepers, we find ourselves querying, "Would the wealth of the race consist of the thoughts of a *limited* number of men?"

Conclusion 8 of the Report of the Committee on Nursing Education states:

the development and strengthening of University Schools of Nursing of a high grade for the training of leaders is of fundamental importance in the furtherance of nursing education.

In the paragraph preceding this conclusion appears the statement:

It should be made quite clear that the Committee does not recommend that nursing schools in general should work toward the establishment of courses of a character that a University would accept for a degree. We realize that the numerical proportion of the nursing profession to be contributed by the University School will perhaps always be a relatively small one. Yet we believe that the importance of this portion of the educational structure would be difficult to overestimate.

Professor Field's conception of the function of the university would seem to fully accord with the conclusion of the Committee of the part of the university school, and the temerity, therefore, to say nothing of the inconsistency of a member, who signed that report, taking issue with it, is obvious. Yet such issue I take!

As some present know, it was my great good fortune to be invited this summer to give a course in the University of Washington in Seattle. What I observed there, and such subsequent study as I have given the matter, has confirmed the belief which I had previously no first hand knowledge to substantiate, that in the not remote future the professional preparation of a nurse would be based on one or more years of college preparation. I am now convinced that there is a definite difference of opinion between the far east and the far west as to the educational foundation of the population at large. I believe that it is generally accepted in the east that comparatively few of the young people will enter the high school, whereas, in the far west, every effort is brought to bear that all of the young people shall go through the high school, and a very definite responsibility is assumed to enable as many as possible to continue to go beyond that. By way of proof, let me present the following statistics taken from the Report of the United States Bureau of Education of the school population census. The age group which seems to bear most directly on the question at hand is that which relates to the population between 18 and 20 still in school and which shows in part as follows: In the northeastern states, 12 in number, the highest per cent.—17.8% is found in Maine, the lowest in New Jersey—10%, while Pennsylvania, New York, Rhode Island and Maryland follow closely with a per cent. ranging from 10.8% to 11.4%. In the southern states, 14 in number, North Carolina leads with 19.1%, while Louisiana stands at the foot with 10.7%. In the central western states, 12 in number, Kansas leads with 20.8% with Iowa and North Dakota following with 19.4% and 19%, while Michigan and Illinois fall to 12.2%. In the western group, 11 states in number, 8 states show over 20% still in school, Utah leading with 24.7%, Oregon 24.4%, with Arizona at the foot—14.4%.

My statement that a very definite responsibility is assumed to enable as many as possible to continue beyond the high school is based on adjustments whereby the state universities are able to give financial assistance to their students.

In reply to a request for definite information in this matter, I have received a letter from Miss Lusby of the Home Economics Department of the

University of Washington, a brilliant young woman, who while teaching Institutional Administration, provides through the Commons the best and most attractively served food at the lowest possible price that it has yet been my good fortune to find. She writes at length both concerning the use of student labor and the adjustments for those students who are taking courses in the Home Economics Department itself, adjustments which have a distinct relation to our own problems of adjustment within the hospital or other organizations where students are obtaining field experience. I will only, however, give you a few most important excerpts:

> The minimum salary for this group is $65 a month, for the helpers, and the maximum is $114 for the heads of departments. Two meals a day are furnished, but no living quarters. The rest of the work is done by student workers, who spend from one hour to five hours a day at the Commons. The work comes at the serving hours, and is broken shift. They are paid forty cents an hour, and must pay for their own meals.
>
> We select these students from all departments on the campus, according to our standards for student employes. Few of them have had any previous experience in this kind of work. We make no discrimination in wage for these student helpers, as the forty cent wage is the standard student wage on the campus. I have found a great deal of dissatisfaction among the students, in the one or two instances when a student has been paid a higher wage. The standard amount seems to stand, to them, for a certain democratic condition of employment, which they seem to cherish. As practically all of the students are totally inexperienced when they come to us, and as they consider it a privilege to have positions at the Commons, we have no "labor problems" here, nor do we have any feeling of resentment at the dearth of increases.

It will, I am sure, be of interest to you to know that a study has been made of the effect of student work upon the student's standing. This study has not yet, I believe, been released, but the preliminary report came to my hand and would seem to show that the most highly qualified students can make both a mental and physical output without lowering their class standing. Of those who accept the present evaluation of national intelligence as recently revealed to us, we would ask, if they would not acknowledge that through present day science such intelligence might be continuously and immeasurely raised, but we would also ask if it is believed that women should be admitted to a profession concerned with so serious a matter as the health of the community whose intelligence did not permit of their carrying work of university grade. Judged by the many thousands who are finding it possible to complete successfully the university course, we should hesitate to allow the standards of intelligence to fall below this.

I could spend and well spend my remaining minutes, or indeed some hours, in discussing whether we desire to further the idea of the far west or to accept the thought, if I am correct in it, of the far east, the subject to be dealt with under the caption "Brain Waste." The brain waste that Professor Field deplores—and deplorable it is—is the use of the research mind for teaching purposes at the expense of research itself, but the brain waste that I would discuss harps back to Professor Field's statement that the greatest of all resources of a country is the brain of the people and that other resources are made available only by the combination with this primary resource. My

discussion would fall under three divisions.

1. *The use of knowledge for those unconcerned to have it*—Beginning with Solomon who, surfeited with learning, deplored the making of many books, and the weariness of study to the flesh, many centuries before the printing press had opened the door of knowledge to the common man, down to this present moment, hosts of young people, who have no desire for learning or no intention of putting their knowledge to use, have filled the class rooms at the expense of the young people who are longing for and need that privilege.

2. *The failure to determine who shall have the privilege of the university education on the basis of the value of the various branches of work to the social efficiency of the country*—The most superficial consideration of the question would, it seems to me, lead to the conclusion that those agents, concerned with the development of a physically, mentally and morally, if you will, perfect human being should head the list of those requiring the soundest and most comprehensive body of scientific knowledge and that the failure to so provide was profoundly wasteful. To illustrate—The Home Economics Department takes a humble seat in the School of Agriculture, while the school of nursing, whose value is evidenced by the ever increasing use of its graduates by federal, state, county and municipal governments, still knocks timorously at the University door.

3. *The loss of already acquired knowledge through a failure to disseminate it as widely and rapidly as possible*—a mummification, as it were, of the immortals which as one thinks it through, is perhaps, the most tragic waste of all.

The School of Nursing

Whatever our attitude may be tomorrow, today we do not and cannot subscribe to a shortening of the period of training to less than three years for those who have not had two or more years of college work. That an entire readjustment is called for, is obvious, and such a readjustment is outlined in the paragraph preceding conclusion 5, but we do not believe that the relieving of the non-educational features now included in the course of training will provide adequate time for those additional subjects which we have long agreed were essential, but have not as yet been accepted. We refer to courses both in the theory and practice of mental and nervous diseases, venereal disease, tuberculosis, and communicable diseases. It is an old and unsolved problem which we shall not attempt this evening to discuss. But I want, at least, to read the following excerpt which appeared in the New York Times on October 12, 1922 as presenting a picture of this need:

> State Senator, Henry. M. Sage, Chairman of the State Hospital Development Commission, reported that more than 50,000 patients and inmates were wards of the State. Declaring that it was costing approximately $22,000,000 yearly, Senator Sage gave this table:

Institution	*Inmates*
Fifteen insane hospitals (2 criminal)	39,391
Four hospitals for feeble-minded	5,521
One epileptic hospital	1,554
Seven reformatories	3,356
Two veterans' homes	665
Two schools	375
One tuberculosis institution	301
One hospital for children	200
Four prisons	4,741

In all our four institutions for the feeble-minded, we have only 5,521 inmates. I have not the figures for the private hospitals, but they probably do not house many more. If there are 30,000 mentally deficient in the State, this means that 20,000 are at large, but the figures are misleading, because they include morons and all border-line cases. It is very disturbing to realize that these people are at large and must continue to lower the average intelligence of the State.

Mr. Sage then spoke of the various other burdens imposed upon the State, such as, support of schools and colleges, the widowed, sick and the old, saying that the "economic end of the State can easily be foreseen unless we employ adequate preventive measures." There is no agent who has such power today as has the nurse.

We are only too well aware that the still prevailing conditions in the mental hospitals relating to prolonged hours of duty, etc., give ample excuse for a failure to include this experience in the content of every student's course. But we are also aware that further platform discussion of this matter is of no avail. The needed change can only be brought about by a deepened sense of community responsibility.

My experience of the past five years leads me to the belief that hardly less important is the projection of every student into that extra-mural hospital, the tenements of our city streets, through the visiting nurse organizations for a three to four months' experience, an experience pronounced the most interesting and valuable of their training by literally hundreds of students who have had the opportunity to test it.

It is argued that it is not safe at the present time to urge this because it will be impossible to provide adequate instruction and supervision. It will be recalled that those notable women—Louisa Lee Schuyler, Mrs. William Church Osborn, Mrs. Robson, and Abby Woolsey whose remarkable monograph —"A Century of Nursing" should not be lost to the history of our profession, had the vision to predict a college of nursing in 1871 and to realize that the school of nursing should be of normal school grade. Fortunate indeed was it for the hospitals not less than for our profession that these women did not wait until this desired standard of education had been reached to provide hospital experience for the students, but projected students into the wards of Bellevue where the situation has been described as that "of thirty patients with one nurse without an assistant, one-fifth of the time of a night nurse and one ward-maid, if the ten-days prisoners convicted of drunkenness, who do the cleaning, can receive such a title." The thousands of students pouring out of our schools of nursing yearly under the direction of the now hundreds whose pre-nursing preparation has been of college or normal school grade, and many of whom have had teaching experience, might work a not less rapid and remarkable change, in our city streets, than did their sisters in the hospital wards.

The Subsidiary Group

My attention has been called, and very justly, to a statement which I made when inspector of the nurse training schools of the State and which appears in the 1911 report of the State Department of Education relating to the training of attendants. My belief in the need of such a subsidiary group is not less strong today than it was then. My

method of meeting this need has in more than one aspect distinctly changed. When I first saw the need I had not come in contact with the more progressive educational thought of which Professors Dewey, Thorndike, Kilpatrick and McMurray are the exponents, nor had there been opened to me a somewhat different trend of thought, but of not less significance. I refer to such thinkers as Thorstein Veblein, Helen Marot, Sidney and Beatrice Webb, Albert Korzbyski, Cassius J. Kayser, R. H. Tawney, and Robert Wolf,—men and women who are concerned to solve the problem of a satisfying life not for the few, but for Man, and whose considerations are striking deeper, therefore, than those men who led us on the new and important road of efficiency methods, preëminently, Taylor and Galbraith, for they are seeking rather to give to each worker of that energizing current which is perhaps most generally expressed in the term—creative impulse.

> Heaven opened to a soul while yet on earth,
> Earth forced on a soul's use while seeing heaven.

When the light of this thought has once dawned upon us, we can no longer permit any human being to be diverted from channels which will lead him to ever higher and greater ends.

Today we see that for those workers who are to deal effectively with the convalescent period of sickness is required an extensive body of knowledge in which psychology, psychiatry, the therapies, etc., play an important part. For those to whom we would relegate the simpler nursing tasks, we would emphasize the importance of the provision of instruction that will insure tactile skill and technical efficiency for each task no matter how simple, but we also believe that the hours of duty should be such as to make it possible for these young women, if young they are, to make up their deficiencies in secondary work, while filling these positions in order that they may enter the nursing profession, if they are drawn to that particular field of labor and to which they have already had an introduction which will increase their efficiency. Already this is happening to a far greater extent than we realize, but it is happening with a greater demand upon these young workers than I believe should be imposed. That courses can be taken and enjoyed while performing arduous manual tasks, we have a definite evidence in the something over forty of the staff of the Visiting Nurse Service of New York City who are taking anywhere from two to twelve points at Columbia while giving anywhere from twenty-eight to forty-four hours a week in the field, and who must forego, thereby, all luxuries of food, raiment and diversion, since their salaries provide but a bare margin over the sum needed for necessities.

In this connection, and lastly, the Report of the Committee on Nursing Education finds its summary in an emphatic statement of the importance of endowments for the school of nursing, a subject ably dealt with, as many will recall, by Miss Nutting, under the title, "A Sounder Economic Basis for the School of Nursing." In this conclusion, I believe most profoundly, but I believe that a not less important step to be taken is the provision of "A Sounder Economic Basis for every Hospital."

Health has become the business of the

people. No business is carried on effectively, or indeed at all, that does not provide for the payment of labor. Our communities today must no longer lay the burden of the care of the sick on the workers for the sake of its own health, not less than for the sake of the workers themselves. Not less for its own benefit than for the benefit of its staff should be the hospital pay for the labor of internes, student nurses, and other workers. Where it provides instruction through the period of such service, it should base its payment on the cost of such instruction, but wherever paid service would have to be employed, but for an existing student body, an exact equivalent for service rendered should be allocated to the school budget. If the Visiting Nurse Organizations can provide the required budget for a paid graduate staff and install a forty-four hour week, is there any reason why the hospitals of the country should not do likewise?

This is a wonderful period in which we are living. Great vistas of unexplored marvels are opening daily before us. Undreamed-of creative schemes and possibilities through the achievements of science follow in rapid succession. The vision of them is an unfailing source of inspiration. I have spoken of the scholars who are opening these marvels to the man in the street. I have not mentioned another vast and powerful body of thought which finds expression through the constantly broadening programme of workers' education. Whether we adjust to the joint programme of education and labor suggested, or not, this last mentioned body of human thought will eventually bring it about. Should not we who know the weariness and roughness of the road over which we have traveled in our effort to obtain a body of knowledge in any measure commensurate with the demands and potentialities of our field be the first to guide the steps of the coming generation of health and indeed all workers along the better way?

Let me end as I began with the vision of one of those high priests of progress, a poet:

> Be sure they sleep not whom God needs, nor fear
> Their holding light his charge, when every hour
> That finds that charge delayed, is a new death.
> This for the faith in which I trust and hence
> I can abjure so well the idle arts.
>
> * * * * *
>
> 'Tis time
> New hopes should animate the world, new light
> Should dawn from new revealings to a race
> Weighed down so long, forgotten so long, thus shall
> The Heaven reserved for us at last receive
> Creatures whom no unwonted splendors blind,
> But ardent to confront the unclouded blaze,
> Whose beams not seldom blessed their pilgrimage
> Not seldom glorified their life below.[3]

[3] *Paracelsus*—Robert Browning.

A TIME-SAVING BANDAGE MACHINE

By Lilian M. Thompson, R.N.

THE Cook Plaster Bandage Machine which is the invention of Dr. Ansel G. Cook, of Hartford, Connecticut, has been in constant use during the past year at the Hartford Hospital and has been found to be entirely practical and easy to operate. We believe every hospital should have one in order that the surgeons may at all times have at their disposal an unlimited supply of perfect plaster bandages, and that the nurses may be relieved from the tiresome drudgery of rubbing plaster of Paris into crinoline by hand.

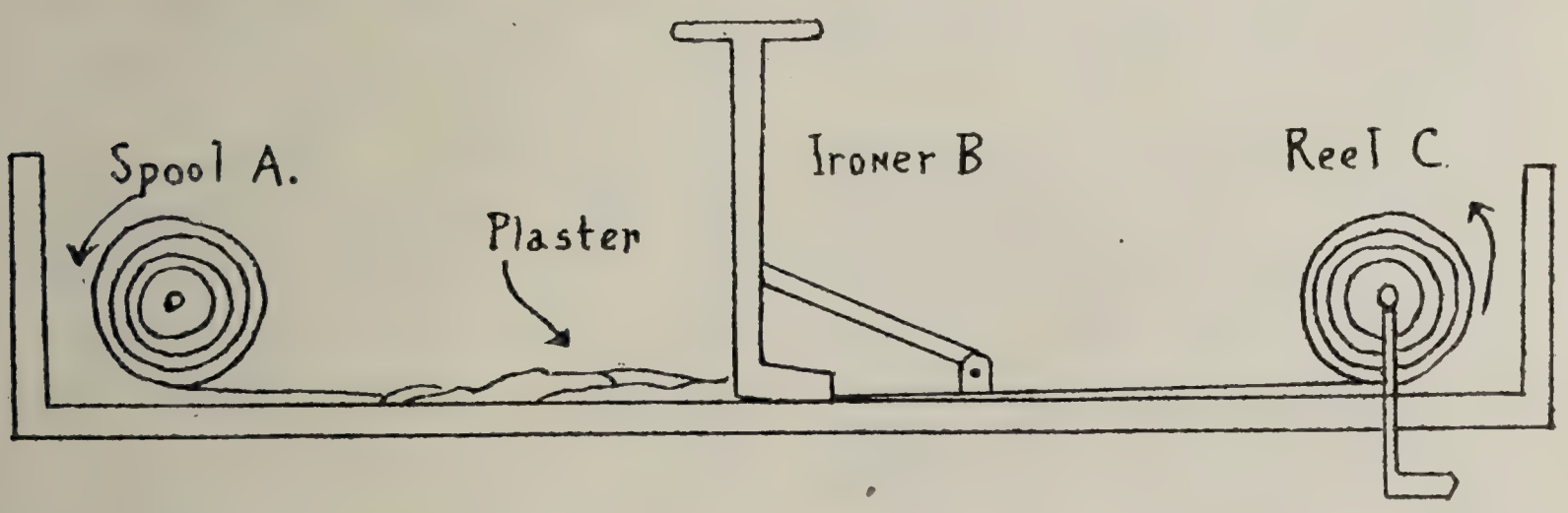
This machine is economical because it saves waste,—waste of time, and waste from imperfectly made plaster bandages that have to be thrown away.

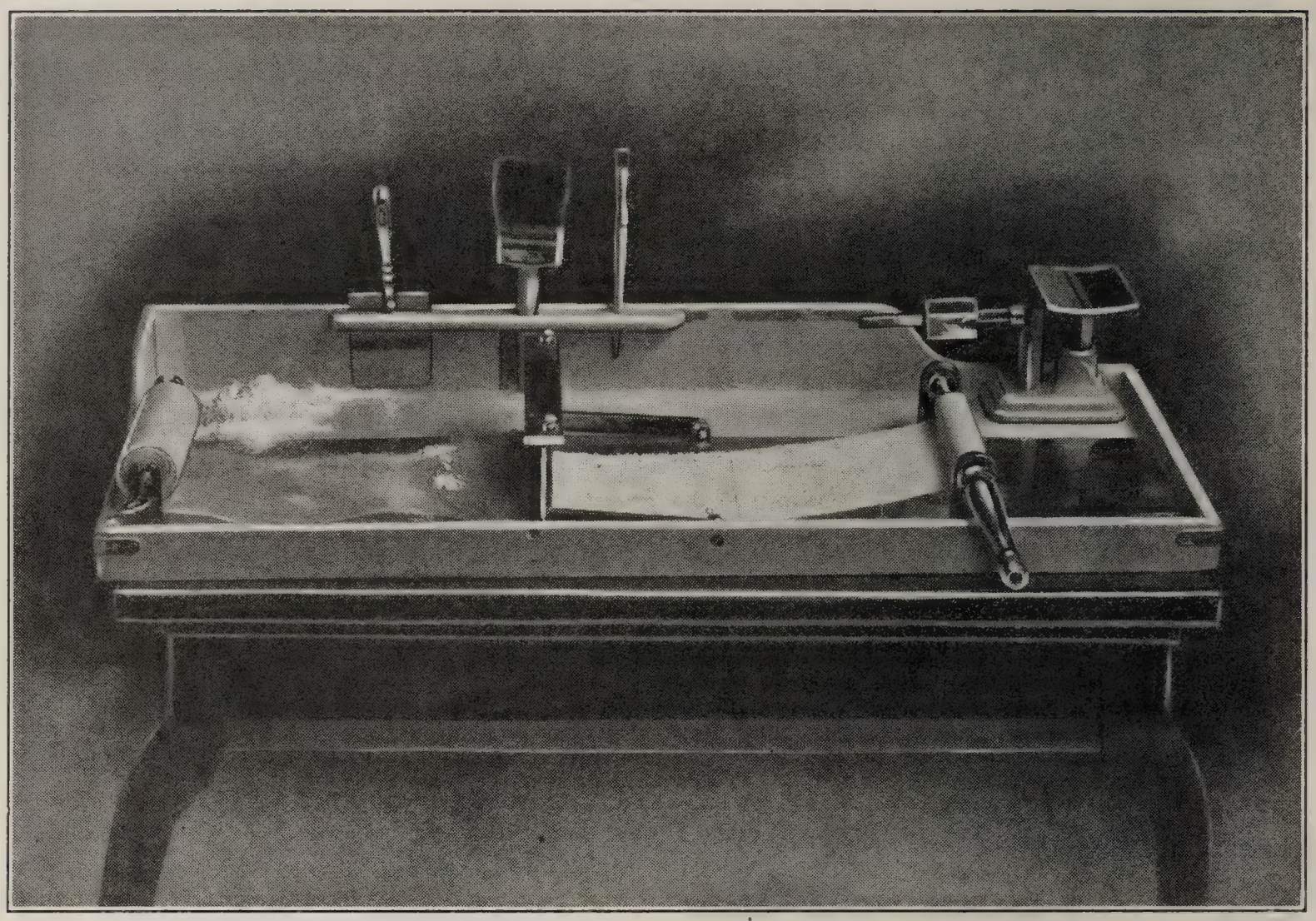
The machine is simple in construction and not likely to get out of order or wear out. No effort has been made to see how fast it can be operated, but on several occasions one operator has had no difficulty in making one hundred bandages in three hours,—an enormous saving of time when compared with the five to ten bandages per hour produced by the old method.

The following diagram explains the principle on which the machine works:

A crinoline bandage placed on the spool A passes under the ironer B and is wound on the reel C. Plaster of Paris is placed on the crinoline bandage after it leaves the spool A and before it reaches the ironer B.

As the bandage is drawn under the ironer the plaster is pressed into the meshes of the bandage. This is the point of the whole machine,—the plaster is not merely thrown on to the surface of the bandage and the superfluous plaster scraped off the surface by a scraper, but the lower surface of the ironer is set at such an angle that more plaster is admitted than can pass through and the difference between what is admitted and what is allowed to pass through is pressed (ironed) into the meshes of the bandage. The effect is the same whether an even layer of plaster of the desired thickness is ironed into a stationary bandage by a movable iron or whether a movable bandage is drawn under a stationary iron. The weight of the ironer is sufficient to prevent its being raised as the bandage and plaster are drawn beneath it, and as there is more plaster drawn in than can pass through, the excess plaster is forced downward





The Cook Plaster Bandage Machine

into the bandage. As the crinoline bandage, having thirty-two threads to the inch, into which the plaster is to be driven is only about one one-hundredth of an inch in thickness, the angle is not great but it is there and it is sufficient. The bandage and plaster passing under the ironer are pressed between the lower surface of the ironer and the upper surface of the bottom of the metal pan on which the machine is mounted. The ironer is mounted on a swivel so that it can be raised and the surface of the pan swept clear of plaster when a new bandage is started.

The amount of plaster passing with the bandage under the ironer is regulated by raising or lowering the ironer by means of adjustable set screws attached to the ironer.

The reel B is mounted on self-aligning ball bearings so that it turns easily and smoothly and the reel spindles are made double so that the bandage is easily attached. When the double spindle is removed from the finished bandage it leaves a cavity in the center of the bandage.

This cavity is a great advantage, for when the bandage is immersed in water before using, the water not only penetrates from the outer surface inward but also from the cavity in the center of the bandage outward. The water thus reaches the whole of the plaster contained in the bandage at practically the same moment.

The machine can be cleaned instantly by simply brushing out the plaster. There are no corners to catch dirt. The joints of the reel C are dust proof and the metal of which the machine is made does not rust or corrode.

The accessories necessary in using the

machine consist of a gauge ruler to measure the crinoline, so that it may be torn into bandages of the desired width, a scoop to distribute the plaster, a brush to sweep the pan, and scales to weigh the finished bandage.

Plaster bandages from one to seven inches in width and from one to twelve yards in length, and containing as much or as little plaster as is desired, may be made with the Cook Machine.

The Hartford Hospital standards are as follows:

"(1) 4 yards long, three and three-eighths inches wide, circumference 6 inches, weight two and one-half ounces; (2) 6 yards long, four and one-half inches wide, circumference 7 inches, weight 5 ounces; (3) 8 yards long, five and two-fifths inches wide, 8 inches in circumference, and 8 ounces in weight. The finished bandages are wrapped in paper napkins and are stored in a covered container.

NURSING—A BIRD'S EYE VIEW[1]

By Susan V. Sheaffer, R.N.

THE art of nursing, at once the oldest occupation for women and one of the youngest professions, must have been co-existent with the first mother who performed for her little ones all those services which made it possible for them to live and thrive. The daily and hourly details of feeding, warming, and protecting from harm; the watching by night; the rhythmical swing of cradle or bough under the mother's eye—these maternal cares as old as, or even older than the human race, laid the foundation from which our profession of nursing has developed to its structure of today. Whatever nursing may have been before the dawn of Christianity, it is certain that every doctrine of the new religion gave added impetus to its forward movement. The second great commandment, "Love thy neighbor as thyself," could find no readier mode of expression than in caring for the sick and the helpless.

We find the early Christians following the ancient sacred custom of hospitality with the new motive of loving service added; they held their goods in common and opened their homes freely to the sick and destitute. The deacons and deaconesses were especially zealous in seeking out cases of need, and not only nursed the sick by a system of visiting nursing, but brought them when necessary into their own homes to be cared for. The bishops, who were natural centers towards whom the afflicted gravitated, kept open house, and wealthy and well-to-do members of their congregation, followed their example. This was the simple original form of the modern hospital and of all other varieties of charitable institutions. The diakonis, as these home hospitals came to be called, associated the diaconate with the work of nursing. Phoebe (60 A. D.) wealthy and of high social standing, the friend of St. Paul, was ordained the first deaconess of the Christian Church. Inasmuch as nursing was one of the duties

[1] Read before the Rotary Club of Easton, Pennsylvania

of a deaconess, we may safely name Phoebe as the first Christian nurse.

One of the earliest known instances of nursing was during a violent pestilence in Alexandria between the years 249-263 A. D. At this time of public calamity, the Christians, regardless of the danger to their own lives, visited, relieved and attended the sick, and comforted the dying.

Another great instance was connected with a frightful epidemic in Edessa about the year 350 A. D. The inhabitants were in great despair and the wealthy citizens, though willing to give freely of their means to stay the plague, knew of no honest or capable agent to undertake the relief. In this extremity, out of his retirement, came Ephrem—a deacon of Edessa, and offered his services. With the money given by the rich citizens, he purchased 300 beds and placed them in public porticos and galleries. The sick were brought thither, and Ephrem visited them and served them with his own hands; he administered the funds and controlled the situation until the plague had passed. This is of special interest, for St. Ephrem evidently established hospital wards in one of the earliest if not the earliest hospital on record. Separate buildings, devoted entirely to the care of the sick only, did not become a separate entity until about the 12th Century. The earliest hospitals cared for the sick, the poor, and foundlings.

The Order of Deaconesses spread rapidly with the growth of Christianity. Three hundred years after Phoebe, we find in Rome a group of women, of independent position and great wealth, engaged in establishing foundations for charity and for nursing. Among these was Marcella, who converted to Christianity Fabiola and Paula. These two patrician women devoted their lives and vast fortunes to work among the poor and sick,—Fabiola in Rome and Paula in the East. It was Fabiola who, in 390 A. D., built in Rome the first general public hospital.

With the rise of monasticism during the next centuries, and with monks and nuns looking after the sick, nursing became associated with the church. A digression from this was seen in the founding of two hospitals in 1050 at Jerusalem by ten Italian merchants to care for the sick on pilgrimage to the Holy City. These were under the protection of St. John the Almoner and St. Mary Magdalene, and for years remained purely lay; later, however, coming under the influence of the church. This hospital of St. John was the cradle of those famous military nursing orders, the Knight Hospitallers of St. John of Jerusalem of Rhodes of Malta, which were actively prominent for more than seven centuries.

During the 12th and 13th Centuries our attention is drawn from southern Europe to Belgium where a free order of nursing was established by a priest of Liege. This order continues to the present day.

In 1634, St. Vincent de Paul founded the order of the Sisters of Charity, forerunners of the Visiting Nurses and to this day a flourishing organization. Its members have rendered noble service in war and in peace, turning their endeavors particularly to the poor and needy.

In England we find the early development of nursing following the lines of Continental Europe. The founding of

the hospital of St. Katherine by Queen Matilda in 1148 is of importance in that to it may be traced the founding of visiting nursing in England. Its charter expressly provided that the ladies who served it should visit the sick and nurse them in their homes. Of historical interest is the founding of the present great St. Bartholomew's Hospital in 1123 by Rahere, in youth a courtier of Henry I.; in later life abjuring worldly pleasures and devoting his remaining years to the Church.

The years of the 18th Century are the darkest in this entire movement. In the early part of the 19th Century we see signs of a nursing renaissance. The first great step was made by Theodore Fliedner, a young pastor, and his wife Frederike, who undertook in 1836 the establishment at Kaiserswerth, Germany, of a hospital and deaconess' home. It was this highly successful work at Kaiserswerth which laid the foundation upon which has been built our present system of nursing. The fame of Kaiserswerth spread rapidly. It was but natural, therefore, that Florence Nightingale should turn to this source for her early training. It was the Crimean War, however, that offered this great spirit the opportunity to apply her many ideas and her well conceived knowledge of nursing. What Florence Nightingale accomplished in the Crimea needs no recording; it is a matter of common knowledge. Yet her greatest contributions to nursing were still to be made. Four years after her return to England in 1856 there was established under her supervision at St. Thomas' Hospital, London, the Nightingale School for the training of nurses. Yet no sooner was this well under way than she turned her attention to the betterment of health conditions in the Army, the planning of proper sanitation for India, and to other equally urgent and engrossing reforms. It was the indomitable spirit, the dynamic personality, the great mind and soul of Florence Nightingale which insured the complete triumph of nursing over all obstacles.

About the time our Civil War was at its height, Henri Dunant, a Swiss, conceived and carried to completion the idea of a Red Cross. This was in 1863. Three years later the Genoa Conference was signed by representatives of the leading countries, thus making possible the formation of Red Cross societies throughout the world. The American Red Cross was organized by Clara Barton in 1881. The heroic service rendered by this great organization during the Spanish-American War and the World War in the home and on the battle-field will live forever in the hearts of the soldiers and of the bereaved and destitute families at home.

The development of nursing in the United States naturally was directly influenced by the work being done in Europe. In our early hospitals,—Bellevue of New York, Blockley and the Pennsylvania of Philadelphia, the nursing was done either by inmates, prisoners, or paupers. Conditions were indescribable. Realizing the necessity of trained nurses, a class for nurses was opened at the New York Hospital in 1789. We find this plan did not appeal to other hospitals, and for almost the next 100 years the only skilled nursing was done by religious orders, Sisters of Charity, Deaconnesses, and others.

With the founding of the New England Hospital for Women at Boston in

1872 we find the first systematic training school for nurses in America. It was from this school that Linda Richards, "America's first trained nurse," was graduated. Other hospitals were slow in following this lead, and in 1883 we find established only 22 other training schools. But after 1890 the advance was rapid, and by 1900 there were reported to be 27,000 nurses at work. The development in the last 20 years, stimulated by the World War, has been tremendous, there being approximately 150,000 trained nurses in the United States at the present time.

With the revival of nursing of the 19th Century, coincident with the rapid growth of medical knowledge (and there are many who believe that medicine has advanced on the shoulders of nursing) there were destined to develop distinctly different fields of nursing. The term "nursing" originally embraced little but personal service to the sick. Today it may mean executive or educational work, inspection, or organization of the work of others. The full-fledged nurse of the 20th Century has placed before her many fields of service; such as: Hospital Superintendent, Principal of Training-school, Night Superintendent, Operating-room Nurse, Head Nurse or Supervisor, Anesthetist, Instructor in Nursing, Dietitian, Private Nurse, Hourly Nurse, Visiting Nurse, School Nurse, Industrial Nurse, Department-Store Nurse, Insurance Nurse, Baby Welfare Nurse, Tuberculosis Nurse, Milk Station Nurse, Rural Nurse, Hospital Social Service Nurse, Army, Navy or Red Cross Nurse, Supervisor of Household Nursing Association, Office Nurse, Resident Nurse in Boarding School or College, Laboratory Nurse, Occupational Instructor.

Nurses are also employed in the inspection of tenement houses, in massage, hydrotherapy, and the giving of medical gymnastics, as policewomen, etc. Some are devoting themselves to literary work, and a few have gone into hospital planning and equipment. New fields are coming into view every year, so that the list is never complete.

In this brief sketch is seen the important role that nursing has played throughout the centuries. The unconquerable spirit in overcoming all obstacles, courage in the face of danger, and an unfaltering adherence to the highest ideals have made this triumph possible.

Said a high school Principal, meeting a representative of the Central Council of Nursing Education, "We are glad to have you with us. We have five nurses in this community, two are married to doctors, one to a banker, and two to leading citizens here. One of them is on our school board and all are good citizens; they are right behind everything that makes for the highest community welfare. If you turn out women like these from your schools, I wish every woman could take a course in nursing."

THE NEW SOCIAL CONSCIOUSNESS IN SCHOOLS FOR NURSES

By Clara A. Griffin, B.A., R.N.

"BURIED alive," "a prison sentence," "three lost years," and phrases of similar intent are sometimes heard on the lips of outspoken young persons who refer to nurses' training. The most severe of these critics are generally girls without first-hand experience, who are discouraged from entering the profession of nursing by their fear of its privations and hardships. It is true that if they expect a continuous good time, or if they do not anticipate the satisfaction that comes from intellectual and physical effort, they had best look elsewhere, but if their interest is sincere, they need not be frightened away by the bugbears of military discipline and the cloistered life.

Together with the wealth of opportunity that awaits the nurse of today come increasingly varied and exacting demands which call for more than a technical preparation alone. To meet them, the training school aims to offer its students broader cultural opportunity and a social life which will add to their development. Its contribution is of value in proportion as the nurses themselves are allowed to take responsibility and exercise their executive ability. initiative, and power to coöperate. It is becoming more and more a recognized fact that the benefit derived from social activity is greater and more keenly appreciated by the girls themselves, when it comes as the result of their own efforts.

We are not out to discount the part which the hospital should bear, or to imply that the genuine interest of the superintendent has any substitute, or is not just as vital to every phase of the school's activities as it has always been, but the growing tendency seems to be for her to direct her efforts rather toward stimulating some spontaneous expression of the play impulse from the students themselves, than to stipulate the given form which it must take, or impose a fixed schedule for its appearance.

The growth of student government in training schools has made it possible for the student body to take a full share in directing the social life of the school. We are apt to think of this organization as existing only to make and enforce rules, forgetting that this function of lawgiving is the lesser half, and that complete realization of its power comes when it expresses community opinion, and the desire of the student body for self-improvement and recreation. Where a well developed student government association exists, it should be able to take full charge of the social schedule. In other cases, a student nurses' club is sometimes formed, a social committee appointed, or the responsibility is divided among different classes or groups.

In many western schools the Y. W. C. A. has been instrumental in bringing much of pleasure and profit to undergraduate nurses. An odd situation arises in which we have the training school passively allowing an outside organization to bring to its students something that it is either unwilling or unable to provide for them. The reason, of course, is largely financial. The Y. W. C. A.,



Courtesy Central Council, Nursing Education.

IN THE NURSES' HOME



Courtesy Central Council, Nursing Education.

GYMNASIUM CLASS

a going concern, with recreation directors and equipment already on the job, is able to assist in fulfilling obligations which the hospital has incurred, but has not yet arrived at the point of meeting. The arrangement is like a sign post pointing along the way of future development, showing that a real demand has made its appearance and is waiting to be met by the appropriate supply.

The luxury of having a social director, while put to the test by only a few schools, is reported as very satisfactory. Such an official may give full or part time, but should live with the girls and be at hand to enter into their plans and projects. Her endeavor is to leave to them all possible freedom and initiative, but to assist them with her fuller experience in making their programme more varied and more coördinated, and to stimulate their interest in the more profitable forms of recreation. It may also be her privilege to clear away many misunderstandings between the students and the office, and to foster that delicate and cherished plant known as "the right spirit," or at least a loyal and vigorous school spirit.

The aid and abetment furnished by the hospital itself varies with the size and policy of the institution. Graduation exercises range from simple affairs of home talent to formal programmes on which the speaker is a notable statesman or scientist, and may or may not be accompanied by a series of festivities terminating in receptions or dances with elaborate collations. In some schools much is made of the various anniversaries peculiar to the institution, such as its founding, or some significant event in its history, as in one eastern hospital "Ether Day" is remembered. Or different stages in the progress of the classes may be marked for observance, as in one hospital the Probationers receive their caps formally in the presence of the whole school, and in another they are given a welcoming party. In others the Seniors are honored by farewell dances or May balls, or are serenaded, or they bequeath some symbol of their authority to the class beneath them.

The question of material aid is met in an equally varied style. Many hospitals can provide only a place to dance, with a piano or victrola. Others finance a given number of formal entertainments each year such as Christmas or Hallowe'en parties, or dances of different descriptions. One hospital has a recreation fund which is endowed, the income from which is available each year. In many cases the nurses themselves meet expenses by dues or assessments, or by food and candy sales, or by subscription. Musicians or artists sometimes give their services for a series of musicales or dramatic readings. In other cases the hospital provides tickets to certain concerts and lectures, or it may hire a professional teacher for dancing classes, or a leader for training a chorus or orchestra, or for coaching a play. One hospital has a motion picture machine, another a stage and a small auditorium.

Athletics are beginning to play a part in broadening training school activities. New buildings in large hospitals are being equipped with gymnasiums and swimming pools. Roof space is being utilized for rest and recreation. A few hospitals have basketball grounds, while almost all maintain tennis courts. In many cases where a progressive policy outruns equipment, arrangements are

made for the use of a gym floor in neighboring schools or colleges. University hospitals are especially fortunate in privileges of this kind. The Y. W. C. A. offers numberless advantages, with many special classes or reserved nights for nurses. One hospital in the south enters its nurses on a convenient golf course, while one New England hospital made its students happy this winter by providing snow shoes, toboggans, and a double runner.

The eight-hour day or forty-eight hour week has made room for much that was formerly crowded out of the nurse's life. It has not only provided the time but has made possible that margin of energy without which play after work cannot be enjoyed. The nurse of the future will have energy to put into her time off duty the worth while things that enrich life. It will be seen that dramatics, as well as athletics, have been forced to await this truer balance between work and the rest period, since dramatic expression is generally late in making its appearance, and flourishes only where the social consciousness is homogeneous and expansive. The amount of time and energy required to produce any form of dramatic entertainment is greater than most groups of nurses can expend. Nevertheless, the effort when made is many times repaid, and the school which achieved the Florence Nightingale tableaux, another which presented a playlet demonstrating nursing procedures, and others which revel in vaudevilles or minstrel shows, relate their successes in no measured terms.

To the girl who plans to enter the profession of nursing, it is seldom necessary to say words of caution about selecting her training school, for her tendency is to choose the most thorough and well grounded training that she is qualified to enter. But, other things being equal, we would advise her to give some thought to this question of recreation, so that she may select a school which is advancing along lines which seem to her harmonious with her own ideas and ambitions. The paths of progress are now branching into new forks and turnings; the way is untrodden and ill defined. But if the joys of pioneering can arouse her spirit, we invite this young candidate to join hands with us and explore the realms which the new social consciousness will open to the training schools of the future.

WHY I LIKE PRIVATE DUTY NURSING[1]

By Bertha M. Richards, R.N.

PRIVATE duty appeals to me because of the deep interest and sympathy that one cannot but feel when realizing the helplessness of the patients entrusted to her care, depending as they do for cheer, health, food and ease of both body and mind on the skill that only a trained worker can give.

This is especially true when working in the homes (as I like best to do) where family and friends are depending on me to "carry on," no matter how hard the duties involved.

[1] Read at the annual meeting of the Connecticut State Nurses' Association, Waterbury, January 25.

I like the feeling of being indispensable to another for her happiness and cheer, it spurs me on to greater efforts than the more mechanical service and fixed routine of an institution.

I always feel, too, that I am increasing my working knowledge of symptoms and conditions as I realize the doctor is depending on me for an accurate report of the patient's condition, whereas in institutional cases, one always feels that others are observing the case and so responsibility is shared and divided.

I think there is greater freedom for social activities and advantages in private duty work. One is constantly meeting new people, usually on an equal social basis, who often offer countless opportunities for friendship and social intercourse long after professional services have ceased.

There is always a more or less "trying" period in every case, but this is easily forgotten in the feeling of satisfaction with one's self and one's work, for "I have lived in a house by the side of the road and been a friend to man." A glow of happiness cannot help but follow the closer intimacy of private work, such friendly intimacy as no difficult or interesting case in "Ward B," or "Room 20" can possibly permit.

WHY I TEACH

By Susie A. Watson, B.A., R.N.

Because in passing on the living flame
That ever brighter burns the ages through,
I have done service that is worth the name
Can I but say, "The flame of knowledge grew
A little brighter in the hands I taught,"
I teach.

Because I know that when life's end I reach
And thence pass through the gates so wide and deep
To what I do not know, save what men teach,
That the remembrance of me men will keep,
Is what I've done, and what I have is naught,
I teach.

—*Louis Burton Woodward.*

IF a careful analysis were made of the motives, which lead the majority of young women into our better schools of nursing today, the summary of the variously expressed answers would show that it is to learn a means of self support which shall be worth while and of service to others. Service is an ideal instilled into us from our youth up, a response to the need of humanity. Who needs to be ministered unto more than those who are sick in body, soul, or mind? What more satisfying work can there be than that in which we know we have helped some other human being to recover himself from his ailment, whatever be the cause! Nursing, as Miss Nightingale said many years ago, is to help the patient live, and our profession is engaged in that pursuit in company with the kindred ones of medicine and social service. All are humanitarian, to help

the diseased to become normal and ready to continue the work of living.

Does it occur to the young graduate who is choosing the particular field for which she shall aim, that she has not had to gain her knowledge by experience alone, but has been taught in various ways from the work of those who have gone before? One of the greatest needs of the profession is that of good teachers. It is a responsibility that should not be evaded by one who is qualified by education and temperament. Many would like to teach but think that their educational background is not sufficient. In these days of special courses for nurses, given by some of our enlightened universities, this deficiency can be met, if the desire for progress is strong enough to stimulate a willingness to work for what one wants. The educational requirements can be found more easily than the intangible ones of personality, for teaching in our schools is very much more than giving so many hours of instruction. We are preparing our students to meet the gravest moments in the lives of those whom they shall serve, and one's ability as a nurse means far more than simply the work she can do with her hands. Is it not serving just as truly if we help equip groups of young women to go out into the field which we ourselves might fancy, could we be spared? The Red Cross recognized this service when it refused to call out the nurse teachers in the great war, saying that their work at home, at their posts of duty, was more needed than any which they could do nearer the front.

Margaret Slattery said, in an address to women concerning their responsibility to teach right principles of living to those who are following: "To be successful, the teacher must be three-fourths mother and one-fourth teacher." This shows the place which the actual classroom instruction occupies in the preparation of the nurse compared with the sympathy, understanding, and friendliness of the older for the younger woman, —understanding which gives her tolerance because she can see the other's point of view; patience because she can recall her own difficulties; friendliness which directs her attention to the pupil as an individual and gives a personal interest in each career. After all, when we go over the qualities which have made us most successful in this business of life, are they not those which began in the teachings at home? Educators of any kind can always tell when a girl has had a good mother who has given her the groundwork on which to build.

We are not expecting that the young woman just graduating will be able at once to become a teacher among those who are nearly of her own age and sometimes older, except through her knowledge of subject matter. In fact it is better for her to have a little more knowledge of life and human nature, and to acquire practical nursing experience before she tries to teach others. A well known hospital superintendent once made the disparaging remark: "Those who cannot do,—teach." If a young graduate has proved that she can do things, she is better qualified to know whereof she speaks in the classroom. The qualities which have been emphasized can be obtained only through interest in people. Each year of experience with people increases one's capacity for usefulness.

Thus far, the stress has been laid on

the duty and responsibility of this kind of nursing service, but there are things to be said of the rewards for as Browning says, "For sudden the worst turns the best to the brave." There are satisfactions to be found by those who are brave enough to develop this line of work and to stay in it long enough to gather them.

To those who are fond of study, the opportunity of keeping up habits of study and of following the new developments of medical science is alluring. One is more apt to keep her own information on a subject fresh when she is having to give it to others.

There is a certain zest about teaching. It is like a game in which the instructor's ability to impart is matched with the receptive power of the student. It is interesting, and a test of ingenuity, to plan and carry out laboratory work to clear up points emphasized in the classroom. Some pupils have the preconceived idea that they do not understand the subject and therefore cannot make any attempt to recite. It is a matter of skill to see if that pupil cannot be made to correlate what she already knows with the new and less understood subject. It sometimes resembles the landing of a fish; the teacher at first gets, "I don't know," in response to her question; she begins to gently lead the pupil toward the desired goal, frequently with a setback, but always approaching it by a circuitous route. Sometimes the keener members of the class watch the contest with interest and even endeavor to help along with suggestions. It is amusing to see the smiles of satisfaction on the faces of the class when the teacher finally compels the student to think out the correct answer. Everyone of us hates to think, and until that power has been developed by practice we would rather say "I don't know," than to make the effort, if the question does not belong to the memory class. The examination papers tell the teacher what she must stress more, what she must change to a clearer way of presenting, and what has interested and impressed the different individuals in the class.

Most of us enjoy a novel in which there is a gradual development of character traced through the book. If we can become so absorbed in a fictitious personage, is not actual participation in character development more interesting? In the book we have an idea that certain qualities of the character we are watching will lead to certain results. In life, we are led to have faith in the powers of our friends. It is much more gradual a process in the three years of training, or more, than in the work of fiction, and it is a satisfaction to be told by one of whose success we are proud, that her first start came because we believed in her.

Perhaps the greatest reward of all which the nurse teacher has, is the opportunity for friendship. Having shown friendliness and interest in her pupils while they are in the school, she sometimes receives their affection and gratitude in return, for who does not like to be appreciated! From the standpoint of some students, the faculty may seem superior beings to whom such ordinary things as student affairs can have no interest and who must be kept at a proper distance. But to the teacher who is trying to be of the greatest help possible, there is something stimulating in knowing some of her students well outside the classroom. This she regards

as a decided asset. One who has taught us, whom we also know as a friend, occupies a position of her own in our lives, and the teacher who can count as friends, in after years, her former pupils, is indeed fortunate.

SPECIAL RECIPES FOR DIABETIC PATIENTS

By Nellie I. Mather, R.N.

THE following special recipes for diabetic patients have little or no food value and are exclusive of diabetic prescription. They add bulk to the diet of the ever hungry patient. They also add to the attractiveness of the trays, as the agar-agar jellies may be colored with vegetable colorings to give variety. The most convenient to make and the most agreeable to the patient are:

Bran Wafers: Washed bran is ordinary wheat bran from which the starch has been washed. This may be done by placing the bran in cheese cloth and soaking and kneading in frequent changes of cold water until the water remains clear; then press and dry. When well washed, such bran has practically no food value.

4 cups washed bran
2 tablespoonfuls India gum
1 tablespoonful cinnamon
Saccharine to taste

Mix dry ingredients together; add same amount of water as bran. Pat into thin cookies and put in muffin tins greased with mineral oil. Cook until crisp.

Salad Dressing: Mineral oil, also known as paraffin oil, Russian oil, passes through the digestive tract without being altered or assimilated and therefore has no food value. It also acts as an intestinal lubricant and thus helps to prevent constipation.

Yolks of 2 eggs
Mineral oil, 2 cups
Vinegar, 3 teaspoonfuls
Paprika to taste
Flavoring
Add mustard to beaten egg yolks
Add oil drop by drop until it starts to thicken
When very thick, add vinegar slowly

One teaspoonful, twice daily, is not counted as of any food value.

Agar-Agar Jelly: Agar-agar is useful in making jellies and for thickening anything. It is a prepared and imported sea-weed and has no food value.

10 grms. agar-agar
2000 cc. water
Saccharine to taste
Flavoring

Dissolve agar agar in water. Bring to boil and boil 15 minutes. Cool after adding flavoring and saccharine.

Vegetables thrice cooked. The vegetables are cleaned, cut up fine, soaked in cold water, and then strained. They are then transferred to fresh cold water and boiled for five minutes. This water is poured off, replaced by fresh cold water, and the vegetables are again boiled a similar length of time. These changes of water are usually sufficient to remove the carbohydrate. The vegetables which most readily part with their carbohydrate are spinach, celery, cabbage, beet greens, cauliflower.

AN UNUSUAL PARTY

By Gene Harrison, A.B., R.N.

This little bunch of students green
Should ne'er be heard and seldom seen.
But we're 'most ready to explode,
And would to you our minds unfold.
So please come hear our wee debate,
Then stay and have a bite to ate.

THIS little jingle appeared on our bulletin board not long since, signed "The Prelims." The occasion was their final examination in Psychology, which took the form of platform talks. Some of the subjects were: "Why a Student Should Do the Small Things Well," "Does Training Ever Make a Girl Hard or Bad?" "Are Children Naturally cruel?" "Glimpses of the Life of Florence Nightingale." The question for debate was: "Resolved, that a nurse is never justified in telling an untruth to her patient." The discussion was very heated, and really good, especially when we consider the inexperience of the debaters.

After the judges (Superintendent of Nurses and two Supervisors) had rendered their decision in favor of the negative, the two speakers on the affirmative very pompously presented each of their opponents with a rose bud! Then, as soon as the laughter had sufficiently subsided, the Juniors were asked to sing their class song, the last stanza of which is:

What is the school we love the best?
M. B. S., the M. B. S.
With loyal students thou art blessed,
M. B. S., dear M. B. S.
We are the class of '25!
And we're a bunch of wires live!
For thee we'll work, for thee we'll strive!
M. B. S., dear M. B. S.!

Can't you just tell that the air is "Maryland?" And can't you hear the class room ring? Just as the last line was almost finished, the lights went out. The "oh's" and "ah's!" drowned the noise made by the Prelims gathering in a row by the piano. And as the lights again came on, they began:

What is the school *we* love the best?

* * *

We are the class of '26!
We are the bunch that never kicks!
Without us they'd be in a fix!
M. B. S., dear M. B. S.!

Next with swaying and swinging and prancing, they sang:

They're nurses born, they're nurses bred,
And when they die they'll be nurses dead!
So it's rah, rah for nurses, nurses!
Rah, rah for nurses, nurses!
Rah, rah for nurses of the M. B. S.!

Then, as the clown of them all tiptoed her way up to the Superintendent of nurses, they sang:

Howdy do, Miss Norberg, howdy do!
Is there anything for you that we can do?
We'll do anything we can,
And stand by you to a man!
Howdy do, Miss Norberg, howdy do!

This ended the programme so far as planned. Juniors, Seniors and Intermediates responded nobly with appropriate yells for the Prelims, and agreed that the youngsters had done something clever by entertaining the school which delayed too long in giving a party for the newcomers. Sandwiches and cocoa were served. The rest of the evening was spent with music and dancing.

The party was considered enough of

a success from both the standpoint of a good time and the benefit derived from the opportunity to speak before an audience, that other final examinations are to take the same form. We feel such a programme gives our students valuable drill in public speaking, tells more about their ability than a written examination, makes little more work for the instructor,—and gives every one a good time.

REACHING THE PROSPECTIVE NURSE

By Edith Hurley, M.A., R.N.

FIRST of all, let me say that the "open sesame" to halls of learning is emphasis on the fact that you intend to stress high-school education as the minimum foundation for any career. Some hospital representatives have made the mistake of suggesting a school of nursing as an alternative to continuing in high school. School authorities do not approve of that approach. One principal stated frankly that letters making a plea for vocational training after one or two years of high school were thrown into the waste basket. Another said, "Why should we admit vocational speakers to our schools to call away our students, when we often have to fight tooth and nail to keep them here?" Urging high school education, always wins the coöperation of the school authorities. After my talks, principals have often recommended most heartily the nursing profession as a career for their girls to follow, and they have suggested valuable points to bring out when meeting the girls. For instance, one of these helpful principals told me that he was convinced many girls hesitated to enter a training school as they did not understand the relation of the nurse to the male patient. Apparently nothing was known about the place of the orderly in the modern hospital. I now make it a point to give out this information.

The general public knows very little of the good school of nursing as it exists today, and the minds of parents, particularly, are filled with impressions of twelve-hour duty, endless drudgery, and such severe demands on their daughters' vitality that only those of unusual physical strength and endurance can survive. Correct these false impressions by mentioning how the introduction of ward maids and helpers in many of the larger hospitals has relieved the student nurse of much of the cleaning and routine work, and consequently made it possible for her to be given the theory and practical experience in the care of the sick in a shorter period of time. This leads up to a few words about the abolition of ten or twelve-hour duty, and the establishment of the present eight or nine-hour day. Mention should be made of the half days and vacation periods that are given to the student nurse and also of the credit of from six to nine months that is given to the college graduate who enters training.

When it comes to a discussion of the type of girl who is physically best fitted for the nursing profession, I tell my

audience that any young woman of general good health is eligible, and also that we want steel in the nursing profession, rather than iron, as keenness, flexibility, and resiliency are preferable to solidity and mere weight. I cite a nurse's training as a perfect example of metabolism, it builds up the girl who may be underweight and it has the tendency to diminish the superfluous avoirdupois of the girl who sometimes prays, "O, that this too, too solid flesh would melt." As a final argument in behalf of the beneficial results of regular hours, combined physical and mental exercise, and the spiritual satisfaction derived from the performance of interesting duties and useful work, I cite the well-developed, well-poised Senior in comparison with the immature, self-conscious Probationer.

Many girls say that after their parents have given them a high school or college education, they have felt it necessary to begin to earn their own living and not to impose the further financial burden of a course in a school of nursing. When they are told that in many hospitals, they are given this training not only with no expense to themselves, but even with a "pin-money" allowance, a new interest is aroused. Stress the fact that in a hospital providing adequate clinical and other educational facilities, they are given professional training for which students in other professions usually pay several hundred dollars a year.

After the removal of these stumbling blocks it is a simple matter to arouse interest in this great humanitarian profession. You can show how a course of training provides the best possible experience for the successful discharge of the duties of a wife and mother; if she had considered teaching, then point out how the public health nurse is a teacher of far-reaching influence and also show the need of teachers in our schools of nursing. Many girls will tell you they want to be social service workers. Advise them to obtain some hospital experience, as many of their contacts will be made with patients, and social workers tell us that at least 60 per cent. of their problems are health problems. When the various branches of the nursing profession have been mentioned, show them how the better schools of nursing fit them to fill these places adequately.

Impress upon your audience that personal interest will be taken in each one of them by those in charge of their professional training, and that their efforts to be a credit to their school will not pass unnoticed. If they are particularly interested in some special field of nursing, opportunities will often be given them for further study in that field. Scholarships for special work are awarded by competitive examination in many of the schools of nursing, and I happen to know of one scholarship that is given "to the nurse with the best record for kindness and proficiency in the actual duties of bedside nursing"; the superintendent of nurses in the school awarding that scholarship, recognizing that the best student is not always the best nurse says, "I have always felt particularly proud of the ——— prize because it gives us an opportunity to reward the girl who is more nurse than student, and we all know that there are many splendid women of this type."

When all is said and done, to cultivate kindness is a great part of the business of life.

A direct talk of fifteen or twenty minutes holds the attention of the audience and frequently provokes interesting questions to be answered with a few additional moments' time. Young America of today does not maintain a bright and animated expression of interest (for politeness' sake) when it is frankly bored; it wriggles in its seat—and yawns. Stop at the first symptoms of restlessness. But these talks seem well worth while when girls tell you afterwards that "somehow, they had never thought of nursing before, but now they are going to be nurses" (*no question about it*); and when teachers and parents in the audience say they wish some one had given them vocational guidance during their school days. The presentation of our profession in the schools of today fulfills a three-fold purpose, by giving nursing much needed publicity, by enlightening the public, and by attracting to our hospitals many valuable young women.

QUESTIONS FOR PROSPECTIVE STUDENT NURSES

DO you know:

That our schools for nurses can admit at least 25,000 students this year?

That there are 1700 schools for nurses in this country?

That about 13 schools for nurses are connected with Universities and that some of them provide a five-year course leading to a diploma in nursing and a Bachelor of Science degree?

That although many state laws make only one year of high school work a prerequisite for nursing, every prospective nurse should be ambitious to exceed this requirement?

That many schools now give credit for college work, in some instances reducing the course from three years to two years and three months?

That no other professional education can be obtained at so small a financial outlay ?

That the majority of schools not only provide maintenance during the course but also provide uniforms and textbooks or an equivalent allowance?

That good schools for nurses give an organized course in the medical and surgical nursing of men, women, and children; they also give obstetrics and an increasing number provide courses in tuberculosis, communicable and mental diseases, and in public health nursing?

That good schools have reduced non-educational routine to a minimum?

That good schools have established the eight-hour day and have a forty-eight hour week?

That before entering a school you should be sure that its graduates are eligible for registration in the State; that they are eligible for enrollment in the American Red Cross, which provides the reserve for the Federal Nursing services; that well equipped class rooms are available for its teaching; and that the school



Courtesy Central Council, Nursing Education.

CLASS IN BANDAGING



Courtesy Central Council, Nursing Education.

CLASS IN BACTERIOLOGY

Well Organized Teaching in Properly Equipped Class Rooms is the Hall-mark of a Good School for Nurses

provides reasonable housing facilities for its students?

For names of schools and specific information apply to the State Boards of Nurse Examiners (see Official Directory) or to the following:

Central Council of Nursing Education, 116 South Michigan Avenue, Chicago, Ill.; Eastern Council of Nursing Education, 156 Fifth Avenue, New York City; Council for Nursing Education of South Eastern Pennsylvania, 221 South 18th St., Philadelphia, Pa.; Committee for Advancement of Nursing Education, 2157 Euclid Avenue, Cleveland, Ohio.

That a List of Schools Accredited by State Boards of Nurse Examiners ($1.04) and a pamphlet "Opportunities in the Field of Nursing" (15 cents) may be obtained from the National League of Nursing Education, 370 Seventh Avenue, New York City.

GREETINGS FROM HEADQUARTERS TO THE 15,000 GRADUATES OF 1923

ON the fifteenth floor of the Penn Terminal Building, at 370 Seventh Ave., New York, the three National Nursing Organizations have a national Nursing Headquarters. An invitation is extended to you to visit that headquarters.

Do you know that Headquarters is maintained for you? That you have a responsibility towards it?

Do you know that the reputation of the future of nursing depends on you?

Do you know that the best asset nursing can have is a good nurse?

Do you want to know what the National Nursing Organizations stand for?

Do you want to know how the National Nursing Headquarters can serve you?

I.

The National League of Nursing Education was the first national organization of nurses in the country. It was organized in 1893. Its main function is to define and maintain standards of education in schools of nursing.

At League Headquarters there is an executive secretary, whose duty it is to keep in touch with nursing education throughout the country, in order that information may be made available to you on all questions relating to this.

A Placement Bureau is maintained for your benefit. You are invited when desiring a teaching or executive position to write to the Secretary, who will help you in every way possible to fit into the place you are qualified to fill.

A number of publications written on nursing subjects are on sale at this office and will be sent to you if you request them. A list of these publications you will find on pages 655, 656 of this *Journal*.

II.

The American Nurses' Association was organized by the National League of Nursing Education in 1897.

Its membership is 41,419, the basis of membership being by State and Territorial Associations of nurses.

The graduates of accredited training

schools of today are the members of the American Nurses' Association of tomorrow.

The American Journal of Nursing is owned by the American Nurses' Association and is its official organ.

The Isabel Hampton Robb Memorial Fund grants a number of scholarships each year to graduate nurses who desire to qualify for special branches of nursing.

The Nurses' Relief Fund has been established for helping its disabled and sick members.

The American Nurses' Association is working towards a uniform standard of registration for nurses.

The American Nurses' Association is equally responsible for the conduct of the Placement Bureau at Headquarters.

The Association has a representative at Headquarters to assist in further developing the activities of the Association.

III.

The National Organization for Public Health Nursing was organized in 1912 to meet the need for a central advisory body for the 3,000 public health nurses then working in the United States. There are now 12,000 public health nurses and the need for such an adviser is even greater.

Our aim is to insure to the public the best kind of public health nursing service.

Through our staff at headquarters, our Committees and Sections, our participation in the National Health Library, and our monthly magazine "The Public Health Nurse," we offer you information and help on all matters pertaining to public health nursing. You may consult us by letter, telephone or personal interview and we will tell you about public health nursing,—its scope, opportunities, and preparation. We will help you to find the right piece of work and then help you to do it in the best way.

EFFIE J. TAYLOR,
Executive Secretary, N.L.N.E.

AGNES G. DEANS,
Secretary, A.N.A.

ANNE STEVENS,
Director, N.O.P.H.N.

LIST OF PUBLICATIONS, PORTRAITS, SLIDES, ETC., FOR SALE AND DISTRIBUTED BY THE NATIONAL LEAGUE OF NURSING EDUCATION

Standard Curriculum for Schools of Nursing		$1.50
The Relation of Hospital and Training School Organization to the Curriculum	M. Adelaide Nutting, R.N.	.20
Sounder Economic Basis for Training Schools for Nurses	M. Adelaide Nutting, R.N.	.15
Report of the Committee on Nursing Education	Josephine Goldmark	.15
Report of Committee on Nursing Education; Critique and Review	Richard Olding Beard, M.D.	.25
The University Education of the Nurse	Richard Olding Beard, M.D.	.10
The Making of History in Nursing Education	Richard Olding Beard, M.D.	.10
The Modern Education of Women for the Profession of Nursing	Richard Olding Beard, M.D.	.10
A Plan for Centralizing Schools of Nursing	Annie W. Goodrich, R.N.	.10
The Objective of a Nurse in a Democracy	Annie W. Goodrich, R.N.	.05
Preliminary Report of University Schools of Nursing		.20
The Case for Shorter Hours in Schools of Nursing		.20
Opportunities in the Field of Nursing	Isabel M. Stewart, R.N.	.15
(100 copies or over, 10 cents each)		
Duties of Nurses on the Private Ward	Effie J. Taylor, R.N.	.05

The Place of the Teaching Supervisor in Our Educational Programme—S. Lillian Clayton, R.N.	.05
Practical Considerations Relating to the Centralization of the Teaching in Schools of Nursing—Harriet M. Gillett, R.N.	.10
Hospital and Training School Administration—Amy M. Hilliard, R.N.	.25
Education for Tuberculosis for Student Nurses—Louise M. Powell, R.N.	.05
Modern Facts and Phases of Tuberculosis—David Alexander Stewart, M.D.	.10
Nursing and Health of the Future—G. G. Parnell, M.D.	.05
Report on the Teaching of Dietetics to Student Nurses—Fisher	.10
Positive Health for Nurses—Caroline Hedger, M.D.	.05
The Relation of a School of Nursing to a Hospital—Isabel W. Lowman	.05
The Out-Patient Department as a Field for Nursing Education—Mary B. Hulsizer, R.N., A.M.	.05
The Abiding and Spiritual Aspects of Nursing—Rt. Rev. Wilson R. Stearley	.05
Habits and Skills—Maud B. Muse, R.N.	.05
The Alumnae Association and Its Duty to the Hospital—Clara Stahley, R.N.	.05
The Basis of Professional Ethics for Nurses—Dr. William H. Kilpatrick	.20
List of Accredited Training Schools for Nurses with Other Important Data (1922)	1.00

PORTRAITS, ETC.

Florence Nightingale—15x20″ Sepia (Cole Head)	5.00
15x20″ Sepia Sitting (Showing Home in her earlier days)	5.00
6x 9″ Sepia (Cole Head)	1.00
6x 9″ Sepia Sitting (Showing Home in her earlier days)	1.00
Jane A. Delano—15x20″ Sepia Sitting at desk	5.00
7x 9″ Gray, Standing in Uniform	1.50
6x 9″ Sepia, Sitting at desk	1.00
Post Cards, Standing in Uniform	.25
Linda Richards—8x10″	5.00
Sophia F. Palmer—11x14″ Gray or Sepia	5.25
7x 9″ Tiffany Print Sepia	4.25
7x 9″ Tiffany Print Gray	3.25
Isabel Hampton Robb—10x14″	1.50

CALENDARS

Florence Nightingale Calendar, 1921	.75
Booklet, "Early Leaders in American Nursing, 1922	.35
Leaders in American Nursing, 1923	1.00

SLIDES

Set of Lantern Slides on the History of Nursing—188 in number, per Slide, Standard Size	.50
Rental, by Set	15.00
Life of Florence Nightingale, Set	30.00
Rental, by Set	5.00
Reports of the National League of Nursing Education, odd volumes, each	.50

New graduates who plan to enter private nursing are reminded of the importance of choosing a registry that is ethically conducted, in order that they may not be exploited by unscrupulous people. Where an official or central registry has been established by a nursing association it should be supported in the interest of the individual and of the group. Such registries have the interest of both patient and nurse sincerely at heart.

Health for School Children, the exceedingly valuable report of the Advisory Committee on Health Education of the National Child Health Council may be obtained, at ten cents per copy, from the Bureau of Education, Department of the Interior, Washington, D. C. The 75 pages are packed with authoritative and well organized information on the scope and administration of school health work.

EDITORIALS

An Endowment of a Half Million Dollars

RARELY there comes an opportunity for a veritable paean of praise, an outpouring of gratitude from heart to heart. Such an opportunity comes to the nursing profession through the gift of one-half million of dollars by Mrs. Chester K. Bolton to the new School of Nursing at Western Reserve University. The gift comes as the culmination of many years of devotion to nursing as a civic and a national service although Mrs. Bolton is, happily, yet a young woman.

As a member of the Board of the Visiting Nurse Association of Cleveland, she early became truly consecrated to the ideal of securing suitable care for all who are sick by a wise distribution of nurses. This ideal crystalized in the Cleveland Nursing Center where are sheltered, under the hospitably spreading eaves of the homestead of Mrs. Bolton, now given over wholly to this service, all of the non-municipal nursing activities of that city.

On the Board of the National Organization for Public Health Nursing, Mrs. Bolton has rendered a service that can in no sense be reckoned only in terms of financial aid, large though her gifts have been. With this rich background of experience and of thoughtful interest in local and national health activities, it is not surprising that her nursing interests became all inclusive and she came to see nursing education as the foundation on which our structure must rest. Our entry into the Great War brought to this clear thinker an early realization of the need for supplementing our nursing forces. Through her efforts, perhaps more than through those of any one other person, Miss Goodrich's dream of an Army School of Nursing became a reality. And now comes the announcement of this great gift which immediately calls to mind other notable gifts, those of Florence Nightingale and of Mrs. Helen Hartley Jenkins—the former to establish the first school for nurses in the world at St. Thomas Hospital, London, and the latter a half century later, to endow the Department of Nursing and Health at Teachers College.

For fifty years the schools for nurses in this country have been laboring to make bricks without straw, to maintain educational institutions without visible means of support. The Report of the Committee on Nursing and Nursing Education has clearly shown our educational weaknesses. This munificent gift, like a gorgeous rainbow at the close of a gray day, will give each weary observer hope. The directors of our schools will rejoice with the Cleveland School. They will straighten their shoulders and adjust their burdens a little more firmly believing that, in time, our schools will generally be given the financial support necessary if they are to worthily prepare successive generations of young women to practice the art that concerns every family in the world. Mrs. Bolton has made an even greater gift than she knows. She has renewed our faith in a righteous cause.

Commencement

WHAT a mosaic of recollection the word brings to most of us! The mind lets go a thousand things, but not

the precious memories of the few outstanding events that mark our paths. Some there are who have grown blasé. Some defrauded ones there may be who know not the commencement thrill because their schools failed to make graduation an occasion for joyous remembrance.

The exercises at which the long coveted diplomas are presented should be as dignified and impressive as the individual school can make them. The setting may be chapel, auditorium, amphitheatre, bough-decked tent, sun-flooded lawn, or artificially lighted terrace, but the ends to be kept in mind are the achievement of inspiration, dignity and beauty. To those who believe that nurses should press on and ever on in the pursuit of knowledge, an academic procession with cap-and-gowned nurses taking their places in line with students of other schools in a University is a moving sight. Profoundly impressive, too, are Community Commencement exercises such as those held in Detroit, Rochester, and Denver, for there expression is given to our mutuality of aim and to the collective importance of nurses in our democracy. Cold, indeed, is the person who can gaze unmoved on such solid ranks of uniformed, eager, starry-eyed youth!

Clustering around commencement day we find festivities that yearly become comparable to those with which our colleges celebrate the completion of the course. Class days with tree or ivy planting are not unknown, alumnae associations delight not only to entertain the new class but to make it a time of happy reunion, and undergraduate classes play hostess at many an unique entertainment. The dances, theatre parties, and other festivities give graduates opportunity to offer their services for relief duty since the comfort of patients may never be sacrificed. Pageantry is coming into its own as a beautifully symbolic way of celebrating commencement time, and of epitomizing the achievements of the past. Our frontispiece is a scene from "The Lady of the Lamp" written for and presented by a relatively small but ambitious school last year in coöperation with various community groups. Onlookers cannot fail to appreciate the rich heritage of the modern nurse when Roman matrons, monks and nuns, crusaders, and finally Florence Nightingale herself are visualized before them. They cannot fail to grasp the significance of the contribution of nurses to our national life when, in mass formation, appear Red Cross, Army, Navy, public health and all the other types of nurses of today.

We like the custom which prevails in some schools of presenting the school pins before the formal exercises. Some of those whose privilege it has been to receive pins in this way will tell you that this exercise may be a veritable benediction; the "Well done" of the director of the school who has been teacher, guide, philosopher, and friend to her children. Happy indeed is the nurse whose school, having given her a sure foundation for her life work, triumphantly sends her forth to aid in pushing back the night of wretchedness due to ignorance and disease. We congratulate the nurses of 1923 who, having completed the course, are entering a profession of worldwide opportunity.

"I'd Hate to be a Just-a!"

A little child and her mother were watching wild birds come down to a window feeding shelf for the food thoughtfully scattered there. Following a gorgeous cardinal came an undistinguished looking little bird in his dull winter coat. To the query of the child, "What bird is that"? the mother replied "Just a white throat"—The child, after some thought, remarked, "Mother, *I'd hate to be a just-a!*"

There are times when one feels that we humans are much more concerned with pushing each other down into the *just-a* class than with the upgrading of society. We are frequently guilty of describing individuals as just-a this or just-a that, thus displaying a distinctly negative attitude of mind. What to our mind is even more deplorable is that nurses sometimes apply the term to themselves. More than once we have heard the answer, "Oh, I'm just a nurse!" or, even more frequently, "I'm just a private duty nurse!" Such statements imply lack of self respect and if we do not respect ourselves there is no good reason why we should expect respect from others. The woman who feels she is a "just-a" in nursing is not measuring up to her full powers. With such an attitude of mind she cannot do credit to herself nor to the profession to which she belongs. Women who are not proud to be nurses have no rightful place in the profession.

Many, many types of ability are needed in nursing. We would urge young women who are graduating this year to make definite decisions as to the next step in their progress. If private duty seems attractive, choose it deliberately, don't permit yourselves merely to drift into it.

If a head nurseship seems alluring, choose it because administrative work offers sound opportunities for personal development and for constructive service. Don't accept it merely because it is convenient and you dislike change. If the open door of public health work lures you—enter with open eyes. Make definite decisions based on your preparation, your abilities, and your desires. Remember that you are entering an honorable profession of world-wide opportunity. If you have had a good basic training and possess the will to do and to serve, it offers durable and ever increasing satisfaction to you. Don't drift,—Choose! You need not be a *"just-a!"*

The Lure of Nursing [1]

THE charm, the fascination, the lure, the steady grip and pull and, with all,—the satisfaction—of nursing are so much a part of nurses' lives that they rarely put their feeling into words, but probationers, nurses still in the making, are wholesomely and enthusiastically vocal. From a pile of manuscript written by probationers in a number of hospitals comes a wave of stimulating comment. Through jokes at themselves, incidents about patients, surprise over hospital ways, discussion of study and class work, tales of gay boarding school times off duty, there runs a thrill of enthusiasm which, like an irresistible current, bears them forward.

With eyes opening to the real meaning of life, contrasting for the first time all

---

[1] Written, upon request, by Miss Frances Maltby, Executive Secretary of the Council of Nursing for Southeastern Pennsylvania.

sorts and conditions of humanity, rich and poor, cultured and ignorant, weak and strong, but all alike dependent in some measure upon their ministrations, understanding dawns. They write "The people are the big interest in nursing to me" and "I love the patients, they have taught me much," and "My sense of values is changed. What I get is less important, what I give is more important." And now they receive in order to give. The desire, the act, the response make a divine cycle.

From the patients flows to the nurse, in some sort or another, what Arthur Guiterman expressed years ago when he wrote "In The Hospital,"

Because, even here, in this mansion of woe,
Where creep the dull hours, leaden shod,
Compassion and tenderness aid me
I know—there is God.

That same feeling belonged to the little girl who said, "God is the very best person in all the world, isn't He? even better than a nurse."

And what reaction comes from a neighborhood? One would like to feel that the spirit in the following incident is universal, for says one of the missives, "As I stepped into the street where small boys were flinging stones at the passers, one of them shouted, 'Oh, don't hit her. She's not a woman, she's a nurse!' "

It is sad to see those who have always wanted to be nurses and who, because of circumstances or opposition have never had the chance. "My mother wouldn't let me," says one woman, adding with brimming eyes, "and now it's too late, I'm over thirty-five." And then comes to mind "Milestones," that play of Arnold Bennett's, in which each one that let himself be guided by tradition came to naught, while those who pressed forward accomplished, for every generation must follow its own star. For the sake of those who hesitate we would add yet another testimonial from the accumulation before us: "And while I am only a probationer, I know the future holds *something worth while.*"

Resignation of Miss Dock from the Journal Staff

IT is with great regret that we announce the resignation of Lavinia L. Dock from the position of editor of the Foreign Department of the Journal.

When the magazine made its first appearance, in October, 1900, one of the departments was devoted to "Foreign News," but no editor's name was given in connection with it. In the second issue, November, 1900, the name of the editor appeared, Lavinia L. Dock. From that day to this, a period of more than twenty-two years, Miss Dock has edited that department.

Some of the other departments have been carried first by one editor, then by another, and of almost any other department it might be said that any one of several people could edit it well. But Miss Dock stood alone. At the time the Journal was started, no one else had her knowledge of foreign affairs, and it is probably true today that no one else knows so thoroughly the condition of nursing education and of nursing organizations, the world over. She has made several trips abroad, and has travelled from country to country making special studies of hospitals and training schools. Our older subscribers will remember the interesting series of articles, well illustrated, which she contributed to our pages during those trips. She was for years secretary of the

International Council of Nurses, a position which brought her closely in touch with the leading women of our profession in other lands. Miss Dock is also a linguist, reading several languages beside her own.

The situation is now somewhat changed. The World War has given foreign nursing work a new aspect,—many of our own women have worked in other countries and are familiar with conditions abroad; Miss Dock has resigned her office of Honorary Secretary of the International Council of Nurses; home cares demand more of her time. So when she begged, for the second and third time, to be released as editor of the Foreign Department, the editors and the President of the JOURNAL Board felt that her request should be granted.

Miss Dock has been an ideal staff member. Although her material has been so important, she has been willing at any time to have it adjusted to the needs of the magazine as a whole, when some change seemed necessary; she has been prompt in sending material and scrupulously exact in her preparation of copy. Although she has seldom had access to a typewriter, her handwritten pages have been beautifully clear, with no question as to spelling, punctuation, or proper names.

The editors feel that it would be impossible to fill Miss Dock's place and as there is now no limit to the field of the activities of American nurses, the department, as such, will be discontinued for a time, though material on foreign affairs will be welcomed and given space.

Miss Dock has promised to be ready to respond to any appeal we may make to her, and we are sure our readers will join us in regret at her departure from our staff and in the gratitude and good wishes we send her.

A BACKWARD STEP IN MISSOURI

AGAIN the shortsighted forces of disintegration and reaction have won out and the registration act passed only two years ago, of which Missouri nurses were so justly proud, has been repealed. Under the new law applicants for registration must have acquired a general education, "substantially equivalent to that obtained by the completion of a common or grammar school course of study," and little provision has been made for administration of the law and for assistance to the schools.

We believe that educated young women will so consistently shun schools that accept this low entrance requirement, that the sum-total of students in such schools will not be appreciably increased and the law will thus defeat its own ends. The demand for low entrance requirements usually comes from selfish individuals or from institutions that regard student nurses as a cheap labor supply rather than as students preparing for definite responsibilities in a community. Lowered entrance requirements are not an inducement to thoughtful young women of the type demanded by those who employ graduate nurses.

This action by the Missouri legislature and equally subversive tendencies in some of the other states confirm us in our belief that, important though it is for us to continue our efforts to secure reasonable and uniform legislation, prospective students need some surer index of the quality of schools for nurses than has yet been offered. Such an index could be provided by grading schools

for nurses just as medical schools have been graded and as hospitals have been graded in order that internes may not unwittingly waste time in inferior institutions.

The quality of a school for nurses can be determined at the present time by thoughtful inquiry. It will be more readily determined when the schools have been graded in accord with their facilities for teaching and the quality of the instruction offered. We cannot too often repeat that the nursing service of a hospital and its school for nurses are not identical. We believe the schools in Missouri which see this fact clearly and which adhere to worthy standards will suffer less from this new legislation than those which have not learned to make the distinction.

Prospective students are looking for and are determined to find, schools which will really give them an education in nursing. They have no intention of being exploited even in the name of philanthropy. We deplore Missouri's lowered requirements, but we are in no wise discouraged.

Centralization of Nursing Education

HOW shall the insistent demands for more and better teaching in schools for nurses be met? This question forms the basis for much of the discussion at our meetings. The burdens laid upon the directors of schools for nurses are indeed heavy. Centralization of schools is now being offered as a panacea for many ills, although the phrase has never been clearly defined by any authoritative body. In many sections of the country a central school is held to be an organization by means of which several schools for nurses are brought into a group under some form of coöperative control, for instruction in the work of the preliminary course. In others it is held to be the union of several hospital schools under the educational direction of a university and with students matriculating in the university. It is sometimes assumed to be a concentration of teaching under High School or Junior College jurisdiction and in coöperation with local nursing interests.

The consolidation or amalgamation of classes from several schools, which is the basic idea in all these plans, seems to offer much in the way of stimulation of the component groups. It offers at one and the same time the hope of certain economies and of improvement in the quality of the teaching. It tends to give form and substance to schools whose identities have been submerged in the hospitals. With little financial support available and no opportunity for university connection, it is not surprising that some nursing schools have seized upon what they considered the next best plan and have sought affiliation with high schools. Many high school teachers are perfectly competent to give some of the instruction we require for our students. Not infrequently high school laboratories offer the only hope of suitable equipment for science teaching, especially in the smaller communities. The high schools are usually generously coöperative. There is a danger here, however, which is not always appreciated. The high school has its own distinct function, but that function is not professional education of any type, and nursing schools will be seriously misled if they turn their professional work over to high schools.

Individual subjects may be taught by high school teachers, and high school laboratories used for such subjects as Chemistry and Dietetics where other facilities are not available, but this should be considered a temporary and special adjustment. The control and direction of nursing education should not be placed in the hands of the high school. There are those who still believe that nursing is not a profession. If we wish to obtain a generally recognized professional status, we must safeguard the foundation on which we build. That foundation should be built on, and not in, the high school.

Any discussion of teaching necessitates a discussion of finance. When funds are so difficult to obtain for nursing education, it would seem a happy solution to secure assistance from the Boards of Vocational Education in the various states. The funds of the Federal and State Boards are not available for education above high school grade and control must be centered in the high school which gives the training. Acceptance of such assistance, therefore, while seeming to offer an easy way out, would automatically grade the work below that of a desirable professional level and take it out of the hands of the nursing schools in whole or in part. Many of our difficulties today are due to non-educational traditions. It would be much better to pay for the outside assistance we need or even to get on a little longer as we have been doing, rather than take a wrong turn here which would hamper future progress.

Consolidation is coming—there is no doubt about it, but if university affiliation is not available better far be independent. Consolidated schools such as we have in Philadelphia and Utica can carry the student through the preparatory course and, we hope, ultimately through the entire training. Such schools will be ready for affiliation with a Junior College or University if opportunity comes. Until that time, they operate as free and independent professional schools.

Let us think clearly and build wisely that we may not establish precedents that will hamper our successors. Let us avoid alliances that tend to hamper the best development of our schools and keep in mind the objective of a true profession founded on knowledge and animated by a genuine spirit of social service.

Journalistic Coöperation

THE *Pictorial Review* announces that this month's issue exceeds that of any other magazine in the world and that two and a half million copies will be printed. Space in such a magazine is exceedingly valuable as is proven by the enormous sums paid for its advertising space.

Through our National Headquarters the editors of *Pictorial Review* became interested in the ever growing demand for nurses and have generously coöperated in disseminating information on nursing as a vital element in our national life. When interviewed, they almost instantly grasped the scope and significance of nursing and its resultant satisfactions to those who really prepare themselves for service. In the June issue will appear a concise little article called "Wanted, 50,000 Girls for a Great Opportunity." Says Marie Sellers, Home Economics Editor, "I wish this might have been played up even more

strongly than it is, but it had to be fitted in wherever we could find space for it."

The *Pictorial* staff has strengthened our belief in the generosity and broad-mindedness of journalists. We have had friendly relations with many of that versatile guild and it has been our experience that they have as genuine a desire "to serve" in their own way as nurses have, but they are busy people who cannot spend time and will not spend space on hazy ill-considered copy or plans without definite point and timeliness.

Nursing is a national and a community responsibility. It is encouraging to find the lay press increasingly cordial and coöperative in circulating information about the "art that concerns every family in the world."

AN APPEAL FROM RUSSIA AND FOR RUSSIA

Last year an appeal from Mlle. A. V. Romanoff to the American Nurses' Association for the suffering nurses of Russia was answered by many state associations of nurses throughout the country. The contributions received to date amount to over $500. This amount has just been turned over to American Medical Aid for Russia through the Medical Division of the American Friends Service Committee, for the relief of nurses, through supplementary feeding in hospitals and training schools. This appeal is now renewed on the basis of the report of Dr. Henry O. Eversole of the Russian Commission of the National Information Bureau.

"Russian doctors and nurses," says Doctor Eversole, "as a result of their self-sacrificing efforts to maintain a high standard of medical work, have reached the point of exhaustion. It is certain that at least 75 per cent of these men and women are existing on incomes inadequate for even the bare necessities of food and clothing. Great numbers of doctors and nurses have died in fighting epidemics, others have contracted tuberculosis, and those who remain are so weakened by years of privation and over-work that they have slight resistance to disease. All achievement is being paid for in terms of undermined health and death among medical personnel."

Hospital conditions, according to the report, are almost impossible for us to visualize from our vantage point of comfortable isolation. Can you imagine a 500-bed hospital with two hypodermic syringes, three thermometers, two hot-water bags and one ice-cap? Add to this picture a temperature little above freezing through the long Russian winter, a hot water supply from samovars and tea-kettles, and a complete lack of soap. In such hospitals as this the nurses of Russia are bravely carrying on.

The superintendent of nurses in a Moscow training school, where excellent standards are maintained, is quoted as saying: "My greatest difficulty with the nurses is that they often faint on duty. *Unless they have friends on the outside to send them food,* we often find that by the end of the month they have nothing to eat. In our hospitals we have been able to give them hot water for their tea, but when they are hungry we can expect little from them, however hard they try."

A month's supplementary feeding for one of these nurses through the American Friends Service Committee costs about eighty cents. Ten dollars will see her through the coming year. The fund of ten thousand dollars, for which American Medical Aid for Russia appeals, will maintain the health and strength of a thousand of the best trained nurses, and through them will relieve untold suffering. Certainly the nurses of America will answer to the limit of their ability this request to act as "friends on the outside" for these brave women.

The three National Nursing Organizations have been invited to participate and are coöperating by recommending representative nurses to serve on a Committee which will assist the American Medical Aid for Russia to convey the appeal to American Nurses.

Hereafter, all contributions for the aid of Russian nurses should be made payable to the American Medical Aid for Russia, and sent to Mrs. Henry Villard, Chairman, 103 Park Avenue, New York.

WHO'S WHO IN THE NURSING WORLD



XXI. M. HELENA McMILLAN, B.A., R.N.

BIRTHPLACE: Montreal, Canada. PARENTAGE: Canadian. PRELIMINARY EDUCATION: Private schools. COLLEGE: McGill University, B.A., 1891. PROFESSIONAL EDUCATION: Illinois Training School for Nurses, Chicago, class of 1894. POSTGRADUATE WORK: Henry Street Settlement District Nursing, 1902. POSITIONS HELD: Lady Superintendent, Kingston General Hospital, Kingston, Canada, 1895 to 1897. Organized the School of Nursing, Lakeside Hospital, Cleveland, Ohio, and first Principal, 1897 to 1902. Organized the School of Nursing, Presbyterian Hospital, Chicago, and first Principal, 1903 to the present time. AUTHOR OF: Various articles and addresses on nursing. OFFICES HELD: President, five times, of the Illinois State Association; organizer and first President, Cleveland Graduate Nurses' Association; former secretary National League of Nursing Education; former treasurer, National League of Nursing Education. Member of State and National Committees American Red Cross. PRESENT ADDRESS: The Presbyterian Hospital, Chicago, Ill.

DEPARTMENT OF NURSING EDUCATION

LAURA R. LOGAN, R.N., DEPARTMENT EDITOR

NURSING EDUCATION IN CHINA

BY ANNA C. JAMME, R.N.

CHINA is a land of magnificent distances, few railroads, long roads, and great rivers. With a map before you, planning your itinerary, it is difficult to realize that the United States can be placed in China and still leave room enough for Mexico and Canada. The distance from Peking to Shanghai, or from Peking to Hankow and Changsha, or from Shanghai to Canton does not appear long. One may be like the Englishman who thought he could dine in New York and breakfast in San Francisco. It is possible to go to Shanghai by rail, touching at Tientsin and Nanking, or by rail to Hankow and from there by steamer on the Yangtze River. I wanted very much to go the latter way, but was advised not to, owing to the trouble with bandits and wandering troops of soldiers. I found out later that it was safe, but I feared as I was traveling alone and with no knowledge of the language I might meet with some trouble. I shall never cease to regret this, not only because the trip is most interesting, but because I could not go to Changsha where the Hunan-Yale Medical College and Hospital are located. After seeing the work at the Peking Union Medical College I was particularly anxious to see what is being done at Changsha and to meet Miss Gage, Superintendent of Nurses, who has been an active worker and nurse educator in China for some years, and who ranks among the pioneers in establishing the Nurses' Association of China of which she was president in 1912. The Hunan-Yale College is one of the four important medical colleges in China where Chinese doctors and nurses are being trained for work in the provinces.

On the journey from Peking to Shanghai I was very much impressed by the degree of cultivation going on although it was winter and the land was dry and the streams in the north frozen. The farmers were at work, and every inch of land was under cultivation. I did not see farming machines or horses, it was all done by man and woman power. Here and there the ox is the burden carrier, but not often; men and women carry heavy loads or are harnessed to a heavy cart with large iron studded wheels and pull and push large loads. Man-power is cheap and plentiful, and when one thinks of the famine year, one realizes the importance of making the soil yield. The farmers live in villages which are quite numerous, and village life in China is a community life, all sharing together in a very democratic way. (See "Village Life in China.") As I gazed out of the car window I could not help looking at it from the public health standpoint and trying to visualize the public health nurse in village work, perhaps making her rounds from village to village in a sedan chair, or even in an ox-cart. It is certainly a fertile field for public health work, and

I hope the day is not far distant when the Chinese themselves will want to have this done.

Upon my arrival in Shanghai I immediately found Cora E. Simpson, R.N., Executive Secretary of the Nurses' Association of China, and Director of Nursing Education in China. The headquarters of the association is in Shanghai at 10 Quinsan Gardens. I had the privilege of carrying with me greetings from the Presidents of the American Nurses' Association and the National League of Nursing Education to the President of the Nurses' Association of China, Eva E. Gregg. Miss Gregg is the superintendent of nurses of the Isabella Fisher Memorial Hospital at Tientsin, and at this time was on furlough in the United States. I, therefore, presented my letters to the Executive Secretary, and in return carried the greetings of the Nurses' Association of China to the presidents of our national organizations.

It was a great joy to me to meet Miss Simpson who is filled with interest in the work of her organization and enthusiasm for the educational work which is now in progress in China. She has a background of nineteen years in China and is one of the early directors of nursing schools, having established and developed the Florence Nightingale School of Nursing, Magaw Memorial Hospital, the first hospital for women in China, at Foochow. She left her school to which she was devoted to take up the arduous duties of Executive Secretary of the Nurses' Association of China. She has a tremendous task and feels that her work is but in its infancy. She travels vast distances into the interior by chair, boat, ox-cart, or any conveyance she can find to visit the registered schools of which there are sixty-eight, besides conducting the general work of the association.

The training of nurses is closely linked with medical missionary work in China and commenced very soon after graduate nurses began to come to China as missionary nurses. Elizabeth McKechnie, a graduate of the Philadelphia Woman's Hospital, was the first missionary nurse and came to Shanghai in 1884 as assistant to Dr. Reisnyder. Missionary hospitals were then in process of building; more foreign doctors and nurses came and the training of Chinese doctors and nurses began. The foreign nurses brought with them methods used in their own schools and went back to their countries on furlough about every four years where they got in touch with advances in their work. I am sure we, in our comfortable schools, hospitals, and nurses' homes, cannot begin to realize what these pioneer nurses in China endured in working without equipment or adequate help, surrounded by ignorance, superstition, and the ancient traditions of the Chinese, learning a most difficult language and living in a climate either intensely hot or intensely cold and damp, with but few of the creature comforts to which they had been accustomed. The world has not yet paid its tribute to these large-souled and devoted women. In my all too brief and hurried visit I was profoundly impressed by the spirit back of the work at each school I visited; not once did I hear a word of regret for having come to China or a complaint for absence of personal comfort or even desire for home. The second impression I received was the kindly attitude toward the Chinese student;



Magaw Memorial Hospital, Foochow, China



Florence Nightingale School of Nursing and Midwifery, Magaw Memorial Hospital, Foochow, Fuhkien, China. Miss Simpson in the Center

every superintendent is enthusiastic over her students; there is no talk of the shortcomings or lack of interest or infringement of discipline,—because it does not exist. Each school is a united family, animated by strong spiritual leadership; everywhere the students are interested in themselves and their hospital work; everywhere they were proud to show me their patients, their charts, their operating rooms. I was much impressed with their businesslike manner, their neatly-made long white aprons coming up to the neck and fastened on one shoulder and side by cotton loops, with sleeves comfortably full and well above the wrist, but not the elbow; good shoes and adequate linen caps which were very much like our best types of caps. The students of the David Gregg Hospital, Canton, are wearing white trousers and white coats fastened on the shoulders in the same manner as the long coats. They looked very comfortable and I saw some playing volley ball and admired their freedom of action. The Chinese student is always very gracious, polite, and smiling. As a rule she does her work deftly and while no doubt she has her faults and gives her teachers anxiety at times she is certainly very sweet and lovable as you see her at work in the wards.

I was particularly impressed with the Chinese graduate nurses' uniforms which seem to be the same throughout China. Here again they have the short coat and white skirt which is sufficiently full for action and of medium length, the sleeves slightly below the elbow, the collars of the coat of medium height and fastened at the side, and a white starched linen cap. The Nurses' Association of China has adopted a standard cap which is worn by their members, but the Chinese nurses who have been trained in the United States or England frequently wear the uniform and cap of their school.

The course of instruction in the registered schools covers three and in many instances four years. There is no law in China governing the registration of nurses or inspection of schools of nursing. The Nurses' Association of China fulfills the functions of a law as we understand the term in the United States. The association sets the standards for an accredited school, inspects and registers the school if it meets the standard. The required course of instruction covers three years. When the four-year course is taken, the first year is given to preliminary work. Many applicants come to the schools without sufficient educational preparation and take this year in preparation and also study English. In some schools a tuition fee is required; in others, none. This does not exceed $50. The majority provide full maintenance, some give a monthly allowance ranging from the equivalent in our money of fifty cents to one dollar a month. A deposit for breakage is usually required. At the Turner School in connection with the David Gregg Hospital, Canton, students who leave during training must pay back to the hospital the amount of their board and general expense from the time they entered, at the rate of $3 a month, and this may be the case in other schools. In the thirteen schools I visited in China, I found the students well housed. They have as a rule their own building which is attractively furnished in Chinese style and scrupulously clean and orderly; they were not overcrowded and

had fairly good arrangements for bathing. The Chinese like hard beds and often use a board foundation with a straw mat, or a thin mattress or quilt; their cover is a thick quilt covered with either cotton or silk. During the day this cover is folded and put away in a drawer or closet, or it may be folded lengthwise on the side of the bed in very much the same way that we fold the upper bed clothing in preparing for an ether patient. I saw these beds in several schools although there were the ordinary western beds in some. Plumbing is often deficient and out of order or entirely absent. I saw the Chinese tub, known as the Soochow tub, which is round and high, made of wood or porcelain, which has to be filled by means of buckets and emptied accordingly. Occasionally water taps are supplied. The Chinese are personally very clean and want a hot bath every day. However, water is sometimes scarce especially before the rainy season.

I found with few exceptions good classrooms and equipment for teaching, such as charts, skeletons, a Chase or a homemade doll. Nowhere did I see a school without a classroom, and in some instances I was able to see the classes in session. The instruction is given slowly, with much emphasis and repetition, and in English, where nurses are teaching. Notes are taken and are gone over carefully by the teacher. It must be remembered that all foreign nurses and doctors go to language school before they begin their work while the Chinese student nurses and medical students learn English so that in their instruction and work in the hospitals they use a common language. There are no characters in Chinese to denote medical terms and that is why English must be mastered by the students. The schools are following the curriculum of the National League of Nursing Education which is also a requirement of the Nurses' Association of China. The arrangement of their instruction is about like ours including the preliminary year. The students are never sent to the wards until they have had at least six months' study and English. The full schedule of hours of duty later does not exceed eight hours a day. The students all look very fit physically. I had the privilege of speaking to several groups by means of an interpreter and I was able to see them both on and off duty. They have a plentiful opportunity for experience in the mission hospitals in all services.

I found the wards and private rooms filled and the out-patient departments overflowing. True, the hospitals I saw were in the crowded cities where one would expect a large out-patient attendance, but I am told by Miss Simpson that this is the case even in the less populated cities. I confess I was unfavorably impressed at first by the general appearance of the wards,—the marked difference between first, second, and third class, and my democratic soul rebels when it is a question of the sick, against the straw mattress of the second class, the board and mat of the third class. But when I reasoned it out, I became more resigned and understood why this had to be. The straw mattress can be emptied and burned and fresh straw substituted often; the boards and mats can be scrubbed. At the Nethersole Hospital in Hong Kong I saw the boards as white as the deck of a steamer in the early morning. The



KUNG YEE HOSPITAL, CANTON

bedeside table and utensils were not always such as we use, but they were clean and adequate. There were not always the beautiful medicine closets and treatment trays, but in many hospitals each patient has his own clinical thermometer kept in a separate glass and the charts were well done and the bedside records neatly kept. In some hospitals such as the Peking Union Medical College the equipment is Western and quite elaborate. On each bedside table a pot of hot tea and hot water was kept constantly replenished. There are usually ward assistants called "amahs" (women) or there are the Chinese "boys," usually men in years, who keep the ward clean, scrub utensils and look after the hot tea. The diet is, of course, Chinese. At the Peking Union Medical College I was told by the dietitian that it is well balanced and can be very easily adapted to special forms of diet. Chinese cooking requires a special kitchen as food is generally steamed. I was much interested in the kitchens which were clean. The cooks and assistants were always spotlessly clad in spite of soft coal and clay stoves.

It must be remembered that the mission hospitals have a struggle to get funds to carry on their work, a large amount of which is free, but whatever they may lack in equipment or in scientific care is supplemented by the wonderful spirit of their work and their faculty of improvising. I was greatly impressed by the out-patient work and in some places, notably in Shanghai, there appears to be a great amount of pre-natal and children's work done. I saw at the Margaret Williamson Hospital a quantity of pre-natal and post-natal literature which is given out and I understand that here some follow-up work is done. I regretted that I was unable to meet Dr. Peter who is doing much in children's work and to see some of his interesting charts. As a rule, follow-up work from the dispensary to the

home cannot be done because of lack of workers and funds; it is sometimes done voluntarily by physicians and nurses but as yet no general social service system is established. No doubt this will come soon, as the time seems ready for it and the work is pointing in this direction. In maternity the Chinese woman has been slow to go to the hospital for confinement and has relied upon the midwife who is not trained and who often does a great deal of harm. I was told that the maternity work is increasing in the hospitals. However, nineteen babies were born at the Margaret Williamson Hospital in Shanghai between Saturday noon and Monday morning, which does not seem to indicate a lack of confidence on the part of the Chinese expectant mother in that particular community. Maternity is the same all the world over and the Chinese mother requires as skilled care as her Anglo-Saxon sister, even though she may give birth only to a daughter. I was told the midwife receives a few more coppers when a boy is born. Boys count in China.

The student nurse on the completion of her course is examined by the Examining Committee of the Nurses' Association of China and then receives her Nurses' Association of China diploma and the diploma of her school. She does not receive the latter until she has passed this examination. There is as yet no graduate study in China and graduates go to the United States or England for further work. It is contemplated that graduate work in public health nursing and in administration will be developed at the Peking Union Medical College, Peking, at the Margaret Williamson Hospital, Shanghai, and at the Hunan-Yale Hospital, Changsha. It is very greatly needed and will do much to develop the Chinese nurses in taking responsibility and leadership. Graduate nurses can take some further instruction in midwifery in their own schools and qualify for the midwives' examination held by the Nurses' Association of China. Midwifery instruction is designated as non-operative and operative, and students are trained to deliver with forceps. There are no laws governing the practice of midwifery, no examination other than that given by the Nurses' Association of China, and no penalties for mal-practice other than those imposed by the same organization.

The training of male students parallels that of women students. They attend the same classes with the exception of obstetrics and have their practical work in the men's wards and the operating-room. Women students or graduates do not nurse male patients in China; there are a number of male students in each school and some schools train only male nurses. It has been a mooted question as to whether Chinese women students should not be taught to nurse men and this has brought forward considerable discussion in the Nurses' Association of China. Public opinion is very much against it. Gladys Stevenson, in a strong article published in the quarterly Journal of the Nurses' Association of China (April, 1922) presents the situation in this regard and I take the liberty of quoting from this article.

> It seems to be beyond question that the whole fabric of Chinese society must be altered before these things can be. Chinese manhood must learn to have a purer, nobler idea of their womankind and accord to them a respect which is sadly lacking at the present time. In a society where Christian educated girls can still be bought and sold and resold

by their heathen relatives without a dissentient voice being raised, it is surely impracticable to think of replacing male nurses by girls for the nursing of men. The Emancipation of Women must first become an accomplished fact throughout the country. Even when at length it does become an accomplished fact and girl nurses may have replaced men, there will still be many positions open for male nurses in general hospital work, such as Dispenser, Anaesthetist, Masseur, Laboratory Assistant, etc., so that I fully agree with Miss Haward that it is well worth while giving our men nurses the very best training we can and do not hesitate to recommend nursing as a life work for educated young men. In Western countries even now, notably Scandinavia, a large number of male patients are nursed by men nurses.

In the matter of nursing textbooks, it may be interesting to know that a number have been translated into Chinese and two have been written in Chinese by a Chinese physician, namely, a quiz book on practical nursing and one on genito-urinary diseases. Those translated are: "Practical Nursing" by Pope and Maxwell, Bundy's "Anatomy," Stimson's "Drugs and Solutions," Reid's "Bacteriology," Hopkins' "Roller Bandage." As the translations are very expensive, the Rockefeller Foundation has given money for the translations which the Nurses' Association of China will print and publish.

The Chinese are eager for education and take it seriously. The students of nursing are serious in their work and have great reverence for their teachers, not only during their training but after they leave the hospital, they always wish them to share in their joys and sorrows, to know of their marriages and the birth of their children. Many of the Chinese women students marry after graduation. They are critical and have an appreciation of good teaching and the high characteristics of their teachers. The schools are maintained on a strictly educational basis. Not once did I get the reaction that the object of the school was to carry on the work of the hospital and in almost every school I visited there was the full capacity of students which is surprising when the high educational requirements and the course of study are considered. Some Chinese nurses are being educated in American schools and are returning to take up leadership in the Chinese schools. Lillian Wu, a graduate of Johns Hopkins School of Nursing, is the superintendent of nurses at the Chinese Red Cross Hospital, Shanghai, and is doing splendid work in her hospital and school. Miss Sze, also a graduate of Johns Hopkins, is in charge of the out-patient department at the Peking Union Medical College. Other students are in training at the Peter Bent Brigham, Boston, the Presbyterian, New York, and in other schools. These graduates will be a force in leading the Chinese nurses and in time will be able to improve conditions in the hospitals controlled by Chinese.

The centers of nursing education in China will probably be Peking, Shanghai, Changsha and Canton as good institutions, not only for nurses' education but for education in general, are established in these cities. China needs many good nurses; the health problems in this country are serious and the Chinese nurses will be a telling factor in promoting better health and better health conditions in the country. At present foreign teachers are very much needed, nurses who will go to China with wide-open vision, a deep sense of the importance of their mission, and a sympathetic



In the Demonstration Room, Peking Union Medical College

understanding of the Chinese people. When all is said and done, the work is for the Chinese, and that is the spirit that I found in it from Peking to Canton.

I have in this brief sketch endeavored to picture nursing education in China as it was unfolded to me in my all too brief visit. I went to China with little special knowledge of what was being done there in nursing work and only a few facts in my mind. I came away deeply impressed with the work and the workers. I touched only at Peking, Tientsin, Shanghai, Hong Kong and Canton. I was unable to see the vast inner country. At each of these points I was delightfully entertained by the nurses, in fact quite taken in hand. My programme was made out with scarcely a margin of time to even peep into a shop. I was the guest of the hospitals and could come closely in touch with the hospital life. It was interesting to meet nurses from many countries and many schools and I often felt the great fellowship we have in our profession. After all, China is not so far away when we can be together in sympathy of purpose, ideals and helpfulness.

The nurses of China are united in the support of good educational requirements and methods of instruction. As with us, their opponents are from the foreign medical body, and as I close my article, I am informed that at the Medical Conference in Shanghai, in February of this year, the topic of nursing standards has been discussed. It is good to know, however, that, like us, the nurses of China have their strong supporters in some members of the medical profession and they themselves can strongly defend their own professional standards which they have so well established.

INSTITUTE FOR PRINCIPALS AND INSTRUCTORS IN SCHOOLS OF NURSING GIVEN UNDER THE AUSPICES OF THE OHIO STATE LEAGUE OF NURSING EDUCATION

TUESDAY, JUNE 5—Chapel, College for Women, Western Reserve University, Grace E. Allison, Lakeside Hospital, Cleveland, presiding. 9 a. m.—Registration; Opening of the Institute, Blanche Pfefferkorn, President of the Ohio State League; The Benefits Which Schools of Nursing May Bring to a College for Women, Helen M. Smith, Dean of College for Women, Western Reserve University; Round Table, "University Affiliation," conducted by Laura R. Logani, Concinnati.

AFTERNOON SESSION, 2 p. m.—The Standards Which the College Must Exact From Schools of Nursing Which Expect to Have Their Work Recognized in Terms of Academic Credit, Henry E. Bourne, Professor of History, College for Women, Western Reserve University; Teaching of Psychology, Grace Preyer Rush, Assistant Professor in Experimental Psychology, College for Women, Western Reserve University. 3:15 p. m.—Tea, Art Museum. Hostesses, Cleveland League of Nursing Education.

WEDNESDAY, JUNE 6—School of Education, Euclid Avenue and East 107th Street. Claribel A. Wheeler, Mount Sinai Hospital, Cleveland, presiding. 9 a. m.—Some Problems in Nursing Education, Ambrose L. Suhrie, Ph.D., L.L.D., Dean of School of Education, Cleveland; Importance of Teaching Elements of Pathology to Student Nurses, Jonathan Forman, M.D., Ohio State University, Columbus; Diabetes, Alfred S. Masachke, M.D., Director of Medicine, Mount Sinai Hospital, Cleveland, Inspection of Mount Sinai Hospital. 12:30, Lunch, Hostesses, Faculty of School of Nursing, Mount Sinai Hospital.

AFTERNOON SESSION—Ella Best, Instructor, Miami Valley Hospital, Dayton, presiding. 2 p. m.—Treatment of Diabetes with Clinical Demonstrations, Julius J. Selman, M.D., Mount Sinai Hospital Dispensary; Lesson in Nursing Diabetes, Evelyn Childs, Medical Supervisor, Lakeside Hospital, Cleveland; Demonstrations, Serving a tray to diabetic patient, Intravenous infusion. Giving of hypodermics, Taking of blood for blood chemistry; discussion, Mabel Wheeler, Bellaire City Hospital, Bellaire; Tea, Cleveland Nursing Center. Hostesses, District No. 4.

THURSDAY, JUNE 7—Lakeside Hospital, Katharine Buckley, Principal of School of Nursing, Jewish Hospital, Cincinnati, presiding. 9 a. m.—Bacteriology as a Preparation to Further Work in Preventive Medicine, Gaius E. Harmon, M.D., Western Reserve University; Lesson in Bacteriology, Lois Spraker, Instructor School of Nursing, Lakeside Hospital; The Head Nurse as a Correlating Factor in Teaching of Bacteriology, Carlotta Agerter, Supervisor in Pediatrics, Lakeside Hospital; Inspection of Lakeside Hospital. Lunch, Hostesses, Faculty of Lakeside Hospital.

AFTERNOON SESSION — Lakeside Hospital, Lucy Ailer, Principal, School of Nursing, University Hospital, Columbus, presiding. 2 p. m.—Demonstrations,—Hot applications, Nose and throat cultures; Discussion, Cora Brown, Instructor, Lancaster Hospital, Lancaster; Teaching Essentials of Materia Medica, Neva Mote, Instructor, School of Nursing and Health, Cincinnati, Ohio. Tea.

FRIDAY, JUNE 8—City Hospital, Scranton Road, Cleveland. Margaret Napier, Instructor, School of Nursing, Massillon Hospital, Massillon, presiding. 9 a. m.—Why Mental Nursing Should be Included in a Curriculum of a School of Nursing; Lecture on Psychiatry, Dementia Precox, Charles W. Stone, M.D., Assistant Professor of Nervous Diseases, Western Reserve University; Inspection of City Hospital.

AFTERNOON SESSION—City Hospital, Sister Mary Esther, Instructor, School of Nursing, St. Elizabeth's Hospital, Youngstown, presiding. 2 p. m.—Hydrotherapy and Radiotherapy in Care of Mental Diseases, Helena Willis, Supervisor of Psychiatry, City Hospital, Cleveland; Demonstrations,—Hot pack, Continuous tub bath, Cold pack; Discussion; Lecture on Occupational Therapy, Dr. Carnosh; Visit to Occupational Therapy Department; Visit to St. John's Hospital.

SATURDAY, JUNE 9—City Hospital. 9 a. m.—Round Table, Instructors' Problems, conducted by Ethel Ackerman, Instructor Mansfield General Hospital, Mansfield; Round Table, Head Nurses' Problems; Lunch, City Hospital. 2:30 p. m., Auto ride.

DEPARTMENT OF RED CROSS NURSING

CLARA D. NOYES, R.N., DEPARTMENT EDITOR
Director, Nursing Service, American Red Cross

NOTES FROM AMERICAN RED CROSS SCHOOLS OF NURSING IN EUROPE

Prague School.—The School of Nursing at Prague, Czechoslovakia, the first to be organized, is also the first from which the American Red Cross nurses will be withdrawn. The assignment of our first nurse to this School dates back to December 3, 1919, when Marion G. Parsons, who is the Director of the School and Alotta May Lentell left Paris to lay the foundation for a modern system of nurse education in one of the oldest countries of Europe. Over three years have passed since that time, and two classes prepared by Miss Parsons have been graduated, in 1921 and 1922. Step by step the practical teaching field in the State Hospital, which is connected with the University of Prague, has been developed. The residence for the students and staff, with classrooms and recreation rooms, have been gradually put into order until at the present time the conditions under which the nurses live and the food they eat would compare favorably with the good schools of this country. An Advisory Council composed of representatives from the Municipal Bureau of Hygiene and Education, the Medical Department of the University, the Medical Director of the State Hospital, and Representatives from the Czechoslovakian Red Cross has guided the affairs of the School. Later a School Committee composed of leading women was organized. This Committee has concentrated on the social aspect, and has been a great support to the Superintendent of the School in helping to gain important improvements. An Alumnae Association has also been organized, which has done much to promote not only the social life of the School, but the fraternal element between the graduates. It has pledged itself in its constitution not only to interest young women of higher education in nursing, but to elevate the standards of nursing throughout the country and to work for the social and economical interests of nurses, and for high ethical standards for the nursing profession.

Three of the graduates have been brought to the United States by the American Red Cross for further preparation in nursing, to return to the School for executive work. One, Vilma Cerna, after over a year's work in this country, died immediately upon her return to Czechoslovakia. Another, Fanda Ruzickova, having been allowed a year's credit, graduated this spring from the Massachusetts General School of Nursing and has returned to serve as an assistant in the School. One became physically disqualified.

The School averages between fifty and sixty students. The time has arrived when the American Red Cross feels that it has completed its obligation for the School, and plans are under way for the withdrawal of the entire number of American nurses not later than July first. Miss Lentell has already left, while Miss Parsons and Blanche Kacena, the Instructor of

practical nursing, will probably have within the next few months.

One of the graduates from the School, Miss Tobolarova, is now in London taking postgraduate work. She will return within the next few months to take charge of the School. She will be assisted by Miss Ruzickova.

Poznan School. — The School at Poznan, Poland, was the second one to be organized. Ita R. McDonell is the Director of this School. Here, too, the period of responsibility for the American Red Cross is gradually drawing to a conclusion. The staff includes two Polish-American nurses, who speak the language. The number of students in the School approximates between twenty-five and thirty. Perhaps no demonstration made by the American Red Cross of this nature has encountered more difficulties than this School. The difficulty in finding suitable quarters for the students and developing a practical teaching field has been very great indeed. The School being connected with a Hospital used for the treatment of railroad employees, has limited the experience, and affiliations have been required. This has increased the problem, because of the lack of proper supervision. By autumn it is expected that the American nurses will be replaced by graduates from the School or by Polish nurses who are in this country preparing for administrative work in connection with this and other Schools in Poland.

Warsaw School.—The School at Warsaw was the third to be organized, and here with a generous appropriation which was given by a graduate of the Army School of Nursing, Dorothea M. Hughes, for a period of three years, it has been possible to develop a School on a very sound educational basis. The problems, however, for the Director, Helen L. Bridge, assisted by several Polish-American nurses and an American dietitian, in developing the practical and theoretical field in unison, have been great.

The quarters for the nurses, with their class rooms and teaching equipment could not be surpassed by any School in the United States. It has been pioneer work, frequently discouraging, but oftentimes most dramatic. Less courageous women would have given up. Given a hospital as a teaching field, without any equipment worth speaking of, a laundry with one broken mangle, kitchen equipment of an obsolete and inadequate character, with a Committee interested and anxious, but to whom nursing of America's standard is totally unknown, one can perhaps visualize to a certain extent the obstacles which lie in the way of the development of a modern system of nurse education. These difficulties, together with the unstable and constantly changing and depreciated currency where one must think in millions instead of hundreds of kronen, have not yet succeeded in breaking down the enthusiasm and optimism of the Director and her assistants.

The number of students in this School is fifty-three. The type of women who have entered both the Polish Schools, are very superior and when one sees the name of Potocka in the list, our minds turn at once to the lovely picture of the Countess Potocka with which most of us are familiar. The first class from this School will graduate the coming autumn. It is expected, however, to continue for at least another year and

possibly longer, gradually reducing the number of American supervisors. For the first time in the history of operating-room procedure in Poland, a graduate woman nurse, assisted by student nurses, has been introduced, demoting the felchers and sanitars to their proper place. The latter, regardless of the character of the patient or the sex, have hitherto been the only assistants in the operating-rooms.

American Hospital.—The American Hospital School of Nursing at Constantinople, Turkey, attached to the American Hospital, was organized in 1920 by a group of American Red Cross nurses who had been assigned to the Near East Relief and was later taken over by a Local Committee which undertook this important project. The School, like the Hospital, was fast becoming an established factor in the life of the community when the fall of Smyrna occurred. Immediately the Greek and Armenian students in the School became frightened and withdrew, crippling the School very considerably. The Turkish women, as is but natural when you appreciate that for centuries they have lived in seclusion, have not yet reached the place when they are very much interested in affairs outside of their own home, and have not entered the School in any numbers. The life of the School, therefore, has been very uncertain, the staff not knowing from day to day what the results would be. The latest reports, however, indicate greater stability and a general settling down. Some interest is being aroused among the Turkish people, themselves, as to the purpose of the School.

Lyda Anderson is the Director of the School. Elizabeth Marshall, the Director of the Public Health Nursing Courses, writes:

> In our well-baby clinic we see some of the results of the pre-natal work done. For instance, one day there appeared with her very new baby a young woman we had known for several months. She was proud of her baby because she had learned how to make baby clothes *a la Americaine* and brought the product for our approval. The baby was wrapped up in a brilliant royal purple blanket lined with gold. Next came a red and yellow shawl, a bonnet trimmed with pink and blue ribbons protected the head. The dress and socks were of a deep rose color, and shirt and band of pink, the diaper of gray. The warmth, the cleanliness, the comfort were *a la Americaine;* the mother was proud and so were we.

This well illustrates the oriental love of color. As funds of this School and the Hospital are supplied through a Local Committee, assisted by the American Red Cross, the nursing staff will probably be continued indefinitely.

Bulgarian School.—At Sofia, Bulgaria, Rachel C. Torrance who is the Director, now assisted by Theodora C. Legros, is busily engaged in the development of a School of Nursing. Little by little the plans for this are being pieced together. The usual Committee made up of local groups has been organized and is helping Miss Torrance work out and develop the School. Upon this Committee the Ministry of Education is represented by one of the State Inspectors. Says Miss Torrance:

> He, of course, is approaching the work with the thought of the School as an educational institution, from which we should turn out graduates prepared to be efficient workers in all lines of health activities, for which the School stands.

It was a long time before Miss Torrance could get the Committee to see that nurses were needed for anything

else but hospitals. As a matter of fact, they desired very much to control the actions of the graduates and have them sign a contract to serve the Bulgarian Red Cross for a definite period following graduation. This plan has been set aside, as they have gradually begun to believe, through the efforts of Miss Torrance, that the care of the sick in hospitals as well as other forms of nursing work might safely be left in the hands of the graduates, themselves, and if properly prepared they would not need the compulsion of a signed contract. Seven probationers have already entered the School.

In Miss Legros' first letter which has just been received, she states:

> The nurses' residence is most comfortable, the food, too, is surprisingly good. I am brushing up my French as this is the language I shall use with the doctors. I am studying Bulgarian too, and hope some day to speak as fluently as does Miss Torrance. * * * She, Miss Torrance, has convinced not only the members of the Committee, but a few of the so-called people in Bulgaria, that our School of Nursing is of greater importance to Bulgaria than the selection of a new Prime Minister.

Perhaps no field offers greater possibilities for the development of nurse education than that of Bulgaria. The Bulgarians have had the advantage of proximity to Robert College and the American College for women at Constantinople, and many of them have acquired a fine English education. The missionaries, too, have developed good schools at Samakov and other places. English is spoken by a surprisingly large group of people, and their outlook upon life seems freer and more advanced than that which prevails in some of the other countries where the Red Cross has attempted the organization of Schools.

These Schools while varying in certain minor details of organization, have generally adhered to a two years' course, with three or four months' preliminary work. The entrance requirements, the curriculum, the hours of work, vacations, have conformed to American standards, while in each a two or three months' course in public health nursing has been developed. In certain particulars, especially those with University affiliations, a larger proportion of the theoretical instruction has been given by University professors and medical men than would prevail in this country. The American staff in each has averaged three or four nurses, never less than two, and sometimes as many as seven, while in Warsaw and at Constantinople, American Red Cross dietitians have been supplied to organize the Dietary Department and instruction. The diversity of languages, even in one School, makes the teaching most difficult, while the total absence of textbooks on nursing either in French, which is quite generally spoken, or in the language of the several countries, increases the problem.

To these groups of American Red Cross nurses scattered throughout the countries of middle and eastern Europe, working against traditions, sometimes prejudice, but so far sympathetically assisted by small groups who believe in them, and in what they are attempting, let us accord due credit and our grateful appreciation. "From acorns great oaks grow," and so from these early beginnings there is no reason why the movement should not spread. The graduates from these Schools will be pioneers in the field in their own countries and will probably do for them what the

early graduates from Bellevue did for this country.

School for Jewish Women, Warsaw, Poland.—A School for Jewish women is being developed under the auspices of the Jewish organizations in Warsaw, Poland. Miss Greenwald, an American Red Cross nurse, has been sent to Warsaw by the Jewish Committee to direct this School. Says Miss Bridge in her last letter .

We are very happy to see this third beginning being made in Poland. The local Jewish Committee has also stated that their School must attain the same standard as ours.

Joint Agreement between the American Red Cross and the New York Telephone Company

Recently there was signed an agreement between the American Red Cross and the New York Telephone Company concerning the conduct, supervision, and direction of the Red Cross course in Home Hygiene and Care of the Sick to be taught in the New York Exchanges of the company. Because of the national character of the Bell Telephone System, it has seemed advisable to develop this work directly with National Headquarters of the American Red Cross, operating through the Division Offices.

The course of instruction conforms at all points to the Red Cross standard, and a joint certificate bearing the emblem of both organizations will be issued. Catherine E. Burke, a Red Cross nurse, and a graduate of King's County Hospital has been appointed by the Company as full-time instructor, and this appointment has been approved by the Red Cross Nursing Service.

The first classes to be organized are composed of Exchange Supervisors, but all young women in the New York Exchanges will be required to take this instruction which is being given on the Company's time. Also, all expenses, even to the cost of certificates, are being borne by the Telephone Company. It is probable that the course will be extended in the same way by the Company to the Exchanges of the System in other cities.

Information Regarding U. S. Employees' Compensation Act

Nurses employed in Government Service during the War were not eligible for compensation under the Veterans' Bureau unless they had been militarized, but were privileged to apply for compensation to the U. S. Employees' Compensation Commission. Under recent decisions of the Comptroller General of the United States, however, claims for disability resulting from disease cannot be considered as coming within the meaning of the Compensation law. Therefore, tuberculosis and other medical cases are no longer compensable.

In order to protect those receiving compensation, Congress, under date of March 4, 1923, passed a Bill that those cases, (including disabilities resulting from disease), which were at that time receiving compensation from the Commission, should continue to receive it until March 1, 1924.

DEPARTMENT OF PUBLIC HEALTH NURSING

A. M. Carr, R.N., Department Editor
National Organization for Public Health Nursing

PUBLIC HEALTH NURSING[1]

By Janet M. Geister, R.N.

THE pioneer work of the public health nursing movement was instituted almost exclusively in our big cities. Some of our older nursing organizations have been in existence from 25 to 35 years. These organizations have built the foundations on which public health nursing is established today. Out of their courageous and progressive work have been evolved the principles and standards that guide our present efforts.

As a countrywide movement extending from cities into villages and counties, public health nursing had its greatest development within the last ten years. In 1917, a group of government investigators made a series of studies in rural communities of conditions affecting maternal and child welfare. They found a great need for educational health work and a need for the care of the sick and for the correction of defects. They were often asked to make recommendations, and among other things their outstanding reply was, "Get a public health nurse."

Frequently came back the question, "But what *is* a public health nurse? What does she do? How can she help us?" Today we may travel into the most remote areas of the Kentucky



Neither Snow Nor Distance Keeps Her From the Appointed Task

mountains; into the enormous counties of some of our sparsely settled western states; into the agricultural towns and counties of the middle west, into the mill villages of the Carolinas, into every state and type of community in these vast United States, and everywhere find that the public health nurse is not only known but that she is actively engaged in her line of work. We find her in

[1] If you are interested, write to the National Organization for Public Health Nursing for free pamphlets,—Public Health Nursing, Scope, Preparation and Opportunities.

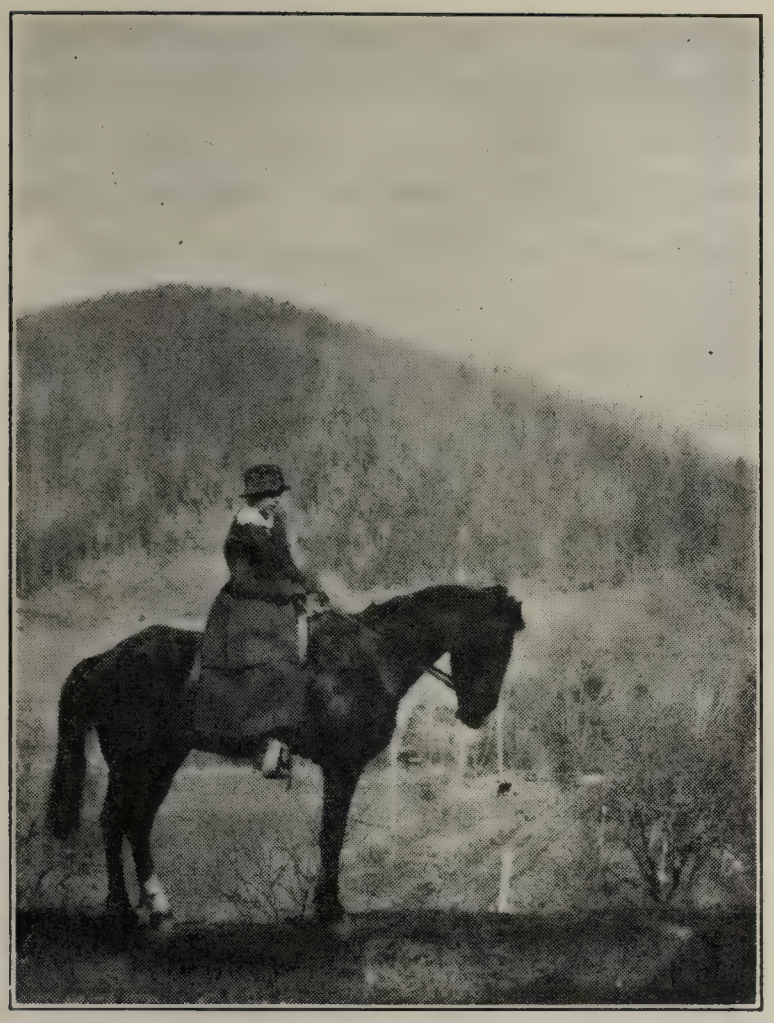
the humble one-room country school and also in the more pretentious city school; we find her in the homes of the citizens in better circumstances as well as in the homes of the poor. We find her at work in industries, in stores, in offices, in mining camps, on Indian reservations. We find her trudging faithfully through her city district or steering her Ford through the mud and snow of her county. We find her sometimes astride a mule toiling slowly up a dry creek bed to her Kentucky Mountain destination or traveling by dog-sled over the frozen areas of Alaska. So rapidly has the public health nurse found her way into all parts of the country and so thoroughly has she become identified with progressive health programmes, that in the ten years between 1912 and 1922 we find her number increasing from 3,000 to 12,000.

Public Health Nursing began in this country under the auspices of the church. Nurses were sent out as a humane service to give nursing care to the sick poor. Nothing was being done in those days to prevent illness, so these nurses' tasks were endless—no matter how long the hours and the days they devoted to their work, there was never an end to it. It was this group that demonstrated the *first principle* of public health nursing; namely, the care of the sick in their homes on an hourly basis. Medical science then pointed out that much illness could be prevented; that it was cheaper, wiser, more humane to prevent illness than to cure it. Nurses were quick to accept and put into practice these new teachings, and the *second principle* of public health nursing was evolved, the prevention of illness.

The *third principle* of public health nursing and the outstanding principle of all progressive health work, the promotion of health, is a development of recent years. It was realized that the individual was at the highest point of his effectiveness not alone when he was free from disease but when he was in good health, when he had life abundant.

Today we have as our guiding principles in public health nursing these three, the care of the sick, the prevention of illness and the promotion of health. While the second and third principles are receiving a great emphasis in our health work, our first principle is as inviolate today as it was in the days of our pioneers. A large number of our sick population must be taken care of in their homes, they are our concern. But our whole approach to the care of the sick has changed; instead of being a purely palliative measure we make it an educational process. As the nurse gives care, she teaches the family how it is done, thereby cutting down the need for her presence in the home. She turns the presence of sickness within the family to invaluable account by teaching through her technic and through her health lessons the principles of asepsis, of personal and family hygiene, by developing health habits and by encouraging health promotion. In the early days the care of the sick was a limitless task; today it is a controlled service. Families are taught to share the responsibility, and the amount of illness is being reduced through educational processes.

One of the most significant developments in public health nursing is the public demand for the nurse; more and more is she recognized as an integral



On Horseback in Tennessee

part of the community machinery, as is the health officer, and public school teacher, other public servants. A great wave of health hunger has swept over the country; our people demand to be healthy, they want to know how to keep well. Our book shelves are rapidly filling up with books on health subjects; our newspapers and magazines contain articles to meet the popular demand for health knowledge, but physicians, health officers, and the public itself, realize that health lessons in order to be effective must be put into practice within the home among the individuals who make up the community. And the public health nurse has been recognized as the most effective single agent for demonstrating and teaching health to individuals in their homes.

As one of the community's health representatives, the public health nurse occupies an exceedingly strategic position. She enters the homes, the schools, and the workshops, and makes direct contact with individuals, with families, with school children and with workers. She gives nursing care to the sick member of the family and teaches the other members how to avoid becoming ill. She gives pre-natal and post-natal care to a maternity case and thereby not only serves a mother at a critical time in her life but also aids in laying a sound health foundation for the infant just starting out on his career. She places much emphasis on maternity, infant welfare, pre-school and school work, for she recognizes that herein lies the greatest opportunity for constructive work.

She follows up the discovered case of tuberculosis and is on the alert for the undiscovered case, not only in the patient's family but in the community as well. She follows up patients from the doctor's office, the dispensary, and the hospital, and teaches them how to carry out the orders that will restore them to health. In the industries and stores she gives first aid; she is on the alert for industrial hazards, she aids in increasing efficiency by her aid in diminishing physical handicaps.

"Public Health Nurse" is a term that applies to the nurse engaged in any branch of public health work. The "district," "visiting," "county," "tuberculosis," "social hygiene," "infant welfare," nurses are all public health nurses. The public health nurse may be engaged in any one of the special branches of the work such as infant welfare, tuberculosis, or school, or she may be doing generalized or family work that includes all branches of public health nursing affecting the family well-being. The nurses working in small towns and in counties usually do generalized work though

emphasizing, as a rule, some special phase, such as school nursing. In some of our big cities there is a marked trend toward the development of the public health nurse as a family health worker. On the other hand there are also in our cities strong organizations doing highly specialized work such as maternity, child welfare, etc. It is these organizations that do the pioneer work in their special branches, making demonstrations, developing new fields, and working out the most effective methods of procedure.

A striking evidence of the progress of the public health nurse is seen in the increasing tendency to pay her out of public funds. In the last decade great strides have been made in this direction. Villages, townships, counties, cities, states, the Federal Government, are all appropriating public funds for the support of the public health nurse. And parallel with this there has developed for the nurse a broader welcome in the community's homes. Formerly as "charity nurse" she entered only the homes of the sick poor; today she still enters them but she is also welcomed into the homes of all classes. The families in better circumstances are realizing that their need for constructive health work is as important as it is to those who are poor, and their doors are being thrown open in increasing numbers to the public health nurse. This is partly due to the fact that the nurse is more and more being supported by public funds and is therefore available for everyone, and partly due to the fee system instituted by our privately supported visiting nursing organizations. This system makes the use of the nursing service consistent with the maintenance of self respect by the charge of a fee, and brings the nurse into many homes where otherwise she might not enter.

The development of rural public health nursing is a chapter of absorbing interest. Of comparatively slow progress until shortly before the war, it rapidly attained an impetus that carried the public health nurse into the most isolated regions of our country. Our rural people were slow in recognizing their need for better health conditions. Lulled by a false sense of health security they permitted the cities to forge ahead of them in progressive health work. They were aroused to a realization that good health is more than freedom from disease; it is good individual and family hygiene and health habits, and these reinforced by fresh air, sunshine, lack of congestion, and fresh foods, give the rural citizen a decided advantage over his city brother,—otherwise the contrary is true.

As one of the first steps in the rural health programme they demanded the public health nurse and she responded in generous numbers. Her duties vary from helping deliver the mountaineer's baby, in the doctor's absence, to addressing the farmers at the county fair. She organizes health conferences, inspects the school house, and the school children, teaches home nursing and first aid, visits those who are ill and teaches some one in the family how to give care. In many places she is a part of a county health unit which is made up of a health officer, sanitary engineer, and public health nurses. She meets conditions at times that test character and courage as well as ingenuity.

The average public health nurse is a cheerful, happy individual. She gets

rained on and snowed on, she gets hot and dusty, and frozen and chilled, she gets footsore and weary, but there is a satisfaction in her work that compensates for all discomfort. She lives close to the great drama of life; daily she is in contact with some of its greatest problems and some of its greatest joys. She realizes that her efforts, fruitless though they may appear at times, are all bent in the direction of the alleviation of human suffering, of the prevention of further suffering, and of the promotion of happiness and well being through the acquisition of good health, and herein she finds her greatest reward.

SUMMER SCHOOLS FOR PUBLIC HEALTH NURSES

In addition to the announcement in the last issue of the *Journal* of places where summer sessions for public health nurses will be held, we have received information as follows:

The University of California is offering a summer session at its southern branch in Los Angeles, from June 30 to August 11. General Public Health subjects. Director, Edith S. Bryan, University of California, Berkeley.

Other summer sessions or institutes not connected with University Departments offering the eight to nine months course in public health nursing will be held in the following parts of the country. Some special subjects will be emphasized in each of these places as follows:

Health Education—The State Normal and Training School, Oswego, N. Y. (See April *Journal,* page 575.)

School Nursing—The Pennsylvania State College, State College, Pa., June 25 to August 18. Address, Anna L. Stanley, Superintendent of Nurses, Department of Public Instruction, Harrisburg, Pa.

Institute of School of Hygiene, University of Omaha, Omaha, Nebraska. June 25 to July 7. Address, Director, Charlotte Townsend.

Maternal and Infant Hygiene—Under auspices of the Child Hygiene Division of the State Board of Health of Indiana. (See item under Indiana news.)

INDUSTRIAL NURSING SECTION, N.O.P.H.N.

Any individual nurse who is a member of the National Organization for Public Health Nursing is eligible to membership in this Section, by sending her name and address to the Secretary she may be enrolled as a member. The annual meeting of the Industrial Section will be held on Friday, May 18, at 2 p. m. As this meeting is to be held in conjunction with the National Organization of Social Workers, the place of meeting and programme will be announced daily during the session. The following programme is planned: Election of one nurse and one lay director to serve for one year. A paper will be read by Dr. Augusta Scott of the Metropolitan Life Insurance Company on Neuropaychiatric Work in Industry. This paper will be followed up by a round table discussion. The National Conference of Social Work will meet May 16 to 23 inclusive. The Sectional programmes are sure to be most interesting, and it is hoped that many industrial nurses may be able to take advantage of this opportunity. Mrs. F. J. Brockway, No. 1 Madison Avenue, New York City, Chairman of this Section, is eager to learn of all industrial nurses and Industrial Nursing clubs. If you are an Industrial Nurse won't you communicate with her and let her know of any Club of which you are a member?

MARY ELDERKIN, *Secretary,*
Union Carbide & Carbon Corp., 30 East DBnd *Street, New York.*

HOSPITAL AND TRAINING SCHOOL ADMINISTRATION

ALICE SHEPARD GILMAN, R.N., DEPARTMENT EDITOR

HOSPITAL STANDARDIZATION

BY AMY M. HILLIARD R.N.

PURCHASING

THE superintendent is responsible to the governing board for economical expenditures of hospital money. Unless the hospital is large enough for the appointment of a steward, the superintendent will be the purchasing agent. Authority should not be given heads of departments to purchase supplies. The only exception to this rule might be in the dietary department and it is not safe to be too trusting even here. Here and there you will find representatives of firms who are unscrupulous enough to take advantage of the inexperience of heads of departments. If supplies are bought on a percentage basis and by heads of departments, the hospital bills may loom large. Very few representatives of business houses have the hardihood to offer percentages to the superintendent personally.

A convenient system for ordering is by the use of the triplicate order book. One copy of the order is detached and given to the dealer, one is detached and given to the book-keeper and the third is kept in the book by the superintendent for reference. This system prevents hasty purchases and if it is understood that no bills will be paid unless a duplicate order is attached, very little trouble will be exxperienced in checking initiative in unauthorized buying.

Coöperative Buying.—In New York City, there is an association of hospitals organized for purchasing with a purchasing agent engaged to buy for all. When first organized, it was fortunate in having a very able purchasing agent. He made a business of analyzing all hospital equipment and supplies with a view to their standardization so that when buying sheets, blankets, foodstuffs, surgical supplies, etc., it was possible to be assured of the exact value of every article purchased and if any did not come up to specification, the goods could be returned at the seller's loss. Such a profit-sharing agreement between hospitals should be advantageous to all. The first duty of such a Bureau is to make the tests and comparisons necessary before adopting a standard. This requires time, patience and knowledge of values.

True economy in buying depends to a considerable extent upon the length of service the supply will give. Take the ward bed, for example. It should be of the simplest design possible, no shelves, trimmings, or unnecessary weight or size. It should go together easily, without the aid of a kit of tools, and should have large well tired wheels so that it may be rolled easily without danger to the floor and without unnecessary exertion on the part of the employees. Such a bed as this may be the most expensive, in initial cost, of any on the market, but it will prove cheapest in the end, as it will need practically no repair. It

will not overstrain nurses, nor tear up floors. If a Gatch spring can be added, it will save more than the additional cost by doing away with numerous pillows and back rests. It has one of the most comfortable back rests on the market, for the usual back rest is a misnomer and few patients can sit up in bed against one for any length of time.

A central bureau where every piece of equipment can be tested by experts and conclusions reached as to what articles and supplies are the best on the market (and where sound reasons can be given for arriving at such conclusions) will be very helpful to superintendents, particularly to those who lack judgment and experience in buying. Such a bureau should have the further advantage of getting lower prices by buying in large quantities. Almost all goods can be purchased more cheaply in quantity and directly from the mills. The profits of the middleman or jobber are thus dispensed with. This is par ticularly true in buying gauze, cotton, linen, etc. (The saving on a few items should pay dues to the bureau.) Unless such a bureau is under the direction of a purchasing agent of unquestioned ability, it may be the cause of irritating delays and stupid mistakes. As the appointment of its purchasing agent is in the hands of a committee from the hospitals represented, the hospitals have themselves to blame if they fail to receive intelligent service. Under a system of coöperative buying, it is necessary to draw up a rigid contract and to pay sufficiently heavy dues to support, not only a purchasing agent, but clerks, and to pay for the rental and furnishings of the bureau as well as for supplies necessary for tests and for recording results.

Where hospitals are more or less isolated, the delays make such a plan impractical if not impossible. The nearest approach to it is buying by contract.

If you can establish cordial business relations with reputable business houses for the purchase of gauze, cotton, catgut, and rubber gloves, as well as for certain food stuffs, like flour, canned goods, etc., you will usually find that the representatives of such firms will take genuine interest in your affairs and will be of great service to you in advising you as to probable fluctuations in the market so that you can take advantage of such and thereby save many hundreds of dollars each year. Such contracts will guarantee you against declining prices. In other words, suppose you contract for gauze at 3 cents per yard to be delivered, 5000 yards every two months, or thereabouts. If the price of gauze advances, you are protected as you pay no more, but if it declines you are given the advantage of the decline in price. This plan saves time, as you will avoid repetition in ordering, and saves money as you will buy when the market is low and will have the advantage of a low price. Catgut, adhesive, rubber gloves, food stuffs, etc., can also be purchased on this basis. Such a plan makes it worth while for manufacturers to give you financial consideration, as they are assured of your business on a yearly basis and they in turn can purchase raw supplies on the same basis without the risk of loss through lack of sale.

I do not believe it is always economical to buy in large quantities except on the plan of monthly deliveries, as the

more supplies on hand, the more likely there is to be waste. In purchasing, the problem of deterioration must also be taken into consideration. Rubber gloves, or in fact any kind of rubber goods, should be purchased in the smallest quantities possible to meet needs. I might add also that it is economical to buy the very best rubber goods on the market. You can prove this point by dating with black paint all such supplies upon issuance and you will find that the best goods will not only outwear, but will be more dependable, (accidents to hot water bottles are not only disagreeable, but dangerous to patients) and require less repair.

One of the greatest mistakes in purchasing is to buy hit or miss from whoever presents the lowest price or the most plausible argument. It is usually more economical to buy by contract from the most reliable firm you can find. I do not mean that you put your trust wholly in any one firm without some system of checking up. You will never purchase economically without an adequate check up all along the line. No harm is done in pitting one good firm against another, but it is never wise to purchase cheap goods.

All good hospitals have deficits. In order to do scientific work, hospitals must either have very large endowments or corresponding deficits. They must often borrow money in order to pay their bills. It follows then that there are certain seasons when it is inadvantageous to buy, as there will be no profit to the hospital in getting an additional 5 per cent discount if it has to pay 6 per cent interest on money borrowed to pay the bill. Ordinarily the summer months are lean months in the hospital census and finances. It is, therefore, a bad time to buy heavily. unless goods can be billed later when funds are more abundant.

In order to buy advantageously, it is very necessary to know, not only when to buy, but in what quantity. A summary book of supplies used will show the quantities used quarterly or semi-annually. From this one can find the consumption of a certain supply during the preceding half year and arrange for the purchase of such supplies at definite intervals. The large items of expense in a hospital, outside salaries and wages, are for coal, food, cotton and gauze, surgical equipment, and supplies.

Coal.—For the purchase of coal, a superintendent is very dependent upon the advice of the chief engineer and I may say here that one who is well trained, experienced, and deeply concerned in the interest of the hospital is almost worth his weight in gold, for he can save more than the additional amount paid him in wages. Coal is a very expensive commodity and there is usually no economy in engaging a low salaried engineer or fireman. Except for the danger of freezing both patients and plumbing, I believe it might be a good idea to give a bonus to firemen for the saving of coal. Too few executives, except those with long and painful experience, have much knowledge of the amount of coal really needed to keep up a given steam pressure or to run economically, their heating, refrigeration, electrical, or other plants. It is not as expensive to get scientific advice on the subject as to pay coal bills. In connection with the engine room, it will be found not only economical, but

necessary, to have some one on duty who is able to make repairs to plumbing, steam fitting, electrical wiring, refrigeration pipes, etc.

Food Supplies.—The dietitian must of necessity do some of the ordering for her department. I regret to say there are too few dietitians who are competent to buy food supplies or to regulate their use. Most of the complaints about hospital food can be traced to their lack of imagination as to what to purchase, lack of experience as to what a good palatable menu should consist of, or how it may be varied to prevent repetition and consequent tiring from the monotony of certainty as to what food may be expected to appear on each given day. I believe that all hospitals buy good food and that all could serve attractive, if simple, menus for as low a cost as they usually serve uninteresting or tasteless ones. The great leaks in purchasing are in canned goods and meats. Very little can be done in cutting down the use of butter, eggs, cream and milk. The daily diet slips, signed by the supervising nurses and approved by the superintendent, will go far to prevent waste on wards and the judicious choice of desserts and the elimination of many more or less unpalatable so-called creamed dishes will be another check on the extravagant use of milk. A fair ward supply of milk is one pint for each patient on regular diet and one quart for each on special or fluid diet. This allowance assumes that there will be enough patients who prefer tea or coffee to allow extra milk for those who need it. The morning lunch, served daily to student nurses, takes a considerable quantity of milk, but it is a good investment. The largest food bill is for meat. The dealers are canny and we find that they can offset a low quotation by sending cuts weighing many more pounds than were ordered. This makes the cost mount up without actually providing more meals. Any excess of meat generally finds its way to the employees' dining room, and unless a strict eye is kept in that direction, you will find that your food supplies for employees far outcost those for even the private patients, as the employees are much heavier eaters. If the hospital is fortunate in having a large cold storage department, meat and other perishable food supplies can be bought advantageously, weekly, in quantity, but if the refrigeration space be limited, it can be ordered weekly for daily delivery.

Electricity.—Electric light bulbs should be contracted for yearly. The best make is the cheapest, and about the only way to economize is to purchase the small watt lights for toilets, hoppers, or other small spaces where bright lights are not needed, but it is never safe to use any but strong bulbs in lighting stairways, operating rooms, or engine rooms. Drop lights are very destructive to bulbs. The motion of moving the light about, as well as jarring and dropping, necessitates frequent renewal.

Linen and Cotton.—In the purchase of linen and cotton goods, you will be particularly dependent upon the monthly inventory and the record of the amount of linen condemned and the amount issued. Linen is very expensive, but here as much as almost anywhere else, the better the quality purchased, the more economy will be effected. There are staple brands of muslin that

are household words. The Utica sheet and Lonsdale and Fruit of the Loom muslins have been standards for years. There are other grades as good; some, like the Pequot are heavier and better for sheets and pillow slips. The same thing is true of spreads. There are some that will wear well and mangle easily in the laundry. Others, just as expensive, will prove far less satisfactory. All materials like muslins, linens, napkins, scrim for curtains, towelling, outing flannel, etc., that are to be made up by the Sewing Committee must be purchased well in advance of the time for the Committee to begin fall work so that it may have a very clear understanding of what work will be needed. To meet not only the regular needs of the hospital, but to anticipate emergencies, there should always be kept on hand a year's reserve supply.

OUR CONTRIBUTORS

Annie W. Goodrich, R.N., Sc.D., Director of the Henry Street Visiting Nurse Service, New York. See Who's Who, December, 1922.

Lilian M. Thompson, R.N., is a graduate of the Hartford Hospital Training School, Hartford, Conn., class of 1921. She is Supervisor of the Sewing and Linen Department and is in charge of the Orthopedic Plaster and Appliance Rooms.

Susan V. Sheaffer, R.N., is a graduate of the Lankenau Hospital, Philadelphia, and is superintendent of the Easton Hospital, Easton, Pa.

Clara A. Griffin, M.A., R.N., was one of the editors of the college paper at Wellesley College, and later obtained an M.A. in Journalism at the University of Wisconsin. She entered the Massachusetts General Hospital during the war, graduating last year. She has since then been a supervisor at the Quincy City Hospital, Quincy, Mass.

Bertha M. Richards, R.N., graduated from the Hartford Hospital Training School, Hartford, Conn., in 1920, and took a postgraduate course at the Boston Floating Hospital. Since then she has been doing private duty nursing.

Susie A. Watson, A.B., R.N., B.S., is a graduate of Mount Holyoke, of Newton Hospital, Newton Lower Falls, Mass., and of Teachers College. She has held a number of executive positions as assistant superintendent of training schools, but for the past eleven years she has been an instructor in schools for nurses in the east and middle west. At present she is Preliminary Instructor for the three largest hospitals in Rochester, N. Y.

Nellie I. Mather, R.N., is charge nurse in the Diabetic Department of Clifton Springs Sanitarium, Clifton Springs, N. Y.

Gene Harrison, A.B., R.N., graduated from Cornell College, Mount Vernon, Iowa, in 1915; and from the Washington University Training School, St. Louis. After a few months of rural Red Cross nursing, she was appointed to the position she now holds, Instructor of Nurses, Missouri Baptist Sanitarium, St. Louis.

Edith Hurley, M.A., R.N., is a graduate of the Army School of Nursing and of the University of Michigan. She has been an instructor at the Post Graduate Hospital, New York, and is now Field Secretary of the Eastern Council of Nursing Education.

Anna C. Jamme, R.N., is Director of the Bureau of Registration of Nurses in California. See Who's Who, September, 1921.

Janet M. Geister, R.N., graduated in 1910 from the Sherman Hospital, Elgin, Ill., and had also one year in the Chicago School of Civics and Philanthropy. Miss Geister has held many important positions in various branches of Public Health work,—Infant Walfare, Social Service, Day Nursery, Field Secretary and Organizer in various parts of the country, the last being Investigator Visiting Nurse Study for the National Organization for Public Health Nursing. She was for two years with the Federal Children's Bureau; she has spent two years at Headquarters, and did some special work for Miss Goldmark's Survey of Nursing.

STUDENT NURSES' PAGE

DESCRIPTION OF A CASE OF "YAWS"

By Ruth Getzlow
Washington University School of Nursing, St. Louis

CONSIDERABLE interest has been excited here, by a case diagnosed as "yaws" which came into the Skin Clinic for treatment. Yaws is a tropical disease similar to syphilis but differentiated from it by the lesions, which are less papillary and seem to have a more marked covering. They have a tendency to form in circles. Since this is supposed to be the only case in the United States, it caused quite a bit of excitement.

The patient was a colored man, 40 years old, born in Tennessee. During the war, he was encamped at Camp Meade, Maryland, coming to St. Louis two years ago. Since coming to St. Louis, he has worked in a packing house where he has come in close contact with cattle and hides. He has had the usual childhood diseases but denied syphilis or gonorrhea. Nevertheless he had a four plus Wasserman reaction.

The first thing noticed by the patient was a swelling in front of his left ear which increased in size, becoming hard. He went to a physician who "put a plaster on which caused it to become raw." He then went to another who "gave him medicine for the blood." Soon numerous little pimples appeared on his body, gradually became larger, itched and scaled off. (A physical examination showed none of these.)

The lesion at the time of admission to the Dispensary was nodular, the nodules varying in size from ¼ to 2 c.m., occurring in groups in circular arrangement. It was the same color as the skin, covered with a greyish tenacious scale.

The patient was admitted to the hospital for observation, and was given two injections of neo-salvarsan at appropriate intervals. After the first injection the lesion began to flatten out. This was much more marked following the second treatment. Numerous experiments on rabbits were made from his blood but, like many another interesting case, he was anxious to go home, so he was allowed to go before the lesion entirely cleared up.

A STUDENT NURSE'S IMPRESSION OF A STATE ORGANIZATION

By Laura Van Gordon
Connecticut Training School for Nurses, New Haven

AS a student nurse, it was my pleasure to attend the annual meeting of the Connecticut League of Nursing Education held at Waterbury, January 26. It is a wonderful opportunity for a student to attend such meetings, since it both changes her attitude toward her daily work and gives her an insight into what is actually going on in the organizations of graduate nurses.

We consider our days of training as such full days, that we are too busy to show any interest or, perhaps, we do not even think of what the graduate nurses are doing or what the different organizations should mean to us. But should we come to the completion of our training without having an idea of what these mean to us, we should be very seriously handicapped. As a duty to one's self and to the profession, and in order to keep up with the times and raise the standards of the profession, each nurse upon graduating should join the alumnae association of her school and the state and national organizations.

We, as students, see only the one side of the nurse's problem. We see things only as we come in contact with the affairs of the hospital. We do not understand that beyond the petty affairs of our daily life there are more vital questions to be answered and problems to be solved which can only be solved by women with an earnest desire to push nursing standards up to the highest possible place.

It is only by coöperation that such things can be accomplished, coöperation of nurses with firm purpose and high ideals who are eager to solve these problems.

Are we, as we step from the door of our school, going to stand by and look on? No! We cannot disappoint those who have already worked so hard. Many of those faithful workers are already weary and are looking eagerly to us to go on with the work. Shall we disappoint them or will they feel that they have left the task in willing hands?

It is for this work that graduate nurses have organized, and it is up to us who are about to graduate to acquaint ourselves with their purposes, and to assume an active part in this work.

LAST IMPORTANT NOTICES

Michigan: The State League of Nursing Education will hold an institute in Detroit, June 11-16, for teachers, training school executives, and all engaged in educational work. Harper Hospital will be headquarters.

Missouri: Kansas City.—The local League of Nursing Education will hold an institute for instructors and others connected with schools of nursing. The dates will probably be May 12 and 13. For information, address Anna May White, Research Hospital.

Washington: The annual meeting of the Washington State Graduate Nurses' Association will be held in Tacoma, June 5; the State Public Health meeting on June 6; and the meetings of the Northwest Sectional Conference, June 7-9.

Wyoming: The Wyoming State Board of Nurse Examiners will hold an examination at Cheyenne, June 18, 19, 20. Applications should be filed with the secretary before June 1. Mrs. H. C. Olsen, 3122 Warren Avenue, Cheyenne.

Please give or lend this Journal *to a high school or college girl who would be interested in Nursing as a profession.*

LETTERS TO THE EDITOR

The editors are not responsible for opinions expressed in this department. Letters should not exceed 250 words and should be accompanied by the name and address of the writer.

A SHARING OF HONORS

DEAR EDITOR: I have often wished for an opportunity to show my appreciation of the nurses who served with me during the World War; believing that most of them may be reached through the *American Journal of Nursing,* I am asking you to please find space in the April edition, for a few words over my signature. My being chief nurse at the Base Hospital, Camp Devens, Mass., was due, simply, to my previous service as chief nurse in the Army Nurse Corps. Realizing that the Distinguished Service Medal was awarded to those who served with me quite as much as to myself, I take this opportunity to thank them for their generous, loyal support, without which my service could have been neither meritorious nor distinguished.

JANE G. MOLLOY.

Fort Benjamin Harrison, Indiana.

(We regret that Miss Molloy's letter reached us too late for publication in the April *Journal.*—Ed.)

THE McISAAC LOAN FUND

DEAR EDITOR: Many nurses who knew and loved Miss McIsaac are interested in the fund which was established in her memory and may be glad to see a report of it occasionally. Loans are made from this Fund for a five-year period at 2 per cent interest; they are entirely for educational purposes. At first the amount loaned was $100, but that proved to be of so little help that it has been increased to $200. Eight nurses, altogether, have availed themselves of this aid. Two of these loans have been repaid, but $1000 is now outstanding. The report of the Fund for 1922, shows that the year began with a balance of $812.31. A contribution of $25 was received from the Third District of Wisconsin. Interest amounted to $1.21. Loans were made, amounting to $800. The balance at the end of the year was $48.52. Appeals for loans from this fund are now being received which cannot be met until some of the loans are repaid or until further contributions are received. Some of the appeals are from nurses who are ready to enter Teachers College, but who cannot possibly get through the year without such help as this. If those who feel indebted to Miss McIsaac could contribute further to this Fund, even in small sums, it might make one or two loans possible for the coming school year. Such contributions should be sent to the treasurer of the Fund, Mary M. Riddle, 223 Newbury Street, Boston.

SECRETARY, McISAAC LOAN FUND.

New York.

A NURSES' HOME IN A SMALL CITY

DEAR EDITOR: The letter of L. V. N., New York, "A Plea for More Nurses' Homes," in the February *Journal,* has attracted my attention. I have lived in a nurses' home connected with a central registry in a small city of 50,000 inhabitants for several years, and I have wondered, since reading the letter, just what is provided in the "homes" of which she writes, over there in "little old New York." In the nurses' home where I live, we pay $12 each, per month, two nurses in a room. Most of the rooms are large, and each nurse has her own comfortable single bed, her own bureau and half of a large square closet. Plenty of light and air is enjoyed, as each room has two windows, and all of the rooms are sunny. We live on the corner of two wide streets, and there is only one room in the house that has not an outlook on one or other of these streets. A large yard at the back prevents the cutting off of air and light by other dwellings. A wide veranda occupies one side and the front of the home, where we have swings, a hammock-couch, and porch chairs "in the good old summer time." We have a bath room on each floor and an instantaneous heater provides plenty of hot water all the time. Each room in the house has an open gas grate fire-place. A library and reception room is provided on the first floor where the nurses receive their guests ("male and female") every afternoon and evening up to 11:30. The home closes at this hour—unless we are out late at some place of entertainment. This is the only rule, that we are expected to be ladies at all times, and to conduct ourselves as we would under

our own mother's care. The library and reception rooms are cozily furnished. There is a large Aeolian vocalion and a good selection of records. In the basement we have a kitchen, where we may cook anything we wish at any time during the day. There are also laundry tubs with hot and cold water, ironing-boards, irons, clothes lines, and a large range. On the first floor there is a kitchenette, with a hot plate, where we make tea, coffee or cocoa for light lunches. This kitchenette contains two refrigerators, and ice is furnished for us in hot weather. There is no extra charge for either water or gas to do any cooking or laundry work we may desire. Food is not provided, of course; but there is a cafe on either side of the home, and within "a stone's throw," where meals and lunches are served at reasonable rates. But if we wish to purchase and cook food for ourselves, we have that privilege. We are expected to keep our own rooms neat and in order. A maid gives them a good cleaning weekly. We pay the registry $10 a year for our calls; this fee includes telephone service and the use of the library telephone. While we are free from the noise of street cars on either street, we are just one square from two lines of street cars. Would you call this "comfort for nurses" at a reasonable price?

West Virginia. G. M. M.

"LOOK BEFORE YOU LEAP"

I.

DEAR EDITOR: On page 505 of the March issue of the *American Journal of Nursing,* there appeared an open letter entitled "Look Before You Leap" and signed by the initials "L. R. O." While rather rambling in nature, the outstanding idea that this letter attempted to convey to the readers of your *Journal* was the great desirability of nurses refusing to accept positions in foreign countries without a satisfactory contract covering their terms of employment and return from such location, and an insinuation that the writer of this letter had recently been very unjustly treated by the Superintendent of a hospital in Panama City, who is an American officer detailed for duty there by the United States Government. Since I am the only American officer detailed to duty as Superintendent of a hospital in Panama City, it is felt that in fairness and justice to the other hospitals located here, an explanation should be made thereby relieving them from such disgraceful charges as the writer of said letter makes by implication and actual statement. I have no desire to make any comments on the contents of her letter other than to state that it is not customary for American nurses employed in this institution to be summarily dismissed without having given due cause for same or upon grounds that would warrant their discharge in any institution of similar nature in the United States. It might be interesting to your readers to learn that a nurse whose initials are "L. R. O." and who is presumably the writer of the letter under discussion, was discharged from this hospital several weeks ago for repeated and constant insubordination in the form of direct disobedience and violation of the standing regulations of the institution. Her attention was called on several occasions, both verbally and in writing, to her utter disregard of the hospital rules, but in spite of this action, she continued to carry on her customary conduct without change or lessening. In view of this fact, she was given the customary notice of two weeks' time and was advised that since she was unable to conform to the hospital regulations, it would be impossible to continue to utilize her services further. This action was undoubtedly the underlying cause of the letter that was published in your recent *Journal* and which actually portrays a state of conditions in an institution of good repute that would not tolerate an actual injustice of any sort to be imposed upon its American graduate nurses. I might further add that Miss "L. R. O." presented her complaint to a local Post of the American Legion and to local officials of a labor organization with the request that they investigate the alleged injustice and assist her by at least preventing a repetition of her treatment to other nurses employed in this hospital. Both of the organizations mentioned investigated the complaint of this nurse and after having done so, were so thoroughly convinced that her charges were entirely unfounded that they did not see fit to take further action and I am of the opinion that they did not even answer her letter transmitting her complaint to their organization.

This lack of consideration in itself would appear to prove that her charges were not considered justified and based on sound foundations by two active organizations who are constantly on the alert to right any wrongs that may be done to American citizens in this foreign country. It may further be said that Miss "L. R. O." proceeded to Panama and accepted a position in this institution solely upon her own application and through no invitation or insistance of anyone connected with the hospital. It is true she did not sign a contract to remain in our employ or any other document setting forth her terms and conditions of employment while here, since we do not make a practice of having agreements of that type with our employees, but had she observed the rules of the institution in a manner that could have been tolerated, there is no doubt that she would have been retained through the year that it is customary for American nurses to remain here and that she would have received all of the consideration that is invariably granted to our nurses who prove themselves amenable to the ordinary discipline required in a hospital of this type.

EDGAR A. BOCOCK, *Major,*
Panama. *Medical Corps, U. S. A.*

II.

DEAR EDITOR: In the March number of the *American Journal of Nursing,* there was an article written by someone with malicious comment on a hospital of very good standing in Panama City. The article appeared in the correspondence column, so of course it does not reflect on your *Journal,* but it does reflect on the Superintendent and the American nursing staff who are trying to keep the standard of the hospital up to a high mark. It spoke of the protection of Americans in a foreign country. Any nurse who conducts herself in a manner befitting her profession will not be in need of outside protection in Panama, at least many of us who have been employed at this hospital have so found. If the readers of this *Journal* knew that the life in Panama differs greatly from the life in the United States and that nurses are always criticized greatly without judgment or reason, then they would realize why the conduct of an American nurse in Panama must be of a very strict nature. In regard to hiring and discharging the nurses, who has a better right and better judgment than the Superintendent? This feature of the administration is no different in this hospital than in any other institution. Then as to costs and means of transportation, where is there a position in the Tropics that pays your fare both coming and going when you are employed six months or even a year and are then discharged for gross misconduct? Anyone going any distance from home and seeking a position should always investigate the terms of the hospital in the same manner as the employer does his employees. Trusting that the letter mentioned will not prejudice other nurses against coming to Panama, as there are many of us who are thoroughly satisfied and happy in this hospital.

Santo Tomas, Ancon, C. Z. X. Y. Z.

JOURNALS ON HAND

Mary L. Crosby, Cynthiana, Ky., has nine copies of the *Journal* for 1913; July and August of 1914. She will be glad to send them to anyone who will pay mailing charges.

Helen B. Judge, 2623 Ellis Avenue, N. S. Pittsburgh, Pa., has *Journals* for 1921, April through December; the complete year for 1922. She will sell these for 15 cents a copy and postage.

Ethel Kelso, Box 502, Myrtle Point, Ore., has *Journals* for 1919, April through December; all of 1920; all of 1921, except May; all of 1922 except June and August. She will sell these for 20 cents a copy and postage.

JOURNALS WANTED

DEAR EDITOR: Copies of the *American Journal of Nursing* will be welcomed at this office and turned to account for our profession. We would like to put them in the vocational files of high schools where such material will be sought and will afford opportunity for students to saturate themselves in the nursing atmosphere. Copies of this issue are especially desired. Your coöperation will be heartily appreciated.

FRANCES MALTBY, *Exec. Secy.*
The Council for Nursing Education of S. E., Pa.
221 S. 18th Street, Philadelphia, Pa.

NURSING NEWS AND ANNOUNCEMENTS

NATIONAL LEAGUE OF NURSING EDUCATION

The National League of Nursing Education will hold its annual meeting at the New Ocean House, Swampscott, Mass., June 18-22, inclusive. Swampscott is only a few miles out of Boston and the New Ocean House is one of the finest summer hotels on Boston's North Shore. Room reservations may be made by direct application to the hotel. Rates will be from $7 to $10 per day, American Plan.

NURSES' RELIEF FUND

REPORT FOR MARCH, 1923

Receipts

Balance on hand		$12,991.43
Interest on bonds		339.62
California: District No. 1, $2; Dist. No. 5, $50; Dist. No. 9, $25; Dist. No. 10, $6; Dist. No. 11, $3; Dist. No. 17, $7		93.00
Connecticut: Greenwich Hospital Alumnae		22.00
Illinois: Dist. No. 1, St. Luke's Hospital Alumnae, $100; Presbyterion Hospital Alum., $75; Individuals, $34		209.00
Kentucky: Louisville and City Hospital Alumnae, $25; Jefferson Co. Nurses' Club, $10		35.00
Louisiana: Charity Hospital Alum., New Orleans		75.00
Maine: One individual, Oakland		1.00
Massachusetts: State Nurses' Association, $10; one individual, Williamstown, $1		11.00
Michigan: Dist. No. 2, $25; Dist. No. 3, Battle Creek Sanitarium Alum., $78; Nichols Hospital Alum., $20; Individuals, $8; Dist. No. 11, $73; Dist. No. 14, $153		357.00
Missouri: Ensworth Hospital, St. Joseph, $5; Individuals, St. Joseph, $5; Individual, Kansas City, $1; Dist. No. 7, $23.75		34.75
Minnesota: Dist. No. 3, Asbury Hosp. Alum. members, $14; St. Barnabas Hospital Alum., $50; Individuals, $25		89.00
Montana: Ida R. Palmer—in memory of her sister, Sophia F. Palmer, $100; State Nurses' Association, Dist. No. 12, $20		120.00
New Hampshire: Nashua Memorial Hospital Alumnae		30.00
New Jersey: Dist. No. 2		98.00
New York: Dist. No. 7, $30.50; Dist. No. 9, Albany Hospital Alum., $50; Dist. No. 13, Sale of souvenir programmes, $906.30; Park Hospital Alum., $30; Sydenham Hosp. Alum., $11; Individuals, $27; Cochran Training School Alum., $66; Dist. No. 14, $1		1,121.80
Ohio: Dist. No. 4, Individual, $1; Dist. No. 8, Christ Hosp. Alum., $25; Deaconess Hosp. Alum., $10		36.00
Oklahoma: State Nurses' Assn.		19.00
Texas: District No. 2		5.00
Washington: District No. 2		16.00
Wisconsin: Dist. No. 8, $25; Dist. No. 10, in memory of Dr. John Mathieson, Eau Claire, $40; individual, Milwaukee, $2		67.00
Total receipts		$15,770.60

Disbursements

Paid to 33 applicants for March	$510.00	
Exchange on checks	1.60	
Postage	2.56	514.16
Balance, March 31, 1923		$15,256.44
Invested funds		59,250.00
		$74,560.44

V. Lota Lorimer, *Treasurer.*

All contributions for the Relief Fund should be made payable to the Nurses' Relief Fund and sent to the American Nurses' Association, 370 Seventh Avenue, New York. Requests for leaflets should be sent to the Secretary of the Association at the same address. For further information address Elizabeth E. Golding, chairman, 317 West 45th Street, New York.

PROGRAMME FOR CONVENTION, NEW ENGLAND DIVISION AMERICAN NURSES' ASSOCIATION, to be held May 22-24, New Sherwood Hotel, Burlington, Vt.

Tuesday, May 22, Morning Session.—Executive Meeting, 9 a. m.; Private Duty Nursing Section, Edna A. Cameron, Director. 1. The Private Duty Nurse a Pioneer Health Worker, Marion A. Gibson. 2. Private Duty Nursing, Viewpoint of a Young Graduate, Anne Shepard. Discussion. *Afternoon Session*: Reports from State Associations: Maine, New Hampshire, Vermont, Massachusetts, Rhode Island, Connecticut. Report of Activities, New England Division, Red Cross Nursing Service, Mary Nelson, Division Director. *Evening Session*: Prayer, Rev. Edwin Barre, Rector St. Mary's Cathedral, Burlington. Address of Welcome, Dr. Holmes Jackson, Mayor of Burlington. Response, Edith L. Soule, Maine. Address of President, Mary M. Riddle. The Bordeaux School of Nursing, Mary Beard. Address: What the Community Is Demanding of the Trained Nurse, Dr. H. C. Tinkham.

Wednesday, May 23, Morning Session.—State League of Nursing Education, Edith H. L. Clapp, Director. 1. The Place Mental Nursing Should Occupy in the Training School Curriculum, Anna K. MacGibbon, Rhode Island. Discussion, What a State Hospital Can Offer to Student Nurses, Mary H. Patterson, New Hampshire. What Mental Training Means to the Students of a General Hospital, Ellen M. Selby, Rhode Island. 2. Interpretation of the Equivalent, Josephine E. Thurlow, Massachusetts. Discussion. 3. Short Survey of the Rockefeller Report as it Pertains to Schools of Nursing, Carrie M. Hall, Massachusetts. Short Survey of the Rockefeller Report as it Pertains to Public Health Nursing, Harriet Leck, Connecticut. *Afternoon Session*: Address: "Nursing—A Profession?" Mary M. Roberts, Editor *American Journal of Nursing*. 1. State Legislation, Miss Sally Johnson. 2. Reports from Representatives of Committees on Legislation from the several New England States.

Thursday, May 24, Morning Session.—Public Health Section, Mary Beard, presiding. National Organization for Public Health Nursing, Anne A. Stevens, Director N.O.P.H.N. Discussions: State Public Health Nursing, Maine; Red Cross, New Hampshire; Brattleboro School for Attendants, Vermont. American Child Health Association, Marie Rose, Associate Director. Discussions: Child Hygiene Developments, Connecticut; School Nutrition, Massachusetts; Mental Hygiene, Plan for Providence, Rhode Island. *Afternoon Session*: Question Box, conducted by Mary Grace Hills, Superintendent Visiting Nurse Association, New Haven. (Miss Hills will be glad to receive questions on topics previously announced or on any nursing subject.) Report of Tellers. Installation of New Officers. Announcements for Meeting in 1925. Round Tables will be arranged throughout the Sessions by Emma M. Nichols. Suggested topics are: Obligations of Affiliations, Student Government. Possibilities of a Central School for Small Hospitals. Statistics and Records for Public Health Nurses. The Public Health Nurses' Bag,—What Shall it Contain? Work of Public Health Nurses in care of Venereal Disease. Exhibition of Historic Slides.

ESTHER DART
MARY L. WAKEFIELD
BERTHA W. ALLEN
JESSIE E. CATTON, *Chairman.*
Programme Committee.

THE NORTHWEST SECTIONAL MEETING OF GRADUATE NURSES, for the States of Idaho, Montana, Oregon and Washington, will be held in Tacoma, Washington, on June 7, 8, and 9, when it is hoped all graduate nurses of the Northwest will come and take a personal interest in these meetings. Tacoma, "The City of Destiny," will endeavor to keep up her reputation of hospitality to all her guests.

ARMY NURSE CORPS

In March, 1923, the following named members of the Army Nurse Corps were ordered transferred to the stations indicated:—To Army and Navy General Hospital, Hot Springs, Arkansas, 2nd Lieutenants Louise Fennelle, Winifred I. Langan, Mabel E. Mariette; to Letterman General Hospital, Presidio of San Francisco, California, 2nd Lieutenants Mary A. Herbert, Ida L. Langenheder, Hannah A. Kallem, Mae R. MacDonald, Katherine A. Harke, Alma C. Hanson, Margaret C. Wang, Betty L. Stevenson, Sara I. Stevenson, Mary

L. Carney, Dorothy Proske; to Station Hospital, Ft. Sam Houston, Texas, 2nd Lieutenants Florence C. Daley, Violet M. Headland, Maude M. McKinney, Mary Merrick, Mary K. Sackville; to Station Hospital, Fort Sheridan, Illinois, 2nd Lieut. Isabel H. Armstrong; to Station Hospital, Fort Totten, New York, 2nd Lieutenants Blanche Chance, Ella J. Brown, Alice McCauley; to Walter Reed General Hospital, Washington, D. C., 1st Lieut. Mary C. Beecroft, Chief Nurse, 2nd Lieutenants Annie M. Shea, Emily H. Weder, Agnes Greenshields, Bridget A. Mullaney, Ada M. Olsen, M. Eliza Weaverling, Ebba C. A. Rorby; to the Hawaiian Dept., 2nd Lieut. Laura C. Heston; to the Philippine Department, 2nd Lieutenants Alice I. Akeley, Maude H. Hager, Marie L. Pace, Harriet L. Whitney.

Orders have been issued for the separation from the service of the following named 2nd Lieutenants:—Agnes G. Blatny, Louise Boehme, Margaret Boyce, Martha F. Buchanan, Harriet H. Clogston, Alma E. Cross, Mary Elizabeth Edwards, Gertrude Hard, Rose A. Hartrick, Rebecca Hogan, Katherine E. Kelly, Isadore Klaus, Margarette J. Kritz, Gertrude Mangan, Nell Marley, Mary R. Moran, Olive M. Reid, Mae E. Shepard, Leah O. Sheppard, Annie L. Stapp, Louise M. Valle, Emma T. Waldron.

SAYRES L. MILLIKEN,
Captain, Acting Superintendent, Army Nurse Corps.

NAVY NURSE CORPS

Transfers: To Annapolis, Md., Miriam F. Ballard, Chief Nurse; Lula Lloyd; to Boston, Mass., Miss Farmer's School of Cookery Course in Dietetics, Kathryn M. Bonner, Anna V. Broderick, Addie B. Cummings, Mary A. Hassler, Loretta Lambert, Marion F. O'Connor, Martha Schmidt, Marie Sennett; to Canacao, P. I., Rose L. Lane, Ada E. Welty; to Charleston, S. C., Mabel T. Cooper, Chief Nurse; to Chelsea, Mass., Myn M. Hoffman, Chief Nurse, L. Ethel Shanabarger; to Great Lakes, Ill., Kathryn V. Sheehan, Helen M. Wamsley; to Guam, Edith M. Ahlstrom, Elsie Brooke, Chief Nurse, Jane E. Hamilton; to League Island, Pa., Ida E. Brooks, Hilda Freding, Eva B. Moss, Chief Nurse, Kathleen O'Brien, Vivant M. Stewart, Teresa E. Wilkins; to Mare Island, Calif., Louise Cooke, Frances S. Denk, Lillian Hankey, Chief Nurse, Mina A. King, Chief Nurse, Viola M. Visel, Margaret M. Welsh; to New York, N. Y., Laura Hartwell, Emily M. Smaling, Chief Nurse; to Norfolk, Va., Nelle M. Alexander, Ruth M. Anderson, Chief Nurse, Genevieve C. Brown, Addie B. Cummings, Adah L. Farnsworth; to Norfolk, Va., Pharmacist's Mates' School, Mary E. Hand, Chief Nurse; to Pensacola, Fla., Anna G. Mays; to Pearl Harbor, T. H. Katherine M. Dalton; to Philadelphia, Pa., Navy Yard Dispensary, Elizabeth M. Hewitt, Chief Nurse; to Quantico, Va., Anne K. Harkins, Chief Nurse, Alice B. Newcomb; to San Diego, Calif., Ada L. Wood; to San Francisco, Calif., Hospital Corps Training School, Elizabeth M. O'Brien; to Tutuila, Samoa, Elizabeth L. Tope, Helen A. Russell; to U. S. S. *Henderson,* Temporary Duty, Ida L. Hodge, Irene Robertson; to Washington, D. C., Lydia J. Hennessy, Esther Le C. James, Chief Nurse; Betty W. Mayer, Chief Nurse; Nelle S. Snow; to Washington, D. C., Dispensary, Navy Department, Bernice D. Mansfield, Chief Nurse, Edith M. Conry, Temporary Duty; to Washington, D. C., Navy Yard Dispensary, Adah M. Pendleton, Chief Nurse; to Washington, D. C., Laboratory Course, Frances C. Bonner, Ruth B. Mentzer, Bertha I. Myers, Chief Nurse; to Washington, D. C., Physiotherapy Course, Frida Krook, Chief Nurse, Louise E. Langstaff, Veta Markley, Elizabeth G. Mullen; to Yokohama, Japan, Edith N. Lindquist, Chief Nurse U. S. N., Nellie E. Treuthart.

The following nurses have been appointed *Chief Nurses:* Katherine M. Gallagher, Ruth M. Anderson.

Honorable Discharge: Ethel E. Briggs, Mabel H. Gommel.

Resignations: Gertrude L. Griffith, Mildred E. Hoover, Mandy C. Melcum.

J. BEATRICE BOWMAN,
Superintendent, Navy Nurse Corps.

U. S. PUBLIC HEALTH SERVICE NURSE CORPS

Transfers: Minnie Goodwin, Chief Nurse, to U. S. Marine Hospital No. 1, Baltimore, Md.; Katherine Taulbee, to Chief Nurse, U. S. Marine Hospital No. 9, Ft. Stanton, N. M.;

Mary McSweeney, Acting Chief Nurse, to Cleveland, Ohio; Erma G. Morrison, Actg. Chief Nurse, to Hospital No. 18, St. Louis; Margaret Farrell, to No. 16, Portland, Me.; Jessie Guzman, to Hospital No. 10, Key West, Fla.; Marjorie Walton, to Hospital No. 82, Norfolk, Va.; Nora Spencer, Virginia Mooney, to Hospital No. 12, Memphis, Tenn.; Ida Holbrook, Eva Bowman, to Hospital No. 13, Mobile, Ala.; Mary Williams, Eva Knight, Irene Brown, to Hospital No. 19, San Francisco; Amelia Holmes, to Hospital No. 14, New Orleans; Minnie Swetman, to Hospital No. 20, Savannah, Ga.; Agnes Lynch, to Hospital No. 15, Pittsburgh, Pa.

Reinstatements: Elizabeth Burke, Bertha Leake, Gaynelle Finks.

Foreign Quarantine Division: Ethel Cameron, Anna Svenson, to U. S. Quarantine Station, Rosebank, N. Y.

LUCY MINNIGERODE,
Superintendent of Nurses,
U. S. Public Health Service.

U. S. VETERANS' BUREAU NURSING SERVICE

Hospital Service. Transfers: Anne K. Pilegard, to No. 50, Whipple Barracks, Ariz.; Eugenia L. Acevedo, to No. 25, Houston, Texas; Grace A. Pengilly, to No. 26, Greenville, S. C.; Elsie A. Orr, Edith M. Prince, to No. 30, Chicago; Lucy W. Jeffrey, Mary McCallen, to No. 32, Washington, D. C.; Winifred McGuire, Clara J. Anderson, to No. 16, Maywood, Ill.; Bertha M. Jones, C.N., to No. 41, New Haven, Conn.; Charlotte F. Macallister, Asst. C. N., to No. 51, Tucson, Ariz.; Alma Wrigley, C.N., to No. 86, Ft. McKenzie, Wyo.; Kathleen V. Dorsey, C.N., to No. 62, Augusta, Ga.

Reinstatements: Gertrude G. Hard, Grace Perley, Olive M. Hallmart, Anna L. Kearney, Mabel L. Bauereithal, Beatrice Cleary, Ethel Frasch, Rachel Hamilton, Mary A. Herring, Margaret B. Davis, Edith C. Anderson, Bertha E. Tobey.

District Medical Service. Transfers: Florence Forsey, to District No. 1, Portland, Me.; Anabel Marker, to District No. 11, Denver, Colo.

During the month thirty nurses—fifteen from the Hospital Service and fifteen from the District Medical Service—were assigned to take the second postgraduate course in Psychiatry which began March 5, given by the U. S. Veterans' Bureau at St. Elizabeth's Hospital, Washington, D. C.

At the formal opening, Dr. Frank Hutchins, Chief Consultant in Neuro-Psychiatry, U. S. Veterans' Bureau, presided. Clara D. Noyes, Director of the American Red Cross Nursing Service, spoke on the advantage to nurses of organization and the unusual opportunity being given to them by the U. S. Veterans' Bureau to come to St. Elizabeth's Hospital to become more familiar with the different phases of mental diseases. Lucy Minnigerode extended to the nurses greetings from the U. S. Public Health Service and emphasized the unusual opportunity the nurses were having to take part in this epochal work in Psychiatry being given by the U. S. Veterans' Bureau. Colonel Ijams, Executive Officer, U. S. Veterans' Bureau, spoke on the desire of the Bureau to give to their beneficiaries the most efficient care possible and the great need of the Bureau for personnel especially trained in Psychiatry.

Harriet Bailey, Educational Director, Bellevue Hospital, New York City, was detailed by the U. S. Veterans' Bureau to St. Elizabeth's Hospital, Washington, D. C., for the purpose of giving lectures in Psychiatric Nursing to the nurses taking the course. Amelia J. Massopust, Social Worker in Psychiatry of the Manhattan State Hospital, New York, was detailed by the U. S. Veterans' Bureau to the course in Psychiatric Nursing in Washington, D. C., for a series of lectures on March 29, 30 and 31, 1923.

Fifteen nurses from the Hospital Service and fifteen from the District Medical Service were also detailed to take the first course in Tuberculosis Nursing at U. S. Veterans' Hospital No. 41, New Haven, Connecticut. Alice E. Stewart, Director, Tuberculosis League of Pittsburgh, was detailed as Instructor in Tuberculosis Nursing. Lectures in Public Health Nursing are being given by the Executive Staff of the New Haven Visiting Nursing Association.

In giving these courses to the nurses in the U. S. Veterans' Bureau Nursing Service, the nurses are enabled to have proper instruction and are given the opportunity for the application of the principles taught and actual

practice on the wards. It is felt that nurses returning to their various stations will be far more valuable in their respective work and will render to the U. S. Veterans' Bureau a much more intelligent and efficient service. It is also felt that the opportunity these nurses will have of making contact at this time with physicians and other nurses in their respective fields, who are enthusiastic over their work, can hardly be estimated.

During the month the hospital at Jefferson Barracks, Missouri, was opened for the reception of patients.

MARY A. HICKEY,
Superintendent of Nurses,
U. S. Veterans' Bureau.

The Trained Nurse and Hospital Review is offering a scholarship of $200, open to nurses who have graduated from accredited schools between July 1, 1922 a,nd July 1, 1923. This will give opportunity to the winner to study in some college or university for a year; she may choose the field in which she is most interested. The award will be made by a Scholarship Committee composed of representative nurses. Details may be obtained from the editor of the *Trained Nurse,* 342 Madison Avenue, New York.

Alabama: THE NURSES' BOARD OF EXAMINATION AND REGISTRATION OF ALABAMA will hold an examination for the registration of Nurses in Birmingham, June 25 and 26, in Montgomery, June 27 and 28; in Mobile June 29 and 30. All applications and credentials, with photograph, must be filed with the Secretary-Treasurer at least fifteen days prior to the date set for the examination. Application blanks may be secured from the Secretary-Treasurer, Linna H. Denny, 1808 North 7th Avenue, Birmingham. Kodak pictures will not be accepted.

California: Pomona.—THE GRADUATE NURSES' ASSOCIATION, DISTRICT No. 19, was organized in May, 1922, with 35 members. Officers are: President, Rose Parrott; secretary, Caroline Stinewart; treasurer, Kate Urban; chairman Relief Fund Committee, Anna Henderson. Regular meetings are held at the Nurses' Home, the first Tuesday of each month. In February of this year a bazaar was held to raise money for the Relief Fund. $109.23 was cleared. **Oakland.**—FABIOLA HOSPITAL ASSOCIATION holds its commencement exercises May first; twenty-four nurses graduate.

Colorado: THE COLORADO STATE BOARD OF NURSE EXAMINERS will hold an examination to register nurses at the State House, Denver, on May 22, 23, and 24, 1923. For further information apply to the Secretary, Louise Perrin, State House, Denver.

Connecticut: Derby.—THE GRIFFIN HOSPITAL held commencement exercises April 12; seven nurses graduated. **New Haven.**—THE CONNECTICUT TRAINING SCHOOL ALUMNAE ASSOCIATION is planning a two-day celebration of the semi-centennial of the School on Tuesday and Wednesday, May 15 and 16. The hospital and school are in cordial coöperation; committees have been appointed. All graduates are most cordially invited to return.

District of Columbia: THE NURSES' EXAMINING BOARD OF THE DISTRICT OF COLUMBIA will hold an examination for registration of nurses, May 8, at the District Building. All applications should be sent to Mary E. Graham, Secretary and treasurer, 1337 K Street, N. W., Washington. THE GRADUATE NURSES' ASSOCIATION OF THE DISTRICT OF COLUMBIA will hold its annual meeting on May 7, at 1337 K Street, N. W., Washington, at 3 p. m. The election of officers for 1923-24 will be in order. It is hoped, also, that the Legislative Committee appointed by the President will be prepared to make a statement to the members on the proposed revision of the Nurse Practice Act of the District. **Washington.**—GARFIELD MEMORIAL HOSPITAL will hold its commencement exercises May 1; twenty nurses will graduate.

Florida: THE FLORIDA STATE EXAMINING BOARD OF NURSES will hold an examination for applicants for registration of Graduate Nurses June 18 and 19, and for Licensed Attendants June 20, at the Seminole Hotel, Jacksonville. All applications should be filed fifteen days previous to date of examination with the Secretary, Louisa B. Benham, Hawthorne, Florida. **Jacksonville.**—BREWSTER HOSPITAL will hold its commencement exercises May 12; four nurses will graduate. **Tampa.**—DISTRICT 4 held a regular meeting in the Nurses' Home of Gordon Keller Hospital. Chairmen of committees were

appointed as follows: Credential, John O. Johnson; Nominating, Lillian Hollohan; Red Cross, John O. Johnson; Nurses' Relief Fund, Pearl Means; Publication and Press, Mrs. H. Ryland Cox; Entertainment, Marcia Jones; Floral and Sick, Mrs. Arrowsmith.

Idaho: The Idaho State Association of Graduate Nurses held its annual meeting in March, in Boise, and elected the following officers: President, Barbara Williams, St. Luke's Hospital; vice-presidents, Beatrice Reichert, Vivian Schutt; secretary, Louise W. Gerrish, St. Luke's Hospital; treasurer, Mrs. Emma Amack Meier,—all of Boise.

Illinois: Chicago.—The Illinois League of Nursing Education held a meeting on March 15 at which a paper on Teaching Pediatrics to Student Nurses was given by Dr. Gibson. Two students took part in a discussion on Student Government. The Industrial Nurses' Section held a meeting on March 9, when Dr. G. L. Ostrosky spoke on The Industrial Nurse and Educator. Miss Roune spoke on Junket and Its Value. Margaret McGreevey, formerly of Lincoln, Nebraska, has become Field Director for the Red Cross Nursing Service for Illinois. The Jane Delano Post holds a meeting at the Nurses' Club on the first Monday evening of each month. All Service nurses are welcome. St. Joseph's Hospital Alumnae held its annual meeting on February 2, electing the following officers: President, Margaret Pillion; vice-presidents, Catherine Graf, Frances O'Neill; corresponding secretary, Maud Lee; recording secretary, Julia Feeley; treasurer, Annie Greene. The Presbyterian Hospital Alumnae Association held its annual meeting in January, electing the following officers: President, Mary L. Morley; vice-presidents, Lila Fletcher, Edna McCullough; treasurer, Lelin Townsend; recording secretary, Ethel Armstrong; corresponding secretary, Flo Bronson; directors, Mrs. L. C. Gatewood, Mrs. George Sutherland, Mary Cutler and Helen Denne. The annual concert of the Florence Nightingale Chorus Presbyterian Hospital, was given on February 27 in the Crystal Room of the Blackstone Hotel. It was a great success and well attended. The proceeds will be used to swell the Endowment Fund for the School for Nurses started a year and a half ago. The Swedish Covenant Hospital will hold graduating exercises for a class of eleven on May 23. The hospital is making a gift of one year's subscription to the *Journal* to each member. Mercy Hospital graduates are reported as follows: Laura Mongeau is head nurse at the hospital; Rosina Rauh is on the staff of nurses of the Municipal Tuberculosis Sanatorium; Grace Touhey is an industrial nurse with the National Biscuit Company; Loretta Smith and Grace Crahen are doing Infant Welfare nursing; Pansy Richardson has a position at the Infirmary of the University, Madison, Wis.; Elizabeth Sheridan is assistant superintendent of nurses at St. Vincent's Infirmary, Little Rock, Ark.; Daisy Bradley and Ada Connor are doing life insurance work. St. Anne's Alumnae Association held a tea dance at the Nurses' Club, April 4, which was a great success. On May 2, a card party will be held at the Nurses' Home. A hope chest is on exhibition at the Home. Chances are being sold and the proceeds will be used as a contribution toward the cottage for tuberculous nurses at Naperville. Florence Padden, class of 1921, has joined the Visiting Nurse Association.

Mattoon.—The Alumnae Association of the Memorial Methodist Hospital has recently been formed, with fourteen members. Officers are: President, Edith B. Kyle; vice-president, Myrtle Kimbrough; secretary, Bernice O. Swain; treasurer, Carrie Ferguson; directors, Myrtle King, Grace Delap.

Indiana: Institutes on Maternal and Infant Hygiene for Public Health Nurses will be held in the state of Indiana during the month of May. These institutes are being planned by the Child Hygiene Division of the State Board of Health through the Department of Public Health Nursing, in coöperation with the Children's Bureau, U. S. Department of Labor. The purpose of the institutes is to further the interests of all public health nurses in maternal and infant hygiene, and to standardize instruction for mothers' classes. Methods of care and instruction, and fineness of technic will be presented as related to home conditions. Marie T. Phelan, consulting Public Health Nurse of the Children's Bureau and Mary J. Horn of the Department of Public Health Nursing will be among the

nurse instructors. The places and dates of meeting are as follows: Evansville, May 3, 4, 5; Indianapolis, May 7, 8, 9; Fort Wayne, May 10, 11, 12; South Bend, May 14, 15, 16; Hammond, May 17, 18, 19; Lafayette, May 21, 22, 23. **Indianapolis.**—The Nurses' Central Directory, which had been located at 12 Bungalow Park for ten years moved to an apartment at 234 East Pratt Street, December 17. The Directory now has 215 nurses registered for private duty and a number for institutional positions; 1532 calls were received for nurses from January 1 to April 1. The W. B. Fletcher Hospital Alumnae Association gave a dance at the Spink Arms Hotel April 7, for the James Whitcomb Riley Memorial Hospital; about $200 was realized. At the annual meeting of the Indianapolis City Hospital Nurses' Alumnae Association the following officers were elected. President, Rebecca Wilkinson; vice-presidents, Mrs. Mable Huggins, Hope Fuller; secretary, Illa Anderson, City Hospital; treasurer, Mary Lybrook. Following the business meeting the members were the guests of Josephine Mullville, Superintendent of Nurses, at a spring tea. Miss Mullville was assisted by the members of the Senior class. The Alumnae Association will give a dance and card party in May to raise money to furnish the Alumnae Reception Room in the new Nurses' Home which is fast nearing completion.

Iowa: Des Moines.—The Seventh District nurses had a dinner and meeting on April 5 with 50 present. Dr. Wingart gave a very interesting talk on Heredity. A collection was taken for the Jane A. Delano Memorial Fund with 100 per cent of the Seventh District contributing.

Kansas: El Dorado.—St. Luke's Hospital will hold its commencement exercises in May; three nurses will graduate.

Kentucky: Hopkinsville.—Jennie Stuart Memorial Hospital held its commencement exercises April first; four nurses graduated.

Louisiana: At the recent meeting of the Louisiana State Nurses' Association the following officers were elected: President, Mrs. Lydia Breaux, 521 South Hennessy Street, New Orleans; secretary, Mrs. Clara McDonald, 1624 Marigny Street, New Orleans.

Maryland: Baltimore.—The University Hospital Nurses' Alumnae Bulletin gives a beautiful picture and a sketch of Louisa Parsons, an English nurse, who did pioneer work both in this country and in England. Miss Parsons was the first superintendent of nurses of the University Hospital Training School. She had done Army nursing in the Soudan, the Boer War, the Spanish-American War, and she had done Red Cross work under Miss Barton. The medals she had received were presented to the Alumnae Association at the time of the dedication of the new nurses' home on November 16.

Massachusetts: At the mid-winter meeting of the State Association, the Legislative Committee, with Sally Johnson as chairman, reported that a bill has been drawn up, providing chiefly for an Educational Director, and the licensing of nursing attendants. The bill will not be presented to the legislature until another year. Mrs. Susan L. Briggs, of the Massachusetts General Hospital Alumnae Association, has been retained as full time worker for the Legislative Campaign. The New England Industrial Nurses' Association with headquarters at 3 Joy Street, held its annual business meeting January 15, immediately followed by a dinner, address, and music at the Twentieth Century Club Rooms. Dr. Alice Hamilton, Instructor in Industrial Poisons at Harvard University, was the speaker. The speaker for the February meeting was taken suddenly ill at the last minute, so the members held an informal meeting, talking over problems relative to their respective plants. The March meeting was the regular "Open Meeting" with no speaker. Letters were read from absent members and those present told of constructive health work being done in their particular plants. The Alumnae Association of the Massachusetts Homeopathic Hospital, at the March meeting, enjoyed a talk on Insulin Treatment of Diabetes by Miss Mudge. After the meeting a reception was given to the graduating class. Winifred Monroe is night supervisor at Emerson Hospital, Forest Hills. Sarah N. Higgins has resigned her position at St. Luke's Hospital, St. Paul,

and will rest at her home in Lynn. **Cambridge.**—The Cambridge Hospital Nurses' Alumnae Association held its annual meeting on January 22 and elected the following officers: President, Jennette G. MacKenzie; vice-presidents, Katherine A. Sturgeon, Jane R. Patchell; secretary, Mrs. Helen R. Hollis; treasurer, Elizabeth M. Leydon. **Lawrence.**—Ida Washburne succeeds Miss Catton as Superintendent of the Lawrence General Hospital. **Pittsfield.**—The Berkshire County Branch of the State Association met on March 24 at the Bishop Building. Bernice Billings of the Boston Tuberculosis Association was the speaker. The House of Mercy Alumnae Association met on March 7, at the Alumnae House. After the business meeting, a paper on The Subconscious was read by Harry G. Mellen, M.D. The Hillcrest Hospital Alumnae Association met on March 7 and revised its by-laws to meet the requirements of the State Association. Officers were elected: President, F. H. Norman; secretary, Elizabeth Humphrey; treasurer, Helen Kupinski. The association has been made a member of the State Association. **Attleboro.**—Sturdy Memorial Hospital will hold its commencement exercises in May; five nurses will graduate. **Greenfield.**—The Franklin County Public Hospital held its commencement exercises in April; three nurses graduated. **Winchester.**—The Winchester Hospital held commencement exercises in April; five nurses graduated. **Worcester.**—The Alumnae Association of the Worcester State Hospital held its regular meeting at the Hale House on April 10. The New Operating Room and X-ray Department was the subject of an interesting paper by Jennie Leighto, and the Alumnae members were pleased to learn that the Worcester State Hospital X-ray department has been rated second best in New England. The Association voted to establish a permanent prize of ten dollars in gold to be presented each year to the Senior nurse writing the best paper on any phase of psychiatric nursing. The prize is to be known as the "Linda Richards Prize," in honor of Linda Richards, who first organized the Training School. The Association also voted to present a prize of ten dollars in gold to the Senior nurse ranking highest in her class. Both prizes are to be presented at the graduation exercises in June. The Worcester City Hospital held commencement exercises in April; five nurses graduated.

Michigan: The Michigan Board of Registration of Nurses and Trained Attendants will hold an examination in Lansing, June 27 and 28. Mrs. Helen de Spelder Moore, secretary. The Michigan State Nurses' Association will hold its nineteenth annual meeting at the Edgewater Club House, St. Joseph, May 23, 24, 25. Reservations should be made at once with Henrietta M. Schoenbeck, St. Joseph, Chairman of the Local Arrangements Committee, as the space at the club house is limited. The rates are $5 a day American Plan, which includes room and board. One of the most outstanding events will be a Red Cross dinner on the evening of the 23rd when Major Lucy Minnigerode, Washington, D. C., will be present. Following the dinner, Adda Eldredge, president of the American Nurses' Association, will address the meeting. Other speakers of note are Prof. Allen Hoben, Kalamazoo College; Mrs. Dorian Russell, president Michigan Federation of Women's Clubs; Mark T. McKee, attorney, Detroit. On the 24th, Emily A. McLaughlin, chairman of the Arrangements Committee for the biennial convention of the American Nurses' Association, 1924, will preside at a luncheon meeting when the plans for the convention will be discussed. On the third day, every phase of nursing service will be taken up at round table conferences. Mrs. Elsbeth Hosig Vaughan, Children's Bureau, Lansing, is chairman of the Programme Committee. Sarah E. Sly, Birmingham, chairman of the Finance Committee, biennial convention, 1924, visited the following cities during January and March: Battle Creek, Jackson, Muskegon, Kalamazoo, Grand Rapids, Flint, Lansing, Saginaw, Bay City, Ann Arbor, Port Huron. Addresses were given to groups of pupil nurses on The Nurse's Responsibility to Her Alumnae Association. Parliamentary drills were given the District groups and plans for the coming state and national conventions were presented. A meeting of the Board of Directors of the State League was held at McLaughlin Hall, March 16. Plans for a summer institute were discussed. This institute

will be held in Detroit in June for five days. **Detroit.**—The Board of Trustees of the VISITING NURSES' ASSOCIATION gave a dinner on the evening of April 13, in celebration of the twenty-fifth anniversary of the founding of the association. Professor C. E. A. Winslow of Yale University spoke on Public Health Nursing. More than 500 guests were present, among them 250 nurses in uniform. All speakers paid tribute to the beloved Superintendent of the Association, Mrs. Lystra E. Gretter, who has been an inspiration to her associates and colleagues for the past fifteen years. A City Conference of Social Work has been planned by the Detroit Community Union to be held June 6, 7 and 8. The conference has been divided into seven general groups as follows: Community Organization, Child Welfare, Family Welfare, Health, Recreation, Delinquency, Mental Hygiene. Katharine Kimmick, Superintendent of Nurses, Ford Hospital, discussed the Report on the Rockefeller Foundation at the Detroit Local League of Nursing Education, April 10. The regular meeting of the FARRAND TRAINING SCHOOL ALUMNAE ASSOCIATION was held at McLaughlin Hall, April 10. Arrangements were completed for the annual banquet to the graduating class, at the Statler Hotel, April 30. At the regular meeting of the FIRST DISTRICT ASSOCIATION, Grace Ross of the Board of Health spoke. **Ann Arbor.**—THE SECOND DISTRICT ASSOCIATION met on March 16 at the University Hospital and listened to an excellent talk on Nursing Organizations by Sarah E. Sly, General Secretary of the State Association. Miss Sly also outlined plans for the National Meeting in 1924. The Campaign Committee for the SECOND DISTRICT met on March 22 at the home of Mrs. C. L. Washburn, to make plans for the raising of funds for the convention. **Battle Creek.**—Prof. Barbara H. Bartlett of Ann Arbor, president of the Michigan State Nurses' Association addressed the members of the THIRD DISTRICT ASSOCIATION, faculty members, and local nurses at a meeting held at the Sanitarium March 26. The subject of her talk was Opportunities in the Field of Nursing. Following the meeting the annual banquet of the association was held. The regular monthly meeting of the NICHOLS MEMORIAL TRAINING SCHOOL ALUMNAE was held March 6 at the Nurses' Lodge, 182 W. VanBuren Street. There was a good attendance, seventeen being present. One of the principal items of business taken up was the matter of the biennial convention of the American Nurses' Association, to be held at Detroit next year. Mrs. Effie Tyrrel, President of this District, presented the matter and Mrs. John Hunter, city nurse, was appointed chairman of the Booster Committee in connection with this gathering. The local alumnae voted to coöperate with the District in the sale of theatre tickets, money from which is to be used for furthering the work of the District Nurses' Association. BATTLE CREEK SANITARIUM NURSES' ALUMNAE ASSOCIATION.—At the March meeting it was voted to add gold to the present colors, blue and white, and to adopt the violet for the association flower. The Booster Committee reported $105.65 in hand for the biennial convention, and further plans on foot to raise more money for this purpose. It was voted to send $25 out of the treasury for the Jane A. Delano Memorial Fund. A very profitable parliamentary drill was conducted by one of the members. **Flint.**—THE EIGHTH DISTRICT ASSOCIATION held a dinner meeting at which a splendid address was given by Sarah E. Sly, outlining the history of women's organizations, and our own nursing associations. She spoke of the Jane A. Delano fund, and the inspiration derived from such a memorial as is planned. She then gave the four main objectives of the State Association for the year,—Increased Membership, Publicity, State and Biennial Programmes, *Journal* Subscriptions. Easter Day marked the opening of the new Women's Hospital on Lapeer Street. The people of Flint are singularly fortunate in having secured Fantine Pemberton as Superintendent. Miss Pemberton is from the University Hospital, Ann Arbor, and was for over ten years Superintendent of Dr. Peterson's Hospital in Ann Arbor, where she established a Training School for Nurses Following this she was Superintendent of Nurses at the University Hospital for three years. Miss Pemberton then retired from active nursing service for a time, during which time she had many urgent requests to return to the field, and was finally

prevailed upon to come to Flint. Miss Pemberton brings with her a corps of able assistants, Ildah Brinsmade, dietitian, from the Boston Cooking School; Rhea Dixon, from Dr. Peterson's Hospital, as operating room supervisor. Miss Dixon was formerly with the Ford Hospital in Detroit. Laura Zink, of Worcester Memorial, will have charge of Maternity. Miss Zink is now with the Women's Hospital on Harrison Street. Helen Burns and Agnes Laughran come from Duluth, Minn. Miss Pemberton has for many years been an outstanding figure in the State Association and the Eighth District extends a hearty welcome to her and her staff. **Port Huron.**—A very interesting and inspiring meeting was held in DISTRICT No. 9, March 19, at the Port Huron Hospital, when thirty nurses and several guests had the honor and pleasure of entertaining Sarah E. Sly, General Secretary of the State Association. Miss Sly very ably presented the subject of Organization. As Miss Sly is Chairman of the Finance Committee of the 1924 Biennial Convention she urged combined effort in work and finances to make the 1924 Convention a success and a credit to all the nurses in the State. **Saginaw.**—THE ELEVENTH DISTRICT of the State Association elected officers for the year, October, 1922, as follows: President, Laura E. Thomas; vice-presidents, Josephine Early, Grace Pritchard; corresponding secretary, Laura Senay; recording secretary, Elnora Howard; treasurer, Jane Taggart. At this meeting the programme for the year was launched: Twelve captains were appointed, one to have charge of each month's meeting; three nurses were appointed on each of the twelve teams, judges were appointed. At the end of the year a banquet is to be given, by the District, to the team which has given the best programme. Following is the programme up to date: *November,* 1922: Dr. De Kline, our new and *first* full-time health officer gave a very instructive resume of his work. Mrs. de Spelder Moore told us something of the Seattle convention, particularly of Michigan's spectacular landing of the 1924 Biennial meeting. *December:* Wilhelmina Green, probation officer, sketched graphically her duties, in the city and county, in connection with our Welfare League. *January,* 1923: Dr. Lafon Jones, at the head of the schools in Flint, told us instructively of the duties of the school nurse. *February:* Dr. J. D. Bruce, Saginaw, gave an educational talk on the increase of Kidney and Heart Diseases. *March:* Sarah E. Sly outlined illuminatingly the plan, growth and extension of the A.N.A. and visioned her present work as a helping hand to the Districts. A Booster Committee, to raise funds for the District's quota for the Biennial, 1924, was appointed. Chairman, Frances Scott; Supt. Saginaw General Hospital. For this purpose a subscription card party was given, clearing $200. *April* is to be a "surprise party." The District has a membership of about one hundred. During this year there has been an attendance of from thirty to forty, and marked interest and coöperation are manifest. While there is a regular meeting place, the members "meet around" at the hospitals, and other interesting places, and usually tuck in a social hour. The District is anxious to become at least an intermittent subscriber to the Michigan page of the *Journal.* **Grand Rapids.**—The staff of the VISITING NURSE ASSOCIATION consists of a superintendent, an assistant superintendent, eight field nurses, one nurse called "a floater," who helps out wherever she is needed, one full time industrial nurse who spends all her time in the factory, and two nurses who are on duty in the new department which is called "Twenty-four Hour Maternity Service." By this service nurses are sent out to the homes to attend labor cases any hour of the night or day, Sundays and holidays included; one of these nurses also does the pre-natal work. With this small force a big piece of work was accomplished during 1922. Six years ago when the Association started to do Industrial Nursing, there was no nursing of this type in Grand Rapids, but now there are four factories that have put in industrial nurses besides those supervised by the Association. Emma Sater, graduate of the Presbyterian Hospital, Chicago, recently superintendent of Christ Church Hospital, Kansas City, Mo., has accepted the position of superintendent of nurses of the Butterworth Hospital.

Minnesota: THE MINNESOTA STATE REGISTERED NURSES' ASSOCIATION will hold its spring

meeting at the Curtis Hotel, Minneapolis, at 2:30 p. m., May 19. Adda Eldredge, President of the American Nurses' Association, will be the guest of the Association and give an address at this meeting which will be followed by an informal reception and banquet. Reservations for the banquet should be made with Louise Kellogg, 681 Curtis Hotel, by May 14. The amended bill for state registration of nurses passed both houses of the legislature and was signed by the Governor on April 4. The text follows:

A Bill for an Act to Amend Sections 5000, 5002, 5003, 5004, 5005, 5006 and 5009, General Statutes of Minnesota for 1913.

Be it enacted by the Legislature of the State of Minnesota:

Section 1. That section 5000, General Statutes, Minnesota, 1913, be and the same is hereby amended so as to read as follows:

"5000. A board of examiners to consist of five persons (ONE OF WHOM SHALL BE A REGULAR LICENSED PHYSICIAN) is hereby created to carry out the purposes and enforce the provisions of this act. Said board shall be appointed by the governor, and the (OTHER) appointments shall be made from nurses engaged in active work who have been graduated for at least a period of five years from reputable training schools, and whose course of training is not less than three years' duration in actual hospital service, provided, that there shall always be two of said members on said board selected from nurses who have had at least two years' experience in educational work among nurses, or who have had two or more years' experience in the instruction of nurses in training schools; and provided, further that after the appointment of the first board the nurses appointed on each succeeding board shall be appointed from the nurses registered under this act.

Sec. 2. That section 5002, General Statutes, Minnesota, 1913, be and the same is hereby amended so as to read as follows:

"5002. Said board shall elect from its members a president, a secretary and a treasurer, and shall have its headquarters at St. Paul, Minn.; shall have a common seal, and the secretary and president shall have power to administer oaths. *The treasurer shall give bond in the sum of $2000.00. Said board may appoint an educational director.*

Sec. 3. That section 5003, General Statutes, Minnesota, 1913, be and the same is hereby amended so as to read as follows:

"5003. Each member of said board shall receive a compensation of five dollars per day for each day of actual service, and ten cents per mile for each mile actually traveled in attending the meetings of the board; *said board may fix the salary of its secretary and the educational director,* which *salaries,* compensation *and expenses* shall be paid out of any moneys in the hands of the treasurer of said board, provided that said compensation, *salaries and expenses,* and mileage, shall in no event be paid out of the state treasury.

Sec. 4. That section 5004, General Statutes, Minnesota, 1913, be and the same is hereby amended so as to read as follows:

"5004. Any money in the hands of the treasurer at the end of any year in excess of (TWO HUNDRED AND FIFTY DOLLARS) *$2000.00* shall be paid over by said board to the state treasurer, to be kept by him for the future maintenance of the board, and to be disbursed by him upon warrants signed by the president and treasurer of said board.

Sec. 5. That section 5005, General Statutes, Minnesota, 1913, be and the same is hereby amended so as to read as follows:

"5005. Said board shall hold public examinations at least once in every year (AT ST. PAUL, MINNESOTA, AND) and at such times *and places* as it may determine, and notice of the time and place of such examination shall be given by a publication thereof at least ten days before such examination, in a daily newspaper published at the capitol of the state, and said board may give such other notice as it deems advisable. Any person desiring to obtain a certificate of registration under this act shall make application to said board therefor, and shall pay to the treasurer of said board an examination fee of (FIVE DOLLARS) *$15.00,* and shall present himself or herself at the next regular meeting of said board for examination of applicants, and upon said board being satisfied that the applicant is (1) of the age of twenty-one years or over, (2) of good moral character,

(3) has received an education equivalent to that required for admission into high schools of this state, and (4) has graduated from a training school connected with a general hospital where three years of training, with a systematic course of instruction is given in the hospital, or has graduated from a training school in connection with a hospital of good standing supplying a systematic three years' training corresponding to the above standards, which training may be obtained in two or more hospitals, said board shall proceed to examine said applicant in both theoretical and practical nursing, and upon such applicant passing said examination to the satisfaction of said board, said board shall enter said applicant's name in the register, hereinafter provided for, and shall issue to said person a certificate of registration authorizing said person to practice the profession of nursing as a "registered nurse."

Sec. 6. That section 5006, General Statutes, Minnesota, 1913, be and the same is hereby amended so as to read as follows:

"5006. (ALL NURSES GRADUATING PRIOR TO JANUARY 1, 1910, POSSESSING THE ABOVE QUALIFICATIONS, SHALL BE PERMITTED TO REGISTER WITHOUT EXAMINATION UPON PAYMENT OF THE REGISTRATION FEE. NURSES WHO SHALL SHOW TO THE SATISFACTION OF THE BOARD OF EXAMINERS THAT THEY ARE GRADUATES OF TRAINING SCHOOLS CONNECTED WITH A GENERAL HOSPITAL OR SANITARIUM GIVING TWO YEARS' TRAINING, PRIOR TO THE YEAR 1897, HAVING GIVEN ONE YEAR'S TRAINING, AND WHO MAINTAIN IN OTHER RESPECTS PROPER STANDARDS, AND ARE ENGAGED IN PROFESSIONAL NURSING AT THE DATE OF THE PASSAGE OF THIS ACT, OR HAVE BEEN ENGAGED IN NURSING FIVE YEARS AFTER GRADUATION, PRIOR TO THE PASSAGE OF THIS ACT, ALSO THOSE WHO ARE IN TRAINING AT THE TIME OF THE PASSAGE OF THIS ACT, AND SHALL GRADUATE HEREAFTER, AND POSSESS THE ABOVE QUALIFICATIONS, SHALL BE ENTITLED TO REGISTRATION WITHOUT EXAMINATION; PROVIDED SUCH APPLICATION BE MADE BEFORE JANUARY 1, 1910.) *All nurses graduating prior to Jan. 1, 1918, and having had five years actual experience in nursing, who shall on or before the first day of August, 1923 make application and produce to the board satisfactory evidence verified by the oath of the applicant that the applicant, during all of the year 1923, was and is a legal resident of this state and a graduate of a school of nursing meeting with the approval of said board, and giving a course in nursing of not less than two years, shall be permitted to register without examination upon payment of the registration fee. This shall not apply to nurses registered prior to the passage of this act.*

Sec. 7. That section 5009, General Statutes, Minnesota, 1913, be and the same is hereby amended so as to read as follows:

"5009. The board of examiners may issue license without examination, upon the payment of (FIVE DOLLARS) *$15.00* registra- fee, to applicants (WHO HAVE BEEN REGISTERED IN OTHER STATES HAVING EQUAL REQUIREMENTS.) *from another state or foreign country whose qualifications are equivalent to those required by this act, and who shall produce to said board satisfactory evidence verified by the oath of the applicant of the fact that said applicant was duly licensed by said state or foreign country to practice therein as a registered nurse.*

Sec. 8. This act shall take effect and be in force from and after its passage.

Third District, Minneapolis.—The Institutional Section had charge of the March meeting of the district which was held at St. Paul's Parish House. A lecture on Psychology by Prof. R. O. Filter of the University was much appreciated. Refreshments were served to over 300 members. Owing to illness in her family, Anna Westley has had to give up her work in the nursing world, and is at Cooperstown, N. D., caring for her brother's family. Miss Westley has been Registrar for the Third District for the past three years and was given leave of absence last November in order that she might devote her whole time to the legislative programme of the State Association. Much credit is due Miss Westley for the successful growth of the Registry,

while her executive ability, tact, and sense of justice, made of her a valuable worker, and her going away is a real loss. Miss Westley also proved herself an able "lobbyist," and secured the coveted amendments to our Nurse Practice Act. Edith A. Barber, who has been Assistant Director of Nurses at the General Hospital since February, 1920, resigned and has gone east for a much needed rest. She is succeeded by Irene Walsh, graduate of the Illinois Training School. Frances Madigan, graduate of the University School of Nursing, has accepted the position of Instructor at the General with Helen Erickson, graduate of Johns Hopkins as Assistant. Ragnhilde Pjeldenes has returned to the University Hospital staff as clinic nurse in the nose and throat dispensary. Pearl McIvor has succeeded Alma Wrentling as State Director of Public Health Nurses in Missouri. Dora Peterson is head of one of the three substations of the Minneapolis Visiting Nurse Association. **Fourth District, St. Paul.**—The Private Duty Section had charge of the programme at the April meeting of the District. The next meeting of the Section will be held at the City and County Hospital, St. Paul. The District voted to contribute $100 to the Delano Memorial Fund. Edith Thornquist has resigned as Superintendent of Nurses at Mounds Park and Allied Hospitals, and is succeeded by Marie Danielson, graduate of Mounds Park School of Nursing. Sarah Higgins has resigned as Superintendent of Nurses, at St. Luke's, and is taking a much needed rest. She is succeeded by Elizabeth Meyer, graduate of the Miami Valley Hospital, Dayton, Ohio. Alma Johnson, formerly Red Cross Nurse in Grant County, is now public health nurse for Luce County, Michigan, with headquarters at Newberry. Graduates of Bethesda Hospital are reported as follows: Ejelive Hegtredt has accepted a position as X-ray technician at the State Hospital for Crippled Children, Phalen Park. Christine Erickson, class of 1915, is home on furlough from the mission fields of India. Ruth Bergman is anesthetist at the St. Paul Hospital. Marie Floren is surgical supervisor at the Lakeview Memorial Hospital, Stillwater. Martha Foss is superintendent of nurses at Northwestern Hospital, Brainerd. Selma Swanson left April 6 for the mission field at Moshi, British East Africa. The Bethesda Hospital held its commencement exercises in April; fifteen nurses graduated. Mounds Park Sanitarium and Hospital held its commencement exercises in April; nineteen nurses graduated. **Sixth District, Rochester.**—St. Mary's Alumnae Association held the annual meeting in January and elected officers as follows: President, Gertrude Hanson; vice-president, Nettie Nolan; recording secretary, Mary Lawler; corresponding secretary, Pearl Rousseau; treasurer, Mary Brisbois; directors, Sister M. Virginia, Catherine Coleman. May 28, 29 and 30 have been selected as the dates for the Home Coming of the Alumnae Association, the first in its history; each class anticipates a 100 per cent. attendance. Mary Hennessy has taken charge of the Training School in the Providence Hospital, Sandusky, Ohio. Ethel Erickson is taking a post graduate course at the Lying-in Hospital, Chicago. Bertha Gordon is head nurse in the pediatric department, St. Mary's. Charlotte Hanson, Northwestern Hospital, Minneapolis, formerly county nurse in Dodge County, is now school nurse at Tower. A postgraduate course in surgical nursing is now offered at St. Mary's Hospital, commonly known as the Mayo Hospital. The course is of six months duration and is intended especially for nurses who desire to specialize in operating room work. Apply to Superintendent, St. Mary's Training School for Nurses, Rochester, Minnesota. **Winona.**—The Winona General Hospital held graduating exercises for a class of six on April 4, at St. Paul's Parish House. The address was given by Dr. Pritchard; the diplomas were presented by C. M. Morse. A reception followed the exercises.

Missouri: A bill repealing the law regulating nursing in Missouri was signed by Governor Hyde on March 26, placing in its stead a law which reduces the educational requirements and does away with the mandatory features of the law and the educational director for schools of nursing. The Educational Director of the Board of Nurse Examiners has sent a letter to presidents of Boards of Trustees of all hospitals maintaining schools of nursing, to chairmen of Training School

Committees and to the presidents of each of the Federated Women's Clubs in Missouri, asking that a copy of the report, Nursing and Nursing Education, be procured and given careful study. The bulletin of the Public Health Division of the National Federation of Women's Clubs recommends that the Federation study the problems of schools of nursing in the interest of public health nursing. **St. Louis.**—The St. Louis League of Nursing Education met on March 21 at St. Luke's Hospital. It was decided that the major programme for this year would be the study of the report, Nursing and Nursing Education. During the last year the League has reviewed various of the new textbooks for nurses and articles from the *American Journal of Nursing;* has with the coöperation of the Third District Association had a course of eight lectures in Psychology by Professor Mayo of Harris Teachers College; had a lecture on Social Hygiene by Dr. Yarros of Hull House; a lecture on Project Method of Teaching by the Principal of one of the local schools; has spent three sessions in discussion of the Report of the National Committee on Grading of Schools of Nursing; and has conducted an institute for instructors. A meeting of the Public Health Unit of the Third District Association was held on April 5. Alma Wretling gave an interesting talk on Rural Public Health Nursing in this state. Three years ago there were but three Public Health Nurses in Missouri outside of the cities; today there are fifty-five Public Health nurses in rural Missouri, and a demand for at least eight more. St. Luke's Alumnae Association held a meeting at the Nurses' Home on March 19. Chairman of committees appointed by the president, Mrs. Sharpe, are: Programme, Flossie Rowland; Social, Valerie Burns; Visiting, Mattie Hall; Printing, Roberta Hunt; Nominating, Louise Dierson. The date has not been set for the annual graduation exercises, but plans are being made to make that entire day, which will probably be in the latter part of May, a St. Luke's Reunion. Some of the important features will be the meeting of old friends and classmates at the Nurses' Home in the morning; the graduation exercises on the west lawn of the hospital grounds in the late afternoon; then to finish the day, the annual alumnae banquet and dance in honor of the graduating class, in the evening. More definite information with correct date will be included in notices to be sent out later. It is hoped that many of the non-resident members will come, at least for the day, prepared to take part in the graduation exercises *in uniform*. The meeting was followed by a social hour. **St. Joseph.**—The Ensworth Hospital Alumnae Association held its annual meeting in January, electing the following officers: President, Lorena Hales; vice-president, Mrs. John J. Kast; secretary, Myrtle Porterfield; treasurer, Ella Feltch; auditor, Vera Owen; directors, Nellie Fairfax, Bertha Haskins, Minnie Poland. Chairmen of committees are: Eligibility, Lucy Palmer; Programme, Myrtle Porterfield; Nominating, Olive Giles. The aim of the association for the year is to carry every graduate of the training school on its roll. The City Federation of St. Joseph has provided a scholarship for Public Health Nursing. This will be used by one of the staff of the Visiting Nurse Association toward a summer course in Infant Welfare Work this year at University of Minnesota School of Nursing.

Montana: The Montana State Board of Examiners for Nurses will hold its annual meeting at the State Capitol, Helena, June 28 to June 2. Frances Friederichs, Secretary, Box 928, Helena. **Glasgow.**—The Frances Mahon Deaconess Hospital held its commencement exercises April 27; one nurse graduated. **Sidney.**—The Twelfth District Nurses' Association (eight members) has sent to the Nurses' Relief Fund, $20.

Nebraska: The Nebraska State Board of Nurse Examiners will hold its next regular examination in Omaha and Lincoln, May 15 to 17, inclusive. For information and applications, write the Department of Public Welfare, Room 400, State House, Lincoln, Nebraska. **Lincoln.**—Faith Collins, graduate of the Passavant Memorial Hospital, Chicago, is superintendent of nurses at the Lincoln Sanitarium.

New Jersey: The New Jersey State Board of Examiners of Nurses will hold an examination for certificate of registered nurse on June 15, 1923, in the State House, Trenton. Applications must be filed with the Secretary-Treasurer at least fifteen days prior to date

of examination. For further information apply to 302 McFadden Building, Hackensack, N. J. Elizabeth J. Higbid, Secretary-Treasurer. The Board of Examiners upon written application together with such references and proof of identification as the Board may by rule prescribe may issue a certificate *without examination* to any person who shall have been registered *by examination* as a registered nurse under the law of any other State or by *waiver prior to April 1, 1914* the requirements of which for securing such registration were at the time of issuance thereof equivalent to the requirements prescribed by this Act. THE NEW JERSEY STATE NURSES' ASSOCIATION held its twenty-first annual meeting at Willard Hall, Passaic, April 6. All sessions were well attended. Honorable John McGuire, Mayor of Passaic, paid a glowing tribute to the nurses in his address of welcome, stating that they were the most useful, faithful and responsible citizens. Elizabeth J. Higbid, President of the Association, in her address of greeting, stated how happy she had been in her relation with the nurses of New Jersey, and how she had appreciated the coöperation of all her co-workers. In reviewing the work accomplished, she spoke with pride of the recent legislative work, dealing with the amendment of the Nurse Practice Act, which passed the legislature and was signed by the Governor without a single change in the original. The amendments to the Nurse Practice Act provide for an Inspector of Schools of Nursing, yearly licensing of all registered nurses in the State, and reciprocity with individual nurses, registered in other states prior to 1914, meeting the requirements of the State of New Jersey. Dr. Haven Emerson, in a stimulating address on Preventive Medicine, stated that it was the duty and function of the nurse to teach those with whom she came in contact, so well how to live, that her services would not again be required. He pointed out the weak points in our present scheme of educating nurses, in that no effort was made to teach self expression, so that they could give of their great wealth of health information for the benefit of others in simple and direct words. Dr. Emerson's entire address was a challenge to the nurse to so prepare herself as to be of the greatest possible service to mankind. The officers for the year are as follows: President, Virginia Chetwood, Hackensack; vice-presidents, Annie Curry, Orange; Harriet Matthews, Princeton; secretary, Marie Louis, Plainfield; treasurer, Jennie Manly, Atlantic City; director, Elizabeth J. Higbid, Paterson. THE NEW JERSEY STATE LEAGUE FOR NURSING EDUCATION held a meeting on the evening of April 6, in Willard Hall, Passaic. Martha M. Russell, Secretary of the National League of Nursing Education gave a synopsis of the work accomplished by the League since its inception in 1893. She also discussed the plans now under discussion for the reorganization of the League. Miss Durstin, Superintendent of Nurses, Trenton State Hospital for Mental Patients, gave a splendid outline of the work done by the attendants, and how they were being prepared for their work. The subject of training attendants was discussed from every point of view, and plans are being formulated to train a subsidiary nurse in hospitals best adapted for her needs. **Perth Amboy.**—THE PERTH AMBOY CITY HOSPITAL held its commencement exercises April 12; four nurses graduated.

An Act to amend and supplement an act entitled "An act to regulate the practice of nursing in the state of New Jersey, to register nurses with the privilege of using the abbreviation 'R.N.' and to punish persons violating the provisions thereof," approved April first, one thousand nine hundred and twelve, as amended by act approved April fourteenth, one thousand nine hundred and fifteen, as amended by act approved April twentieth, one thousand nine hundred and twenty.

Be it enacted *by the Senate and General Assembly of the State of New Jersey:*

1. Within thirty days after the approval of this act the Governor shall, by and with the advice and consent of the Senate, appoint five persons, to be known as the State Board of Examiners of Nurses. Each member of said board shall be a resident of this State and a graduate of a [training school for nurses] school of nursing connected with an incorporated general or private hospital requiring not less than two years' training in the hospital with a systematic course of instruction in medical, surgical and obstetrical nursing and children's diseases, and shall have been engaged in nursing for not less than five years after graduation. One member of said board

first appointed shall hold office for one year, two for two years, and two for three years, or until their successors are appointed, and annually thereafter from the date of expiration of the term of office of an examiner, the Governor shall fill the vacancy for a term of three years with nurses possessing the above specified qualifications. Said appointees shall within thirty days after receipt of their commission, take, subscribe and file in the office of the Secretary of State, the oath or affirmation, prescribed by law. An unexpired term of an examiner caused by death, resignation or otherwise, shall be filled by the Governor in the same manner as an original appointment is made.

2. The board of examiners shall elect a president and secretary-treasurer from its members; and appoint an inspector of schools of nursing; it shall have a common seal; it shall make and adopt all necessary rules not inconsistent with the laws of this State or of the United States, whereby to perform the duties and transact the business required under the provisions of this act.

3. Said board shall hold meetings for the examination of applicants at the State House on the third Friday in June of each year, and at such other times and places as the board may deem expedient; *provided, however,* that the total number of such meetings during any one year shall not exceed three in all. Said board shall keep an official record of all its meetings and an official register of all applications for registration under the provisions of this act to determine the qualifications of the applicant to practice as a "registered nurse" in this State. Said register shall show name, age, nativity, last and permanent place of residence, and photograph of each applicant, the time he or she has spent in obtaining a competent grammar and high school education as hereinafter provided, and in study in [training schools for nurses] school or schools of nursing connected with hospitals, holding diploma thereof, and names and location of all such schools or examining boards which have granted said applicant any degree or certificate of registration of State examination; said register shall also show whether said applicant was examined, registered or rejected under this act and said register shall be prima facie evidence of all matters therein contained.

5. Notice of all meetings of the board for examination of applicants shall be given to the public press and to at least one journal devoted to the interests of the nursing profession and by mail to every applicant, and to every [training school] school of nursing in New Jersey at least thirty days prior to the meetings. Any person who shall by affidavit or otherwise show to the satisfaction of the board that he or she is at least twenty-one years of age, of good moral character, having a grammar school certificate and one year of an approved high school or their equivalent to be determined by the Department of Public Instruction, and is a graduate in good standing of a [training school for nurses] school of nursing which gives a course of not less than two years in a public or private general hospital having a [capacity and beds for daily treatment of twenty-five] daily average of fifty patients where medical, surgical and obstetrical cases and children are treated or its equivalent as determined by the board of examiners, or a student nurse possessing the above qualifications within three months of graduation, and having successfully passed the final examinations, or nurse graduates of hospitals having not less than twenty-five daily average of patients and possessing the above qualifications and who have supplemented such hospital experience by affiliation approved by the State Board of Examiners of Nurses shall be eligible for such examination upon the payment of a fee of ten dollars, references from one practicing physician or surgeon and one registered nurse, and photograph of applicant to be deposited upon the filing of the application for examination at least fifteen days prior to the date of examination. Said examination shall include such subjects as elementary anatomy, physiology, bacteriology, materia medica, dietetics, hygiene, medical, surgical and obstetrical nursing, children's diseases and contagion. If such applicant shall pass such examination with a general average of seventy per centum and at least sixty per centum in each subject, the board shall issue a certificate of registration to said applicant; *provided,* the said board may by unanimous vote withhold such certificate for one of the following reasons: dishonesty, gross incompetency, a habit rendering a nurse unsafe to be trusted with or unfit for the care of the

sick, previous conduct derogatory to the morals or standing of nursing. Applicants who fail to pass [any] an examination may be reëxamined at any subsequent examination [without payment of an additional fee] within two years after a third reëxamination an additional fee of ten dollars shall be paid. Any person to whom a certificate of registration shall be issued shall, within sixty days thereafter and upon the payment of a fee of fifty cents, cause the same to be recorded with the county clerk of the county in which such person resided at the time of application. Such person shall be prepared whenever requested to exhibit such certificate of registration or a certified copy thereof. Any person who has received such certificate and caused the same to be recorded as aforesaid shall be entitled to append the letters "R.N." to his or her name until such time as said certificate may be revoked for cause, as hereinafter provided.

6. Any person who is at least twenty-one years of age, of good moral character and a resident of the State, applying for registration within two years of the passage of this act and who shall by affidavit or otherwise show to the satisfaction of the board that he or she is a graduate of a [training school for nurses] school of nursing which gives a course of not less than two years in a public or private general hospital where medical, surgical and obstetrical cases and children's diseases are treated, or that he or she was at the time of the passage of this act a student in such [training school for nurses] school of nursing, and afterward was graduated therefrom, shall be eligible for registration without examination, upon the payment of a fee of [five] ten dollars, the application to be accompanied by references and photograph of applicant.

7. The board of examiners, upon written application, together with such references and proof of identification as the board may by rule prescribe, may issue a certificate without examination to any person who shall have been registered by examination as a registered nurse under the law of any other State or by waiver prior to April first, one thousand nine hundred and fourteen the requirements of which for securing such registration were at the time of issuance thereof equivalent to the requirements prescribed by this act [and which gives the same privilege to registered nurses of this State.]

8. All fees collected by said board of examiners shall be paid to the secretary-treasurer, and said secretary-treasurer shall pay from the moneys so received, upon the approval of the president, the salary of said secretary-treasurer and inspector of schools of nursing and necessary expenses of the members as provided in section four of this act, also for books, certificates, stationery, and other necessary expenses of the board, provided that said board shall not create nor incur expenses exceeding the sum received as fees under the provisions of this act. The secretary-treasurer shall, before taking office, give to the State a bond with surety, conditioned for the faithful performance of the duties of said office in the penal sum of not less than one hundred dollars, and shall keep an account of all moneys received and expended as aforesaid, and shall render a detailed statement thereof to the Comptroller on or before June first in each year. The secretary-treasurer shall also submit to the Governor on or before June first in each year a general statement of the work of the board, including therein a statement of the number of applicants received, approved and rejected during the year.

8. After January first, one thousand nine hundred and twenty-four and each succeeding year, the secretary of the State Board of Examiners of Nurses shall mail to every nurse registered in the State of New Jersey an application blank for registration, addressing the same in accordance with the post office address given at the last previous registration. Each registered nurse shall renew his or her certificate in accordance with the provisions of this paragraph and pay a renewal fee of one dollar. Every certificate which is not so renewed shall expire on the first day of May of each year. Applications for renewal of a certificate must be filed with the State Board of Examiners of Nurses during January and February of each year and shall be accompanied by a fee of one dollar upon the receipt of which a renewal card will be forwarded to the applicant. The Board of Examiners of Nurses shall publish each year a printed list of legally registered nurses within this State.

9. This act shall take effect immediately.

New Mexico: The President of the State

Association, Miss McMinimin, and the Secretary, Miss Rowe, have had to resign office because of absence from the state. Their successors are: Mrs. Blanche A. Montgomery and Mary Wight, both of Albuquerque.

New Hampshire: The Graduate Nurses' Association of New Hampshire held its quarterly meeting at the Amoskeag Women's Club, Manchester, March 14. A meeting of the Public Health Section was held in the morning,—reports of field work and a general discussion. The League of Nursing Education also held a meeting,—a general discussion of training school problems. Miss Cameron explained the new record system to be introduced in the schools the next school year. The general meeting was called at 2:30 p. m. Carrie M. Hall of Boston gave a most interesting talk upon the work and growth of nursing in the past fifty years. Three delegates were chosen to attend the New England Division meeting in Burlington, Vt., May 22-24. Dr. Bartlett of Manchester stated very clearly the stand taken by opponents of the Shepard-Towner bill, in New Hampshire, while Miss Crough spoke for the bill, telling of the work being done in the state. A social hour followed, the Amoskeag nurses being hostesses. **Concord.**—The annual meeting of the Alumnae Association of the New Hampshire State Hospital was held on March 31. Officers elected are: President, Margaret A. Alexander; vice-presidents, Mary E. Farley, Mary A. Tucke; secretary, Olive E. Flanders; treasurer, Ethelyn D. Jenkins. A reunion of all former graduates will be held in June on the thirty-fifth anniversary of the graduation of the first class. A social hour followed the meeting.

New York: Buffalo.—District 1 held its March meeting on the 21st at the Y. W. C. A. Building. After the business meeting, a half hour was devoted to round table discussion of practical topics, followed by an interesting talk on Mental Nursing by Dr. Kuhlman of the Buffalo State Hospital. The Buffalo General Hospital Alumnae gave an indoor fete on April 5, at the Nurses' Home. The Alumnae of the Buffalo Sisters of Charity Hospital gave a card party and dance on April 11 at the Iroquois Hotel. The graduates of the Buffalo City Hospital are forming an alumnae association. The Deaconess Hospital holds its commencement exercises May 3rd; fifteen nurses will graduate. **Rochester.**—District 2 held its March meeting at the Monroe County Tuberculosis Sanitarium on the 27th. Dr. Lloyd spoke on Diet in Tuberculosis. A pleasant social hour followed. The Genesee Valley Nurses' Association will hold an institute in Rochester, May 22-25, inclusive. Registration will open on the morning of May 22 at nine o'clock at Mechanics Institute. The New York State Department of Education will send out detailed programmes. It is planned to make the institute of the most practical value to all who attend and suggestions will be gladly received. The chairman of the committee on arrangements is Ivona E. Johnson, General Hospital, Rochester. **Syracuse.**—The Alumnae Association of the Hospital of the Good Shepherd met on March 29 at the Nurses' Home. A most excellent paper was given by Louise Sherwood, president of the District Association on Coöperation between Alumnae, and District Associations. Dr. Charles H. Young, Superintendent of the Presbyterian Hospital, New York, has resigned to become Superintendent of the Hospital of the Good Shepherd. Arvilla Everingham, superintendent of Auburn City Hospital, has resigned because of ill health. The Syracuse Memorial Hospital held its commencement exercises in April; twelve nurses graduated. **Binghamton.**—Binghamton City Hospital held its commencement exercises in April; four nurses graduated. **Ogdensburg.**—District 6 held its regular meeting April 4, at the A. Barton Hepburn Hospital. There were 36 members in attendance. A social hour followed the business meeting with the A. Barton Hepburn Alumnae as hostesses. **Utica.**—District 7 held its regular meeting at St. Elizabeth's Hospital, March 8. There were about 75 nurses present from Rome, Little Falls, and Utica. Mrs. Lena Clark, vice-president, presided. James P. Mulhall, District Manager, Metropolitan Life Insurance Company, gave a very interesting talk on Thrift. The Utica State Hospital Alumni Association was accepted into membership. St. Elizabeth's Hospital Alumnae Association acted as hostesses, and a very pleasant social hour was enjoyed. **Albany.**—The Capitol District No. 9 held its annual meeting at the Nurses' Home, Albany Hospital, April 5. It was decided to

have an annual dinner at the Ten Eyck Hotel the first week of May. Julia A. Littlefield was made chairman of the committee. The following officers were elected for the year: President, Mrs. Kathryn M. Lamb, Albany; vice-presidents, Laura Noonan, Saratoga, and Anna L. Alline, Albany; secretary, Florence Freeman, 210 Eighth Avenue, Watervliet; treasurer, Catherine Corcoran, North Troy; directors, Mary R. Donald, Albany, and Amy M. Hilliard, Troy. The nurses visited the State Laboratory where Dr. Lawrence Early gave a very interesting talk on "How the work is carried on in each department." Refreshments were served by The Albany Hospital Nurses' Alumnae Association. **Troy.**—The Troy Hospital Alumnae Association held a meeting at the Troy Hospital, March 5. The promise of a rousing meeting was agreeably fulfilled. The routine business of the meeting was carried through with despatch in order to enable those assembled to enjoy a lecture entitled "Water" by the Rt. Rev. Mgr. J. T. Slattery, who is expert in hydrotherapy, the most delightful feature of the evening. A social hour followed. **Yonkers.**—The Cochran Training School of St. John's Riverside Hospital held its twenty-seventh annual commencement on April 5. Charles Phelps Easton, President of the Hospital, presided and presented diplomas to six graduates. The class was especially fortunate in having Elizabeth C. Burgess to deliver the address. **New Rochelle.**—The New Rochelle Hospital held commencement exercises in April; one nurse graduated. **New York.**—The New York Counties Association, (District 13), at its recent annual meeting elected as officers: President, Beatrice Bamber; recording secretary, Ella A. Lawrence; corresponding secretary, Annie McDougall; treasurer, Emily H. Kerr. The Alumnae Association of the New York Hospital celebrated the twenty-fifth anniversary of the New York Hospital Graduate Nurses' Club by holding a reception at the Club House on the evening of March 15. The guests were received by Miss Gillette, Superintendent of the Club, Miss Anderson, President of the Alumnae Association, and Miss Jordan, Superintendent of the Training School. Ann Hatton read a history of the Club. Gifts to the Club in honor of the occasion were an oak table, bench and lamps for the library; a clock with chimes from Dr. and Mrs. Busby; flowers from many friends and the invitations from the printer. Dancing followed the reception. Five of the charter members of the Club were present, At the annual meeting of the Alumnae Association in January, the following officers were elected: President, Lydia Anderson; vice-president, Mary A. Smith; recording secretary, Ethel B. Goede; corresponding secretary, Ethel Fennemore; treasurer, Sarah E. Moore; trustees, Abbie Robinson, Clara Greene. The Hospital for Ruptured and Crippled held a reception on March 15, when the guests were invited to inspect the new pavilion for private patients. Bellevue Hospital is planning a meeting at Carnegie Hall on May 8 in honor of the fiftieth anniversary of its School for Nurses. A class of 57 was graduated on May 1. At the Mount Sinai commencement, noted in the April *Journal,* addresses were given by Dr. Haven Emerson and Annie W. Goodrich. Grace E. Hutchinson was awarded a Teachers College scholarship for studious habits, special aptitude and fitness for nursing work, and for advancement of the profession of nursing. Barbara Friedlein was awarded a scholarship based on the "best record of kindness and proficiency in actual bedside nursing"; scholarships for exceptional ability in nursing and class work were awarded Ruth S. Emborn, Ruth Noe, Bessie R. Fox, Roberta E. Lytle, Elizabeth C. Keogh, and Bertha A. Bornand. For similar reasons three members each, of the classes of '24 and '25 were awarded scholarships. The announcement was made that the school name has been changed from Training School for Nurses to School for Nurses. Ella Phillips Crandall has been appointed Assistant General Director of the American Child Health Association. The Lenox Hill Alumnae Association at its March meeting had an interesting address on National Headquarters by Agnes G. Deans, secretary of the American Nurses' Association. The second annual spring dance for the benefit of the Pension Fund was given at the Hotel St. Regis, April 21. Members of the class of 1923 were guests. Pauline Duelle, class of 1915, is director of the Social Service Department of the Stamford Hospital, Stamford,

Conn. The student nurses held a rummage sale recently which brought $20 for the reference library. St. Luke's Hospital held commencement exercises in the chapel on April 18 for a class of forty-one. The French Hospital held commencement exercises April 11; eleven nurses graduated. The Roosevelt Hospital held commencement exercises on April 18; forty-two nurses graduated. St. Mary's Free Hospital for Children held its commencement exercises in April and nine nurses graduated. **Brooklyn.**—The Brooklyn Hospital Training School at its April meeting presented its treasurer, Miss Holt, a purse containing $200 in gold, with an address expressing appreciation of her faithful and gratuitous services for twenty-five years and the realization that it is due to her prompt and painstaking attention to details that the Association is in so good a financial condition. Miss Holt was assured that the gift expressed in but small measure, the love and gratitude of her associates. The Swedish Hospital held commencement exercises in April; three nurses graduated. Julia A. Duffy has resigned her position as Principal of the Training School of the Central Islip State Hospital to accept a similar one at St. Vincent's Retreat, Harrison.

North Carolina: The Board of Nurse Examiners will meet in Raleigh, May 24-26. The State Nurses' Association will hold its annual meeting the week following, May 29-31, in the parish house of Christ Church. The State meeting will be followed by a Public Health Institute, under the auspices of the State Board of Health. **Asheville,** District No. 1.—At the monthly meeting in March, a large number were present and much enthusiasm was shown in the various subjects discussed. Miss Laxton, Superintendent of Biltmore Hospital, told of meeting with a legislative committee in Raleigh, when an amendment to the nurse practice bill was killed. This was an effort to take the governing power of the State Board of Examiners out of the nurses' hands. May Stockton, the newly appointed Buncombe County nurse, was presented and explained the various sources of revenue contributing to her support which includes Federal, State, County, and Red Cross aid. A plea was made by Miss Batterham for more subscribers, for the *Journal,* which contains so much that is valuable to the profession. Miss Sherwood, the President, was hostess at a delightful tea, which was served by the Club house committee. On March 22, a reception was given in honor of Dr. Richard O. Beard, of the University of Minnesota. Both doctors and nurses enjoyed Dr. Beard's address on University Affiliation for Nurses.

Ohio: The Nurses' Examining Committee of the Ohio State Medical Board will hold an examination for applicants for nurse registration on June 12, 13 and 14, Columbus, Ohio. Applications should be made well in advance to Nurses' Examining Committee, Ohio Building, Fourth and Main Streets, Columbus. The Ohio State Association of Graduate Nurses will hold its twentieth annual meeting, and the Ohio State League of Nursing Education, its tenth annual meeting, at the Portage Hotel, Akron, Ohio, May 2-4. On May 2 at 2 p. m., the State Association trustees will meet; at 4, those of the League; at 8, the Advisory Council (all District and Alumnae presidents). On May 3, the opening session will have addresses and reports. In the afternoon, the Private Duty Section will meet; an automobile ride will be enjoyed, and in the evening, the Public Health Section will have charge of the programme, with Elizabeth G. Fox as outside speaker. The morning of May 4 will be given to the League. At 11, the Public Health Section and the Private Duty Section will hold conferences. Friday afternoon will be given to business meetings. In the evening there will be a banquet. The Florence Nightingale Foundation. In 1920, the State Association published a pamphlet containing a biographical sketch of Miss Nightingale and calling attention to the need of endowment for schools of nursing. The attempt to make a Foundation for nursing in Ohio in the name of Florence Nightingale through the distribution of this pamphlet, and the request for a small subscription from those who read it was therefore primarily an attempt to reach the general public with the message that they should interest themselves in their own local hospital schools and that they should help spread the idea that schools of nursing must share with other schools the benefit of direct

gifts if they were to develop along sound educational lines. The secondary purposes of the distribution of the pamphlet were the accumulation of a modest Foundation to be used as a Loan Scholarship Fund in Ohio and also to afford an illustration of the value of a direct alliance between the giving public and schools of nursing. The campaign for the Foundation is to be closed May 3, the date of the State Convention. Information concerning this Foundation may be obtained from Claribel A. Wheeler, Mt. Sinai Hospital, who is the State Chairman. Pamphlets at 10 cents per copy can be secured from Frances B. Latimer, State Treasurer, Cleveland Nursing Center, 2157 Euclid Avenue, Cleveland; all funds are to be sent directly to her. ELEANOR JONES FORD, Head of Public Health Nursing Education, State Department of Health, spoke on Nursing, in Dayton, on April 13, to four groups of Junior and high school girls. **Cleveland.**—THE SECTION OF NURSING EDUCATION OF DISTRICT 4 at its April meeting had the subject Administration in Schools of Nursing presented by Claribel A. Wheeler. THE CLEVELAND NURSING CENTER reports 576 lectures, meetings or social gatherings, by 36 different associations during the year 1922. The Hospitality Committee of the Guild of St. Barnabas served tea officially to 1400 guests during the year. **Toledo.**—THE TOLEDO HOSPITAL ALUMNAE ASSOCIATION held its annual meeting recently and elected the following officers: President, Lenty M. Neville; vice-president, Jennie Jordan; secretary, Esther Wonderly; corresponding secretary, Doris Whiteman; treasurer, Frances Thompson; trustees, Sophia Voss, Ethel Lickly, Elizabeth Townsend; chairmen of Committees are: Membership, Mrs. Edgar McDermott; Programme and Entertainment, Carrie Sell; Sick and Flower, D. Whiteman. A Valentine Dance given in February at the Woman's Building, brought $325 for the endowed bed fund.

Oklahoma: THE OKLAHOMA STATE BOARD OF NURSE EXAMINERS will conduct an examination for applicants for registration at the State Capitol in Oklahoma City on the 31st of May and June first. Applications should be filed with the secretary thirty days prior to the date of examination. Olive Salmon, Secretary, 206 Triangle Building, Pawhuska.

Oregon: THE OREGON STATE GRADUATE NURSES' ASSOCIATION announces the opening of the State Graduate Nurses' Headquarters and Official Registry at 673 Johnson Street, Portland. Graduate nurses are invited to make this office their professional headquarters and information bureau. The Official Registry will serve especially the First District Nurses' Association of Oregon, but service will not be limited to the First District area. The opening of the State Headquarters and Official Registry marks an important milestone in the activities of the State Association. For three years there has been an appreciation of the need of such an office and its achievement is a tribute to the loyalty and coöperation of Schools for Nurses, Alumnae Associations and nurse members working individually and in groups toward this end. Mrs. Frances McLane Platts, R.N., was unanimously chosen as Director and Registrar with Emily Booth, R.N., as her assistant. Both of these women are well known and beloved throughout the State and possess quaities which make for success in the new venture. **Eugene.**—MERCY HOSPITAL held commencement exercises April 30; six nurses graduated.

Pennsylvania: Philadelphia. — THE ALUMNAE ASSOCIATION OF THE MOUNT SINAI HOSPITAL TRAINING SCHOOL held a regular meeting on March 29, at the home of Mrs. Marcus Berman (Jeanette Cooper). From the Theater Benefit given in February, quite a nice sum was realized, the proceeds to go towards the Endowment Fund. After the routine business was disposed of, Mrs. Berman served a delicious luncheon. **Greensburg.**—Mrs. M. D. Burke, Superintendent of the Westmoreland Hospital has resigned, to become superintendent of the Glens Falls Hospital, Glens Falls, N. Y., on May 15. Her departure is much regretted. During her administration, a nurses' home has been erected, and an annex to the hospital is under contemplation. **Harrisburg.**—Edith Abary has recently been appointed to take charge of the department of anaesthesia at the HARRISBURG HOSPITAL. Miss Abary took a course in anaesthesia at Grace Hospital, Detroit. **Phoenixville.**—THE PHOENIXVILLE HOSPITAL held its commencement exercises April 6; six nurses graduated. **Pittsburgh.**—THE MONTEFIORE HOSPITAL NURSES' ALUMNAE ASSOCIATION gave a very successful benefit dance at

the Hotel Schenley on February 6. The proceeds will be used for charitable and worthy causes such as establishing a fund for sick nurses, the Hospital building fund, etc.

Rhode Island: Newport.—The Alumnae Association of the Newport Hospital School for Nurses held a regular meeting on April 3. Mary K. Nelson spoke to alumnae members, nurses from the Naval Hospital, and Senior student nurses on Phases of the Red Cross Nursing Service. A social hour followed.

South Dakota: The South Dakota State Nurses' Examining Board will hold an examination for registration of nurses at Pierre, Capitol Building, on June 6 and 7, 1923. Applications must be filed with the Secretary, Mrs. Elizabeth Dryborough, Rapid City, at least two weeks in advance of the examination. The South Dakota State Association of Graduate Nurses will hold its annual meeting on June 11, 12 and 13, at Madison. Marie T. Phelan, Field Nurse for the United States Children's Bureau, will conduct an institute on Maternity and Infant Nursing during the three days following the meeting of the State Nurses' Association. The course will be preceded by a discussion of the local state plans. **Rapid City.**—Registered Nurses' Association, District No. 1, will hold its annual meeting on May 7, in the Public Library Club Room.

Tennessee: Memphis.—The Private Duty Section of the District held a meeting on March 1, and elected officers: Chairman, Lulu C. Robley; vice-chairman, Margaret McFerrin; secretary, Madge M. Irby; treasurer, Annie M. Colquitt; directors, Birdie W. Driggers, Jennie Lee Blumingberg; registrar, Nellie C. Smith; assistant registrar, Kate M. Scanlon.

Texas: The Texas State Nurses' Association will hold its annual meeting at Waco, May 15-17. The State League of Nursing Education and the Public Health Nurses' Organization will meet at the same time. The amended bill for State Registration passed both houses of the legislature and was signed by Governor Neff on April 4. The text follows.

An Act to define and regulate the practice of professional nursing; to create a board of nurse examiners for the examination of licensing of nurses, and to prescribe their qualifications; to provide for their proper registration and for the revocation of certificates and to fix suitable penalty for the violation of this Act, to repeal all laws and parts of laws in conflict herewith, and declaring an emergency.

Be it enacted by the Legislature of the State of Texas:

Section 1. That a board to be known as the Board of Nurse Examiners for the State of Texas is hereby established. Said board shall be composed of five registered graduate nurses, of at least twenty-five years of age, of good moral character and graduate from a school of nursing connected with a general hospital or sanitarium of good standing, presided over by a graduate registered nurse, where a two or more years training with a systematic course of instruction is given. All members of said board must be nurses who have had at least three years' experience in educational work among nurses. Said board shall be appointed by the Governor within sixty days after this bill goes into effect, and the term of office shall be two for three years, and three for two years, or until their successors shall be appointed and qualified. Vacancies occuring in the board shall be filled in the same manner as the original appointments were made.

Sec. 2. That the members of the said Board shall, as soon as organized, elect from their number a president and secretary, who shall also act as treasurer. Three members of this Board shall constitute a quorum. Special meetings of said board shall be called by the president and secretary upon the written request of any two members. The board shall have authority to make such by-laws and rules as may be necessary to govern its proceedings and to carry into effect the purpose of this Act. The secretary shall be required to keep a record of all the meetings of said board, including a register of all the names of all nurses registered under this Act, which shall at all times be open for public inspection; and said board shall assist the proper legal authorities in the prosecution of all persons violating any of the provisions of this Act, and to this end shall furnish to the district and county attorneys of the various counties such information as it may have in

its possession; that the president and secretary shall make a biennial report to the Governor on or before the first day of January, immediately preceding the convening of the Legislature together with a statement of the receipts and disbursements of said board.

Sec. 3. The Board of Nurse Examiners shall appoint an educational secretary, who shall be at least thirty years old, and shall have had at least five years' experience in educational work among nurses; the salary of which educational secretary shall be fixed and paid by the Board of Nurse Examiners out of such money as may come into its hands as hereafter provided. The duties of said educational secretary shall be to visit all schools of nursing in the State at least once a year to confer with superintendents of hospitals and superintendents of nursing schools as to the system of instruction given and as to accommodations and rules governing said school in reference to its students. The Board of Nurse Examiners shall prescribe such methods and rules of visiting, and such method of reporting by the said educational secretary as may in its sound judgment be deemed best and proper.

Sec. 4. The secretary-treasurer of the Board of Nurse Examiners shall, within thirty days of her election by the Board execute a bond in the penal sum of $1,000.00, payable to the Governor of the State of Texas and to his successor or successors in office, conditioned that she shall faithfully perform the duties of her office, and account for all funds coming into her hands as secretary-treasurer; said bond to be signed by two or more good and sufficient sureties or by a surety company authorized to do business in this State, to be approved by the president of said Board. The salary of the secretary shall be fixed by the Board and shall be exclusive of such traveling and other expenses as may be incurred with the approval of the board in the discharge of the official duties of said secretary. The salary of the secretary shall be paid by the board out of the receipts of said board as hereinafter provided.

Sec. 5. The said Board of Nurse Examiners and the educational secretary shall make and subscribe to the oath of office required of other executive officers of the State, which oath may be sworn to and signed before a notary public or other officer authorized by law to administer oaths; and when so sworn to, shall, within thirty days after appointment, be filed with the secretary of the State of Texas.

Sec. 6. The members of said board shall receive such per diem as may be fixed by the board not to exceed ten dollars per day for each day they are actually engaged in the work of the Board, and, the Board may defray all necessary traveling and other expenses incurred by its members in attending meetings. The board shall pay such per diem and expense as is provided for in this section out of the money received by it under the provision of this Act.

Sec. 7. Applicants for registration under the provisions of this Act must have had two years continuous training under a registered nurse in a school of nursing from which she graduates. Said school of nursing must be an accredited school approved by the Board of Nurse Examiners whose course shall cover two or more years. Said school of nursing, if located in Texas, must be presided over by a nurse registered in Texas. Applicants who have had two years' training in a nursing school connected with a special hospital, may be accepted for registration, provided, he or she shall have had additional training in an accredited school of nursing connected with a general hospital of at least one year.

Sec. 8. Upon filing application for examination, each applicant shall pay an examination fee of fifteen dollars, which shall in no case be returned to an accepted applicant, whether the examination be successfully passed or not; but in case the applicant passes the examination then no further fee shall be required for registration. Any applicant for registration who shall fail to pass the examination herein provided for shall have the right after six months and within a year to stand a second examination on those subjects wherein he or she has failed to make a grade of 70%, without payment of any additional fee. However, if more than three examinations are necessary, an additional fee of two dollars will be charged for each. The examination shall be of such character as to determine the fitness of the applicant to practice professional nursing as contemplated by this Act, provided said board shall prepare questions for

examination and shall examine applicants on all subjects which said board shall deem necessary. A grade of not less than seventy on any one subject shall be required to pass the examination. If the result of the examination shall be satisfactory to the board a certificate shall be issued by said board signed by the president and secretary and attested by the seal thereof. Upon the receipt of said certificate, the person named therein shall be duly qualified and authorized to practice professional nursing in this state.

Sec. 9. All nurses who are engaged in professional nursing at the time of the passage of this Act and who shall have qualified under any previous law of this State and shall have received a certificate from the board under any such previous law regulating professional nursing shall not be required to stand any further examination under this law, but shall register with the county clerk in the county where she then resides.

Sec. 10. Any applicant of good character, who holds a registration certificate from another state or territory, whose requirements are equal to those of Texas and whose individual qualifications shall be equivalent to those required in this Act, may in the sound judgment of the board, be granted a license to practice nursing in this State, provided a fee of fifteen dollars is paid to the board.

Sec. 11. A nurse who has received his or her license or permit according to the provisions of this Act shall be styled a "registered nurse." No other person shall assume such title or use the abbreviation "R.N." or any others to indicate that he or she is a graduate, certified nurse.

Sec. 12. All other graduated nurses from accredited schools of nursing who are actually engaged in the pursuit of their profession can practice under a permit issued by the Board of Nurse Examiners for a fee of two dollars shall be paid. Such permit shall be issued only until such time as applicants can qualify for registration.

Sec. 13. Upon receiving a certificate of registration the person to whom it is issued shall within thirty days thereafter have same registered with the county clerk in the county where such person resides, in a book kept for that purpose, together with a certificate of his or her identity, as the person to whom same was issued, and his or her place of residence at the time of examination and registration. Any person practicing professional nursing as contemplated in this Act shall be prepared whenever requested to show his or her certificate of registration from the Board of Nurse Examiners, and from the county clerk of the county in which he or she registered. The county clerk shall be entitled to a fee of fifty cents for each certificate registered and shall furnish annually on the first day of January of each year to the State Board of Examiners, upon blanks supplied by said board, a duplicate list of all certificates registered by said clerk during the year; and shall include therein the date when said certificate was registered and the name and residence of the person registering the same, for which he shall receive from said board a fee of two and one-half dollars.

Sec. 14. The State Board of Nurse Examiners may make complaint in a court of competent jurisdiction by a unanimous vote of said board for gross incompetence, malpractice, dishonesty, intemperance, or any act derogatory to the morals and standing of the profession of nursing, which may be determined by the board, provided, however, before any certificate shall be revoked, the holder thereof shall be entitled to at least thirty days notice in writing of the charge against him or her, as the case may be, and of the time and place of hearing on such charges, at which time and place he or she shall be entitled to be heard, and shall have the right to introduce evidence in their own behalf; to examine and cross-examine all witnesses, and in the event the court shall, upon such hearing, decree a revocation of the certificate of such nurse, he or she shall have the right to appeal.

And provided further, that such certificate shall upon such appeal, remain in full force and effect until such appeal shall be disposed of by such district court, whose decision in such questions shall be final.

Upon the revocation of any certificate by such board, if no appeal is taken therefrom, or upon the revocation of such certificate by such court, it shall be the duty of the Secretary of such board to strike the name of the holder of such certificate from the roll of registered nurses kept by such board.

Sec. 15. On or before the first day of March of each year the secretary of the Board of Examiners shall mail to each nurse registered in the State of Texas a blank application for re-registration, addressing the same to the postoffice address as shown by the records of said board. Upon receipt of such application blank, which shall contain space for such information as the board shall deem necessary, he or she shall sign and swear to the accuracy of the same before a notary public or other officer authorized to administer oaths, after which he or she shall forward such sworn statements and application for renewal of his or her registration certificate to the secretary of the board, together with a fee of fifty cents. Upon recept of such application and fee and having verified the accuracy of the same by comparison with the applicant's initial registration statements, the secretary of the board shall issue a certificate of registration which shall render the holder thereof a legally qualified registered nurse for the ensuing year. These certificates of re-registration shall bear the date of April of the year of issue, and shall expire on the last day of March in the year following. On the first day of July of each year or within thirty days thereafter, the secretary of the board shall publish and mail to each nurse registered in the State of Texas a printed list of the legally registered nurses in the State. Should any registered nurse continue to practice nursing and caring for the sick beyond the time for which he or she is registered and despite the facts that his or her name does not appear in the register, he or she shall be deemed to be an illegal practitioner and his or her license may be suspended or revoked by the board. All nurses already registered in this State, at the time of the passage of this Act, shall make application to the secretary of the board for a re-registration blank, upon receipt of which he or she shall, in the manner hereinbefore prescribed, make application for re-registration, forwarding to the secretary of the board the re-registration blank properly filled in, and accompanied by a fee of fifty cents. Said application and fee must reach the secretary on or before the first day of July following the adoption of this Act; failing which the delinquent may be dealt with as outlined in Section 14 hereof regarding the suspension or revocation of license.

Sec. 16. All fees received by the State Board of Nurse Examiners under this Act shall be paid to the treasurer of the board who shall pay the same out only on vouchers issued and signed by the president and secretary of said board. All money so received and placed in said fund may be used by said board in defraying its expenses in carrying out the provisions of this Act.

Sec. 17. This Act shall not be construed to affect or apply to the gratuitous nursing of the sick by friends or mothers or other members of the family, or any person nursing the sick for hire who does not in any way assume or profess to practice as a graduate, certified, registered nurse.

Sec. 18. It shall be unlawful hereafter for any person to practice nursing as or claiming to be a graduate, certified registered nurse without a license or permit, from the State Board of Nurse Examiners, which license or permit shall have been registered with the county clerk of the county in which he or she resides within a period of thirty days.

Sec. 19. Any person violating the provisions of this Act or who shall make any false representations to said board in applying for a license shall be guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine of not less than twenty-five ($25.00) dollars nor more than two hundred and fifty ($250.00) dollars.

Sec. 20. All laws and parts of laws in conflict herewith are hereby repealed.

Sec. 21. The fact that there is no adequate law defining and regulating the practice of professional nursing and providing for a properly qualified board of examiners for the examination and licensing of professional nurses, and prescribing their qualifications, create an emergency and an imperative public necessity exists that the constitutional rule requiring bills to be read on three several days, be suspended, and that this Act take effect and be in force from and after its passage, and it is so enacted. **Fort Worth.**—Mollie Hines, vice president of the State Association, who was seriously injured early in January when she was hit by an automobile, is now able to be about on crutches. **Galveston.**—Marie Kylberg and Mattie Peters

(College of Nursing, University of Texas) are taking a postgraduate course at the Herman Kiefer Hospital, Detroit. **Carlsbad.**—Mrs. Grace Engblad (College of Nursing, University of Texas), formerly superintendent of nurses State Tuberculosis Sanitarium, has accepted a position in Pueblo, Colorado, to do follow-up nursing for the Veterans' Bureau.

Vermont: THE VERMONT STATE NURSES' ASSOCIATION will hold its annual meeting on May 25 at Burlington. This meeting will follow those of the New England Division.

Virginia: THE VIGRINIA STATE NURSES' ASSFCIATION will hold its annual meeting in the Jefferson Hotel, Richmond, May 23-25. **Richmond.**—GRACE HOSPITAL holds commencement exercises May 3; eight nurses graduate. THE JOHNSTON WILLIS SANATORIUM held commencement exercises in April; twelve nurses graduated. ST. LUKE'S HOSPITAL holds commencement exercises May 2; fourteen nurses graduate. **Roanoke.**—THE LEWIS-GALE HOSPITAL will hold commencement exercises May 3; seven nurses graduate. **Hampton.**—THE HAMPTON TRAINING SCHOOL FOR NURSES held commencement exercises in April; eight nurses graduated.

Washington: Tacoma.—Anna T. Phillips, who has long been a resident of this city and who has been active in nursing affairs has gone to West Grove, Pennsylvania, to live.

Wisconsin: Janesville.—SECOND DISTRICT—The second meeting of the District was held at Mercy Hospital, March 3, and was well attended, nurses being present from Monroe, Jefferson, Egerton, Beloit and Madison. Adda Eldredge gave a very interesting address on the American Nurses' Association and the Nurses' Relief Fund. Leona Ludwig spoke of her work in Social Service. The next meeting will be held in Elkhorn, May 5. **Milwaukee.**—The February number of the *Crusader,* of the Wisconsin Anti-Tuberculosis Association is dedicated to the memory of Theta C. Mead and Edna Witen with the hope that the readers will see in this token of respect some slight recognition of the debt Wisconsin owes them. Besides dwelling on the lives of these unusual women, a complete history is given of the Public Health work of the state. The number is appropriately illustrated with photographs of public health nurses and classes. FOURTH AND FIFTH DISTRICTS—The regular meeting was held at the new home of the Wisconsin Nurses' Club, March 3. Dr. C. H. Beale, pastor of the Grand Avenue Congregational Church, spoke on the Value of Religion in the Life of the Nurse. At the close of the address, at the request of the President, Dalphine Hines, Dr. Beale offered prayer asking for a blessing upon the association and the new nurses' club. During the business meeting a letter was read from the Committee of the Jane Delano Memorial Fund asking for contributions. The hat was passed and nearly $40 was collected and more promised. Cornelia van Kooy told the members of the four bills being introduced in the present legislature to repeal the county nurses' law, and asked the members to send in their protests. Refreshments were in charge of the Milwaukee County Nurses' Alumnae. The Private Duty Section of the District held its regular meeting April 3, at the Wisconsin Nurses' Club. Forty-five members were present. Alma Schlesinger spoke on The Theater Guild of New York. The officers of the section are putting forth an extra effort this spring to make the meetings interesting with a view to increasing the membership. Refreshments were served. The Wisconsin Nurses' Club gave a house warming on the night of the regular meeting, March 23. Cards and dancing were enjoyed and a tour of inspection of the new home at 267 Prospect Avenue. THE MILWAUKEE COUNTY HOSPITAL ALUMNAE held its regular meeting in the nurses' home, March 20. Helen W. Kelly spoke on Organization. The graduating class were the guests of the evening. THE COLUMBIA HOSPITAL ALUMNAE held a meeting on March 2. Amelia Ford, Professor of History of the Milwaukee Downer College, gave a talk on the recent discoveries in Egypt. Refreshments and a social time were enjoyed. NINTH DISTRICT—The March meeting was held at the Outagamie Sanatorium. After the business meeting a song recital was given by Mrs. Robert McCoy. The district feels the loss by death of Mrs. John Dalton (Catherine Dorn), a bride of four months. Mrs. J. T. O'Connell (Elizabeth Walsh) will continue her work as community nurse of Kaukauna. THE FOURTH STATE CONFERENCE ON CHILD WELFARE AND PUBLIC HEALTH NURSING, an Institute on Maternal and Infant Hygiene, was

held March 19-23, at the State Capitol, Madison. Marie T. Phelan of the Children's Bureau assisted in the conference.

Wyoming: THE WYOMING STATE NURSES' ASSOCIATION will hold its annual meeting in Cheyenne, June 21 and 22.

BIRTHS

Birth, Marriage, and Death notices should be very plainly written, and dates should be given. Death notices of any date are published. Birth and Marriage notices are not published if more than four months past.

To Mrs. Albin Heidver **(Elsie Aageson,** class of 1914, Augustana Hospital, Chicago), a son, in January.

To Mrs. John Ligget **(Ethel Anderson,** class of 1915, Methodist Hospital, Des Moines, Iowa), a son, Donald Ross, February 18.

To Mrs. Charles Cottrell **(Joyce Babcock,** class of 1920, Bismarck Hospital, Bismarck, N. D.), a daughter, Phyllis Joyce, March 3.

To Mrs. Theodore Johnson **(Ella Birkeland,** class of 1912, Norwegian-American Hospital, Chicago), a daughter, in January.

To Mrs. Edgar Crouthamel **(Gertrude Burmeister,** class of 1909, Lankenau Hospital, Philadelphia), a daughter, Gertrude Mary, March 14.

To Mrs. Kyle B. Steele **(Marjorie Coates,** class of 1914, St. Luke's Hospital, New York), a son, Kyle Whitney, February 12.

To Mrs. Richard M. Sulzer **(Caroline Coddington,** class of 1916, New York Hospital), a daughter, March 1.

To Mrs. Claude Walls **(Jane Craig,** class of 1918, Altoona Hospital, Altoona, Pa.), a son, John Craig, March 26.

To Mrs. A. J. Damhorst **(Helen Cromwell,** class of 1921, Washington University Training School, St. Louis), a son, March 9.

To Mrs. Harry Taylor **(Christine Deaver,** class of 1921, All Saints' Hospital, Fort Worth, Texas), a son, January 29.

To Mrs. Gilchrist **(Anna Eggert,** class of 1911, Milwaukee County Hospital, Wauwatosa, Wis.), a daughter, in February.

To **Mrs. Anna Pieman Evans** (class of 1916, Lutheran Hospital, St. Louis), a son, March 30.

To Mrs. Mustell **(Aileen M. Gates,** Mercy Hospital, Chicago), a daughter, April 1.

To Mrs. W. W. Arrasmith **(Rhea Hallman,** class of 1921, Wesley Memorial Hospital, Chicago), a daughter, Ann, January 11.

To Mrs. Benjamin F. Hodges **(Daisy Hillman,** Massachusetts Homeopathic Hospital, Boston), a son, Benjamin F., Jr., March 5.

To Mrs. Peter J. Paulison **(Hazel Hudson,** class of 1921, Passaic General Hospital, Passaic, N. J.), a son, Peter Jared, Jr., February 10.

To Mrs. Carlton E. Wertz **(Ethel Hurlburt,** class of 1912, Buffalo Deaconess Hospital, Buffalo, N. Y.), a son, Carlton E., Jr., March 7.

To Mrs. Bert Seward Beldon **(Fanita Hutchenson,** class of 1912, Indianapolis City Hospital), a son, Bert Seward, Jr., March 16.

To Mrs. George Straith **(Maud Jones,** class of 1913, St. Luke's Hospital, New York), a son, Donald, March 2.

To Mrs. Vincent Byerlein **(Blanche Kirsch,** St. Mary's Hospital, Saginaw, Mich.), a son, Vincent Patrick, on March 15.

To Mrs. Alfred Hendrickson **(Alma Kittlestevdt,** class of 1919, Bismarck Hospital, Bismarck, N. D.), a daughter, January 22.

To Mrs. Peter Doland **(Mary Lawrence,** class of 1918, Passaic General Hospital, Passaic, N. J.), a son, Peter Henry, February 7.

To Mrs. William Scanlon **(Clara Leedy,** Mercy Hospital, Chicago), a son, March 5.

To Mrs. V. O. Hedens **(Lucile Lucas,** class of 1917, New York Hospital), a daughter, February 13.

To Mrs. Richard Olive **(Mary McDonald,** class of 1916, St. Lawrence State Hospital, Ogdensburg, N. Y.), a daughter, Mary Rita, in March.

To Mrs. Horace Doty **(Mae Marceau,** class of 1916, St. Mary's, Rochester, Minn.), a daughter, Harriet Elizabeth, in January.

To Mrs. F. L. Madden **(Hazel W. Miller,** class of 1916, St. Luke's Hospital, Chicago), a daughter, Nancy Ruth, February 18.

To Mrs. Gerald Griffith **(E. Millette,** class of 1917, New York Hospital), a daughter, March 1.

To Mrs. Paul Barnes **(Sivena C. Moore,** class of 1919, Chestnut Hill Hospital, Chestnut Hill, Pa.), a daughter, Jane, January 16.

To Mrs. A. G. Anderson **(Lillian Peterson,** class of 1913, Swedish Hospital, Minneapolis), a daughter, January 29.

To Mrs. E. P. Wright **(Kari Sannerud,** class of 1917, Norwegian-American Hospital, Chicago), a daughter, February 3.

To Mrs. John Van Der Slice **(Ella Schaffer,** class of 1910, Milwaukee County Hospital), a son, in February.

To Mrs. Jos. M. Rothschild **(Cornelia Sipple,** class of 1919, Halstead Hospital, Halstead, Kas.), a daughter, January 3.

To Mrs. Frank J. Potter **(Nellie Taylor,** class of 1921, New York Hospital), a daughter, January 30.

To Mrs. John Bodine **(Elsther Uldine,** class of 1909, Augustana Hospital, Chicago), a son, in January.

To Mrs. E. E. Ecker **(Marie Van Peeth,** Mercy Hospital, Chicago), a son, January 21.

To Mrs. R. E. Stahrr **(Florence Ward,** class of. 1913, Buffalo Deaconess Hospital, Buffalo, N. Y.), a son, David Miller, March 12.

To Mrs. Elmer Gramling **(Lila White,** class of 1920, Milwaukee County Hospital, Wauwatosa, Wis.), a daughter, February 11.

To Mrs. Wilber Scott **(Vera Wright,** class of 1909, University Hospital, Baltimore, Md.), a son, in January.

MARRIAGES

Edna Beal (class of 1917, New York Hospital, New York), to George Tyler, January 8. At home, Buffalo, N. Y.

Bertha C. Beek (class of 1910, St. Joseph's Hospital, Philadelphia), to John B. Erdrich, March 23. Miss Beek was Superintendent of Nurses at St. Joseph's Hospital for ten years. At home, Frankford, Pa.

Ruby Brown (class of 1919, Johnson & Beal's Hospital, Fort Worth, Texas), to George Eagle, February 1. At home, Fort Worth.

Fletcher Copeland (class of 1918, Oglethorpe Sanatorium, Savannah, Ga.), to C. F. McNeil, March 3. At home, Asheville, N. C.

Myrl Crockett (class of 1913, Toledo Hospital, Toledo, O.), to Walker Wheat, January 10. At home, Greenwood, Mo.

Estella Mae Daugherty (class of 1922, Indianapolis City Hospital), to Charles H. Rivers, March 1. At home, Indianapolis.

Mae Duff (class of 1918, St. Mary's Hospital, Rochester, Minn.), to Frank Keeley, January 18. At home, Rochester, Minn.

Esther Edman (class of 1921, Charleston Hospital, Charleston, Ill.), to Walter M. Richards, March 1. At home, Charleston.

Hannah Fuller (class of 1904, Christ Hospital, Cincinnati, Ohio), to Raymond Hughes Hurbert, March 9. At home, Indianapolis.

Emma F. Guenther (class of 1912, Lutheran Hospital, Fort Wayne, Ind.), to Oscar F. Lankenau, January 31. At home, Decatur, Ill.

Nellie R. Hamill (class of 1907, Methodist Episcopal Hospital, Brooklyn, N. Y.), to Marshall A. Dyer, M.D., in February. At home, Syracuse, N. Y. Miss Hamill was for some years Superintendent of the Hospital of the Good Shepherd, Syracuse.

Gretta Latta (class of 1919, Methodist Hospital, Des Moines, Iowa), to William Hunter, February 14. At home, Des Moines.

Jean McGillivray (class of 1909, Evanston Hospital, Evanston, Ill.), to David Robertson, April 5. At home, West Toronto, Canada.

Elsie Makowski (class of 1922, Lutheran Hospital, St. Louis), to August Miller, March 31. At home, St. Louis, Mo.

Freada Meyer (class of 1916, Lenox Hill Hospital, New York), to Clifford Vance Tinkham, March 15.

Tiffany Minnis (class of 1917, University Hospital, Baltimore, Md.), to Eben McLane, January 11. At home, Pittsburgh, Pa.

Mabel Nelson (class of 1920, Bethesda Hospital, St. Paul), to James Rother, March 21. At home, Butte, Montana.

Bertha O'Connor (Mercy Hospital, Chicago), to Robert O'Donnell, March 25. At home, Chicago.

Jennie Olson (class of 1918, Mounds Park Hospital, St. Paul), to Emil Henry Schneider, at Niagara, February 14.

Paula Ormseth (class of 1921, Swedish Hospital, Minneapolis), to Harold E. Harbo, M.D., February 14. At home, Minneapolis.

Sylvia Patten (class of 1922, New York Hospital), to Kenneth Dayton, February 13.

Janet May Rogers (class of 1917, New York Hospital, New York), to Frederick Gourlie Cole, Jr., January 20.

Anne Hutton Ryder (class of 1918, Newport Hospital, Newport, R. I.), to Henry Fletcher, March 28. At home, Newport.

Leta K. Sherman (class of 1922, Methodist Deaconess Hospital, Sidney, Montana), to Peter Hanson, January 12. At home, Sidney.

Alice E. Stephen (class of 1915, Sonyea Training School, Sonyea, N. Y.), to James Greig, April 2. At home, Buffalo, N. Y.

Tassie Muriel Stevens (class of 1914, New York Hospital, New York), to Frederick Basnet Thomason, February 5. At home, Brooklyn, N. Y.

Helen Amanda Tallcott (class of 1918, New York Hospital, New York), to W. Vaughan Lewis, February 24. At home, Hastings-on-Hudson, N. Y.

Margaret Trevitt (class of 1918, Albany Hospital, Albany, N. Y.), to Donald Lenz, April 9. At home, New York.

Elizabeth Walsh to J. T. O'Connell, February 5. At home, Kaukauna, Wis.

DEATHS

Lucy Bousman (University Hospital, Iowa City), recently.

Mary A. Brandl (class of 1911, Connecticut Training School, New Haven, Conn.), suddenly, April 8, at her home in Meridan, Conn. Miss Brandl was engaged in public health work at the time of her death.

Mabel Brigrann (graduate of St. Thomas Hospital, Nashville, Tenn.), on March 10. Burial was at Woodburn, Ky.

Adeline A. Brow (class of 1906, Newport Hospital, Newport, R. I.), on March 16, at the Newport Hospital, after months of intense suffering, leaving a void which time alone can fill. Miss Brown was a loved and valued member of the Alumnae.

Florence Buser (class of 1921, Lutheran Hospital, St. Louis), February 19, after a lingering illness.

Jennie Margaret Butters (Buffalo General Hospital, Buffalo, N. Y.), at her home in Hamilton, Ontario, in February. Miss Butters was formerly Assistant Superintendent of Prospect Hospital, Brooklyn.

Mrs. Freda Shaw Cameron (class of 1921, Toledo Hospital, Toledo, Ohio), in January, after a few weeks' illness. Mrs. Cameron did private duty nursing. Her loss will be an irreparable one.

Edith Esther Cherry (class of 1918, Garfield Memorial Hospital, Washington, D. C.), on February 16, in Tucson, Arizona.

Mary Agnes Cochran (St. Vincent's Hospital, Indianapolis), in San Francisco, California, on March 20. Miss Cochran was buried with military honors.

Betty Cooper (class of 1923, Washington University Training School St. Louis), February 20, of influenza and pneumonia.

Elizabeth Costello (a student nurse at St. Anne's Hospital, Chicago), April 1, of pneumonia.

Floride L. Croft (City Hospital, Blackwell's Island, New York), on March 20, at Fort Leavenworth, Kansas. Miss Croft was well known in New York and Brooklyn. At one time she was registrar of the Nurses' Central Directory in New York. She had been suffering greatly for the past few years.

Agnes Clark Dart (class of 1898, Bishop Memorial Training School, Pittsfield, Mass.), in Winnipeg, February 13. Miss Dart was a nurse of exceptional ability. She practiced her profession for twenty-five years with technical skill, gentleness and devotion. She will be greatly missed by her patients and by her wide circle of friends.

Mrs. John E. Dalton **(Catherine Dorn,** class of 1912, Milwaukee County Hospital, Wauwatosa, Wis.), March 7, of erysipelas, at St. Vincent's Hospital, Green Bay. Mrs. Dalton's marriage was reported in the February *Journal*.

May E. Dyson (class of 1883, Rochester General Hospital, Rochester, N. Y.), on April 2, at the Hospital. Miss Dyson was the first graduate of her school. She had been actively engaged in private duty nursing for forty years, with the exception of a period of five months, during a former illness. Miss Dyson was attending a meeting of the District Association when taken ill.

Anna Belle Fisher (class of 1921, University of Michigan Hospital, Ann Arbor), on February 13, after a short illness with pneumonia. Miss Fisher faithfully performed her duties as a private duty nurse.

Isabella Gahan (class of 1894, St. Lawrence State Hospital, Ogdensburg, N. Y.), of pneumonia, at the Manhattan State Hospital, New York City, March 25.

Mrs. Bertha T. Glasgow (class of 1892, St. Joseph's Hospital, London, Ontario), on January 13, in Tucson, Arizona.

Mrs. Emil Steinfeldt **(Mary Harney**, class of 1907, St. Joseph's Hospital, Chicago), on January 26, at Maywood, Ill.

Julia Johnson (class of 1922, Methodist Hospital, Des Moines, Iowa), on February 24, of scarlet fever, after an illness of three days.

Miss Johnson had done private duty nursing, except for a short time spent at Bellevue Hospital. She was beloved by all who knew her and is mourned by many friends.

Mrs. Glen Spurgeon **(Stella Jones,** class of 1907, Seattle General Hospital, Seattle, Wash.), at the hospital, February 11, after an illness of two weeks. Mrs. Spurgeon had been a school nurse for some time.

Laura C. Linnell (class of 1920, Bethesda Hospital, St. Paul), on March 19, at Red Lodge, Montana. Miss Linnell was caught in a terrific gale and was hurled against a brick building, causing a fracture of the skull from which she died in ten minutes without regaining consciousness. Since graduation, Miss Linnell had done private nursing in St. Paul, Minn., and Billings, Mont., until March 5, when she went to Red Lodge. She was on night duty and was on her way to the hospital when the accident occurred. Funeral services were held in Billings and in St. Paul. Burial was at Center City, Minn. Miss Linnell was buried in her uniform; six members of her alumnae association, in uniform, acted as pall bearers.

Alice Lloyd (class of 1913, St. Luke's Hospital, Jacksonville, Fla.), on February 7, of pneumonia, in Tampa, Fla. Miss Lloyd leaves a host of friends and a record of conscientious and untiring service.

Inez C. Lord (class of 1895, Boston City Hospital), on March 26, at Tyngsboro, Mass. In the death of Miss Lord the nursing profession lost one of its staunchest adherents as well as one of its most representative women. For nearly thirty years she gave of her time and energy to the physically ill in the hospital. Born in Limington, Maine, in an environment of culture and refinement, she began life with more than ordinary prospects for usefulness, while other educational opportunities well fitted her for her later work. She began her training at the Boston City Hospital in 1894, becoming a member of a class and a coterie noted in that great institution for their accomplishments in their chosen work. Upon graduation she consented to remain in charge of one department or another for several years or until she became assistant superintendent of the Lowell General Hospital where she served with unusual acceptance for ten years, going finally to take up the work of superintendent of nurses in the school connected with the Rhode Island Hospital at Providence. After twelve years of devotion to the uplift and extension of the school she closed her labors with the beginning of her illness, last November. As a nurse she had a clear vision of possibilities for her profession, but she was never visionary; as an instructor she had few equals among nurses; as a woman she was modest and retiring; as a Christian she was devout and practical; as a friend she was reliable and caused no pang of disappointment. Her passing has left a void which can not be filled by another. While her associates bow in grief at their loss, they rejoice in memories of their good friend by whose side they worked and from whose lips there fell strengthening words of wisdom and encouragement.

Mrs. Frank Marquette **(Anna McMahon,** class of 1917, Albany Hospital Training School, Albany, N.Y.), on April 4, at Watervliet, N.Y.

Caroline Hall Metcalf (class of 1892, Homeopathic Hospital, Pittsburgh), on February 20, in the Hospital, of pneumonia. Following her graduation Mrs. Metcalf spent one year in the office of Dr. O'Brien at Homewood, Pa., after which she returned to private nursing for a time, eventually accepting a position as Superintendent of the Zanesville City Hospital, Zanesville, Ohio, which position she held for seven years and where she organized a training school for nurses and graduated the first class. At the end of seven years she resumed private nursing and at the start of the World War was granted special permission to go overseas. While waiting for her commission, the influenza epidemic broke out and she volunteered her services. After several weeks of work in the emergency hospitals which were established for ship builders and coal miners, she was herself stricken, only recovering after a long and very serious illness. She later held a position as Community Nurse under the Red Cross at Albion, N. Y., for one year, following which she was engaged as Health Teacher in the public schools in the same place. At the end of her service in the public schools, Mrs. Metcalf resumed private nursing and continued this work until the time of her death, which was hastened by overwork.

Bertha Estella Norman (class of 1917, Woman's Hospital Training School for Nurses, Saginaw), of tuberculosis, April 4, at the home of her sister in Bay City. Miss Norman was a private duty nurse in Saginaw from her graduation until September 21, 1918, when she entered the U. S. Naval Reserve Force. She was first assigned to Great Lakes Training Station, then transferred to Washington, D. C., and later was sent to Annapolis. She contracted influenza during the epidemic of 1918 but returned to duty as soon as she recuperated. Upon her discharge from service she accepted a position as supervisor on the surgical floor of the hospital, from which she graduated, which duties she performed for only a few months because of ill health. She developed lobar pneumonia in February, 1922, from which she never fully recovered, and entered East Lawn Sanatorium, Detroit, October 13, 1922, where she remained for a period of three months, when she was transferred to the home of her sister in Bay City. She was a member of Phillips-Elliot-Hodges Post of the American Legion and was buried with military honors. The passing of Miss Norman has caused a vacancy not easily filled. Her pleasing personality made friends wherever she went. During her entire illness she still maintained her cheery disposition and never lost hopes for recovery.

Edith Olson (class of 1917, Swedish Hospital, Seattle, Wash.), recently, at Mount Vernon, of pneumonia. Miss Olson has been doing nursing work in Mount Vernon since her graduation.

Mrs. E. G. Brennan **(Claire Pease,** class of 1910, Meriden Hospital, Meriden, Conn., and a graduate of the School of Public Health Nursing, New Haven), on March 8, at her home in Meriden, after a two days' illness with pneumonia. This is an irreparable loss to the nursing profession and to Mrs. Brennan's many friends.

Cornelia Pierce (class of 1893, Methodist Episcopal Hospital, Brooklyn), at the Hospital, on March 15.

Flora Plamondon (class of 1921, St. Vincent's Hospital, Portland, Ore.), recently.

Elda Robertson (class of 1905, West Side Hospital, Chicago), recently, after a four days' illness with pneumonia.

Mrs. Anna Keenan Rosque (class of 1920, St. Elizabeth's Hospital, Chicago), on February 24, at Marinette, Wis. Mrs. Rosque is the first of her alumnae to die. She will be missed by all who knew her.

Mrs. Stave **(Anna Strube,** class of 1917, New York Hospital, New York). Her classmates will long remember her bright smile and sunny disposition.

Sarah Swift (Ann Arbor), on March 20. Miss Swift had been engaged in public health work in Grand Rapids for more than fifteen years. She worked for the Grand Rapids Anti-Tuberculosis Society for four years, giving her entire time to the work. She did notable work in preventing tuberculosis among children and teaching health habits to those under her care. It is always said of her that "she was an example of the type of nurse who is a nurse at heart, giving up all personal desires and pleasures to serve sick humanity." Burial was at Grass Lake, Mich.

Mrs. Mabel Boot Thompson (class of 1907, Toledo Hospital, Toledo, Ohio), on February 11, after a short illness. Mrs. Thompson had done district and private duty nursing.

Mrs. William F. Robertson **(Alta V. Wallace,** class of 1897, Jewish Hospital, Philadelphia), on February 10, in California. Mrs. Robertson was one of the oldest graduates of her school and was always interested in Alumnae affairs. She had lived in Virginia until recently.

Mrs. Hartley **(L. M. Weston,** class of 1893, New York Hospital, New York), on February 10, at Ottawa, Can.

Marion Clark Wiggin (class of 1910, Massachusetts Homeopathic Hospital, Boston), on March 7, at Robinson Memorial Hospital. After her graduation Miss Wiggin did private duty nursing until her marriage in 1913.

Alta Wilson (class of 1921, St. Luke's Hospital, New York), suddenly, at Eagle Rock, California, on January 23. Miss Wilson was doing hospital work in Los Angeles.

Mrs. Charles Leonard **(Florence Yieter,** class of 1903, Connecticut Training School, New Haven), on February 28, in New York City, after a long illness. Mrs. Leonard's home was in Plainfield, N. J.

BOOK REVIEWS

NURSING AND NURSING EDUCATION IN THE UNITED STATES. Final report of a Committee of which C. E. A. Winslow, M.D., was Chairman and Josephine Goldmark, Secretary. The Macmillan Company, New York. Price, $2.

The reviewer who undertakes to examine and appraise the report made by Josephine Goldmark, Secretary of the Rockefeller Committee for the Study of Nursing and Nursing Education, is confronted with a serious task, for this survey, with the Committee report for which it supplies a foundation, is widely and properly regarded as the most notable and valuable contribution ever made to nursing education and nursing history.

The report presents the result of a three-year study in the course of which every phase and development of nursing work has been carefully considered and analyzed. The brief summary, with the conclusions of the Committee, which was published in advance of the whole report, scarcely prepared us for the extraordinarily comprehensive whole, which reveals the remarkable development and success of certain phases of nursing work, but which discloses a regretable lack of success or progress along other lines.

The arrangement of the context is remarkable; dry statistics and hard facts have been woven into a volume which is intensely interesting,—not only to those personally concerned with nursing and nursing education, but to the general public. One wonders how many experts in vocational guidance are familiar with the manifold attractive opportunities which nursing offers despite its drawbacks.

While it is not possible to agree with all the conclusions in the light of many facts now published for the first time, it is apparent that in framing its deductions the Committee has not been drastic, but has been lenient and merciful in its arraignment of indefensible conditions in "schools" that are schools in name only. Dr. Beard, in his recently published Review and Critique, remarks that here and there one gets a hint of compromise between the conflicting views of physicians and nurses rather than the exclusive consideration of the good of the public. With such a tremendous mass of material before it, the Committee could hardly escape the necessity of adopting a selective process of some sort; and without quarrelling with the Committee's conclusions, one may be permitted to say that Miss Goldmark's extended observations present many opportunities for further study and for inferences which the Committee omitted to make.

While the Committee frankly admits the existence, use, and need of a "subsidiary nursing group," it stresses the danger to the public of such a group if their training and practice are not properly controlled. So far as the adequate training of student nurses is concerned, the report declares that "there is no short cut to the end which we all have in view—the establishment of a sound educational policy which will attract desirable students. This in turn necessitates proper financial support through

taxes, voluntary contributions or philanthropic foundations." The report emphasizes the strategic value of the University school in its relation to the nursing movement in general and indicates the great importance of its fullest development.

The study of the Public Health Nursing situation is a revelation of twenty years' accomplishment and growth, from a beginning of fifty-eight organizations and one hundred and thirty nurses in 1901, to over four thousand such organizations with eleven thousand nurses employed in 1921. Statistics of every form of public activity are furnished. As an illustration, we are told that in New York City alone the proportions of corrected defects in school children increased from six per cent. to eighty-three per cent. with the advent of the home visiting school nurse. Descriptions of the work of the nurse in the school and home point to the utter futility of entrusting to students not properly prepared, such unlimited responsibility and opportunity. The safeguarding of motherhood and infancy, the reduction of infant mortality, and the value of public health nursing in the home are all fascinatingly presented and dealt with.

The nodal point in the discussion is the individual nurse, "her success or failure in making personal contacts—in health teaching and in coöperation with all social agencies—also the influence or effect of her education or lack of education as a deciding factor in such work." The problem centers in the School of Nursing, with its double character of educational institution and provider of nursing service for the hospital. The irrepressible conflict between the service of the sick and the claims of education, always puzzling until the underlying principles are grasped and applied, is brought into bold relief in the section devoted to the school of nursing. The Committee emphasizes the "fatal error on the part of both hospital and nursing schools of generally accepting as inherent and final the existing relationship between the two and for failing to give public expression to the inevitable consequences of continuing to do so."

In the paragraph just quoted the committee has placed its finger upon the vital point. The need for publicly proclaiming the defects in existing methods and convincing the nation of the necessity for sweeping change and improvement in the character of nursing education in hospitals, should be accepted as the first step toward constructive reform. Public opinion should be so moulded that new hospitals will be compelled to start with a better educational and nursing basis, while those already engaged in the work should have their eyes opened to the necessity of fundamental changes and improvements. To quote—"the failure of the nursing school is its failure to *teach*—the worst charge which can be brought against an educational institution. The cause of its failure is primarily the lack of money—without sufficient funds the wisest educational program must necessarily be frustrated."

An effort to fix the responsibility for the deficiencies which characterize schools of nursing today leads to the conclusion that it is the function of the Training School Board or Committee to correctly interpret the educational needs of the school not only to the Board but

to the community. A study of the composition of the average training school committee indicates the great need of change here, too, if such interpretation is to be intelligently and authoritatively made. The report does not, however, sufficiently emphasize the fact that in the case of the lesser schools which do not, and for many years to come cannot, exist independently of hospitals, this interpretation must be assigned to hospital boards since in such cases it is the hospital board that creates and maintains the so-called school of nursing.

The sections of the report which deal with the curriculum and teaching methods employed, especially in many of the poorer types of schools, are an arraignment of the injustice to students of permitting such conditions to exist without protest.

The report is full of constructive criticism and of valuable teaching suggestions. The critique of nursing work as practiced by students in the hospital frankly indicates the impossibility of definite improvement in a large proportion of hospitals with their understaffed wards and overworked pupil nurses. The failures of the student nurse are shown to be due many times to a lack of organization of nursing work on the ward, and a lack of time and opportunity for supervision and bedside instruction by teachers and supervisors.

An enlightening study of diet kitchen educational methods (too often lack of method) and of the failure to make use of the great educational opportunities offered through the out-patient department of the hospital, frequently due to the waste of students' time in routine duties and absence of planned instruction, affords much food for thought for those who are seriously interested in nursing education.

The physician instructor is discussed as to his desire or ability to correlate his instruction with ward teaching and as to his success or failure to teach in a broad way the important principles of disease prevention.

Conditions of work for student nurses are discussed in connection with the hospital need of a twenty-four hour nursing day and a seven day week service; the failure of hospitals and nursing schools to provide for one full day of rest in seven for their students and graduate nurses is not overlooked. How many hospitals would survive in public esteem if their actual treatment of pupil nurses in the matter of hours of duty were laid bare by the local press?

The ratio of patients to nurse, the living conditions of students, and the greatly increased cost of educating nurses are dealt with frankly and fairly.

One's reaction on laying down the report is that the condemnation of present conditions is fully justified and that no one connected with the situation has escaped criticism, although the criticism throughout is friendly and fair. The statistics and tables with which the volume abounds are so interesting and significant that it is hard to refrain from quoting them freely in reviewing the volume.

Miss Goldmark pays a generous tribute to nurses in her statement that "the greatest part of the progress made in nursing education has been made undeniably by the nurses themselves often without aid and without thanks—a progress made in the face of indifference, negligence and often of active opposition —a progress which has had to move

squarely against the vested interests of hospitals long in control of the destiny of nursing education."

We have in the report an invaluable record of nursing education in the year 1922. The report offers a safe and sound basis for the consideration and discussion of many of our most difficult nursing problems and for future development and procedure. It is a great thing to have all the facts in a single volume. Not only the nurses of the country but the public is deeply indebted to the Rockefeller Foundation for undertaking and carrying out a survey so extensive and so greatly needed. The development of nursing along safer and wiser lines is assured as a result of this splendid piece of work. Miss Goldmark has scored a triumph by her masterly handling of an exceedingly complex problem.

ELIZABETH A. GREENER

New York

VOCATIONAL EDUCATION. By David Snedden, Ph.D. The Macmillan Company, New York. Price, $2.

Not even his friends and students at Teachers College, Columbia University, always agree with Dr. Snedden, but it is a rare person who does not find him intensely stimulating. At our present stage of development in nursing education, when we are faced with the necessity of modifying our system somewhat to meet the new demands of a new age, it is exceedingly helpful to see just how other vocations have worked or are working out the same kind of problems. Indeed one is struck constantly with the similarity of their problems to ours.

Although Dr. Snedden draws most of his illustrations from industrial and commercial occupations, he brings out constantly the broad fundamental principles on which all forms of vocational training rest and the general tendencies which all are inclined to follow. He makes rather frequent reference to nursing and while noting our shortcomings, particularly our continued use of the almost obsolete apprenticeship system, he never fails to commend the practical side of our training and its close touch with the real problems of life. The whole book is a challenge to us to justify our present system of education or to change it. The earlier chapters, including the following titles, will be found, on the whole, most helpful: The Meaning of Vocational Education, The Social Need for Better Vocational Education, The Relation of General to Vocational Education, and Principles of Method in Vocational Education.

ISABEL M. STEWART, R.N., A.M.,

New York

Diet in Institutional Convalescence by Pauline Kirschenbaum, is based on a study of the care of 35,000 convalescents by the Burke Foundation at White Plains, N. Y. Talks are given which indicate the census, the total calories, proteins and fat furnished by the diet; the distribution of calories among the food materials; the market list, and specimen menus for winter and for summer. Says the writer, "good convalescent therapy (which is at its best preponderantly mental, habit and courage therapy) depends upon normalizing and resocializing in the quickest way. Dietary normalizing is a main element in this composite of sound convalescent procedure."

Modern Hospital, Feb., 1923.

The Campaign against Malnutrition, Public Health Bulletin No. 134, was prepared by the Advisory Committee on Food and Nutrition of the National Health Council in coöperation with the U. S. Public Health Service. It gives specific information on the organization and administration of this work in communities of all types.

OFFICIAL DIRECTORY

International Council of Nurses.—Secretary, Christine Reiman, Kronprinsessegade 50, Copenhagen, Denmark.

The American Journal of Nursing Company.—Headquarters, 370 Seventh Avenue, New York. Business Office, 19 West Main Street, Rochester, N. Y. President, Sarah E. Sly, Birmingham, Mich. Secretary, Elsie M. Lawler, Johns Hopkins Hospital, Baltimore, Md.

The American Nurses' Association.—Headquarters, 370 Seventh Avenue, New York. President, Adda Eldredge, Bureau of Nursing Education, Board of Health, Madison, Wis. Secretary, Agnes G. Deans, 370 Seventh Avenue, New York. Treasurer, V. Lota Lorimer, 1238 West Lake Avenue, Lakewood, Ohio. Sections: **Private Duty,** Chairman, Frances M. Ott, Morocco, Ind. **Mental Hygiene,** Chairman, May Kennedy, Chicago State Hospital, Chicago, Ill. **Legislation,** Chairman, Roberta M. West, Room 150, 34 S. 17th Street, Philadelphia, Pa. **Relief Fund Committee,** Chairman, Elizabeth E. Golding, 317 West 45th Street, New York, N. Y. Treasurer, V. Lota Lorimer, 1238 West Lake Avenue, Lakewood, O.

The National League of Nursing Education.—Headquarters, 370 Seventh Avenue, New York. President, Laura R. Logan, General Hospital, Cincinnati, O. Secretary, Martha M. Russell, 317 West 45th Street, New York. Treasurer, Bena M. Henderson, Children's Memorial Hospital, Chicago, Ill. Executive Secretary, Effie J. Taylor, 370 Seventh Avenue, New York.

The National Organization for Public Health Nursing.—President, Elizabeth G. Fox, 3800 14th Street, N. W., Washington, D. C. Director, Anne Stevens, 370 Seventh Avenue, New York.

Isabel Hampton Robb Memorial Fund Committee.—Chairman, Elsie M. Lawler, Johns Hopkins Hospital, Baltimore, Md. Treasurer, Mary M. Riddle, 223 Newbury Street, Boston, Mass.

New England Division, American Nurses' Association.—President, Mary M. Riddle, 223 Newbury St., Boston, Mass. Acting secretary, Esther Dart, Stillman Infirmary, Cambridge, Mass.

Nursing Service, American Red Cross.—Director, Clara D. Noyes, American Red Cross, Washington, D. C.

Army Nurse Corps, U. S. A.—Superintendent, Major Julia C. Stimson, Office of the Surgeon General, Army Corps Division, War Department, 19th and B Streets, Washington, D. C.

Navy Nurse Corps, U. S. N.—Superintendent, J. Beatrice Bowman, Bureau of Medicine and Surgery, Department of the Navy, Washington, D. C.

U. S. Public Health Service Nurse Corps.—Superintendent, Lucy Minnegerode, Office of the Surgeon General, U. S. Public Health Service, Washington, D. C.

Nursing Service, U. S. Veterans' Bureau.—Superintendent, Mrs. Mary A. Hickey, Hospital Section, U. S. Veterans' Bureau, Washington, D. C.

Department of Nursing and Health, Teachers College, New York.—Director, M. Adelaide Nutting, Teachers College, Columbia University.

STATE ORGANIZATIONS OF NURSES

Alabama.—President, Bertha Clement, 2019 Avenue F., Birmingham. Secretary, Ruth Davis, Selma. State League, President, DeWitt Dillard, Mobile Infirmary, Mobile. President examining board, Helen MacLean, 1808 North 7th Ave., Birmingham. Secretary, Linna H. Denny, 1808 North 7th Avenue, Birmingham.

Arizona.—President, Rose Benenato, 221 East Polk Street, Phoenix. Secretary, Mrs. Regina Hardy, 826 East Second Street, Tucson. President examining board, Edith P. Snowden, Phoenix. Secretary, Gertrude F. Russell, State House, Phoenix.

Arkansas.—President * * * Secretary, Blanche Tomaszewska, 815 Laurel St., Pine Bluff. President examining board, M. D. Ogden, M.D., Little Rock. Secretary-treasurer, Mrs. James D. Moncure, Route 4, Box 200, Little Rock.

California.—President, Mrs. E. B. Conzelmann, State Hospital, Stockton. Secretary, Mrs. J. H. Taylor, Route A, Galt. State League President, Lina L. Davis, Pasadena Hospital, Pasadena. Secretary, Evelyn Wood, San Francisco Hospital, San Francisco. Director, Bureau of Registration of Nurses, Anna C. Jamme, 724 Wells Fargo Building, San Francisco.

Colorado.—President, Jessie D. Stewart, 220 E. Yampa St., Colorado Springs. Secretary, Mrs. Mae M. Carpenter, 1027 Fillmore St., Denver. State League President, Mrs. Gertrude Loutzenheiser, Children's Hospital, Denver. Secretary, Loretto Mulherin, St. Joseph's Hospital, Denver. President examining board, Blanche I. Lewis, 1116 East Boulder Street, Colorado Springs. Secretary, Louise Perrin, State House, Denver.

Connecticut. — President, A. Elizabeth Bigelow, 69 East Main Street, Meriden. Secretary, Kathryn E. Sherman, Hartford. State League President, Sarah E. Hyde, Middlesex Hospital, Middletown. Secretary, Amelia M. Jones, Middlesex Hospital, Middletown. President examining board, Martha P. Wilkinson, 34 Charter Oak Avenue, Hartford. Secretary, Mrs. Winifred A. Hart, 109 Rocton Avenue, Bridgeport.

Delaware.—President, Marie T. Lockwood, Ford Building, Wilmington. Secretary, Amy E. Wood, 213 Seventh Street, Wilmington. President examining board, Harold L. Springer, M.D., 1013 Washington Street, Wilmington. Secretary, Mary A. Moran, 1313 Clayton Street, Wilmington.

District of Columbia.—President, Ida F. Butler, American Red Cross, Washington. Secretary, Catherine B. Hay, 1337 K St., N. W., Washington. District League President, Minnie Goodnow, Children's Hospital, Washington. Secretary, Anne H. Raffin, Emergency Hospital, Washington. President examining board, Margaret Hutchinson, 1337 K Street, N. W., Washington. Secretary-treasurer, Mary E. Graham, 1337 K Street, N. W., Washington.

Florida. — President, Theresa P. Fremd, Orange General Hospital, Orlando. Secretary, Elizabeth Steil, Riverside Hospital, Jacksonville. President examining board, Anna L. Felting, Box 196, Miami. Secretary-treasurer, Mrs. Louisa B. Benham, Hawthorne.

Georgia.—President, Mrs. Mae M. Jones, State Sanatorium, Millidgeville. Secretary, Chloe M. Jackson, 602 Chamber of Commerce, Atlanta. State League President, Mrs. Eva S. Tupman, Macon City Hospital, Macon. Secretary, Jean Harrell, Baptist Hospital, Atlanta. President examining board, Jane Van De Vrede, 464 North Boulevard, Atlanta. Secretary and treasurer, Jean Harrell, 110 Luckie Street, Atlanta.

Idaho.—President, Barbara Williams, St. Luke's Hospital, Boise. Secretary, Louise W. Gerrish, St. Luke's Hospital, Boise. Department of Law Enforcement, Bureau of Licenses, Examiner, Napina Hanley, State Capitol, Boise.

Illinois.—President, Mabel Dunlap, 1531½ Third Avenue, Moline. Secretary, May Kennedy, Chicago State Hospital, Chicago. State League President, Mary H. Cutler, 1750 Congress St., Chicago. Secretary, Dora C. Saunby, Michael Reese Hospital, Chicago. Superintendent of Registration, Addison M. Shelton, State Capitol, Springfield.

Indiana. — President, Ina Gaskill, State Board of Health, Indianapolis. Secretary, Eugenia Kennedy, St. Vincent's Hospital, Indianapolis. President State League, Mary M. Peterson, Robert W .Long Hospital, Indianapolis. Secretary, Lizzie L. Goeppinger, Protestant Deaconess Hospital, Indianapolis. President examining board, Elizabeth E. Springer, Huntington County Hospital, Indianapolis. Secretary, Ida J. McCaslin, 501 East Noble Street, Lebanon.

Iowa. — President, Amy Beers, Jefferson County Hospital, Fairfield. Secretary, Nelle Morris, The Summit, D-1, Iowa City. President examining board, C. F. Launder, M.D., Garwin. Secretary, Rodney P. Fagan, M.D., Des Moines.

Kansas. — President, Ethel L. Hastings, Bethany Hospital, Kansas City. Secretary, Caroline E. Barkemeyer, Halstead. President examining board, Sister Catherine Voth, Newton. Secretary-treasurer, Sister Mary Helena, St. Luke's Hospital, El Dorado.

Kentucky. — President, Josephine Meyers, Newport. Corresponding secretary, Gertrude Bethel, 700 Francis Building, Louisville. State League President, Anne R. Manuel, Norton Infirmary, Louisville. Secretary, Lillian E. Rice, St. Mary and Elizabeth Hospital, Louisville. President examining board, Sophia F. Steinhauer, Speers Memorial Hospital, Dayton. Secretary, Flora E. Keen, Somerset.

Louisiana.—President, Mrs. Lydia Breaux, 521 S. Hennessy St., New Orleans. Secretary, Mrs. Clara McDonald, 1624 Marigny St., New Orleans. President examining board, J. T. Crebbin, M.D., 27 Cusachs Building, New Orleans. Secretary, J. S. Hebert, M.D., 27 Cusachs Building, New Orleans.

Maine. — President, Mrs. Lou S. Horne, 122 Emery St., Portland. Secretary, Louise Hopkins, 246 Essex Street, Bangor. President examining board, Margaret M. Dearness, Maine General Hospital, Portland. Secretary-treasurer, Rachel A. Metcalfe, Central Maine General Hospital, Lewiston.

Maryland. — President, Elsie M. Lawler, Johns Hopkins Hospital, Baltimore. Secretary, Sarah F. Martin, 1211 Cathedral Street, Baltimore. State League President, Maude Gardner, Hospital for the Women of Maryland, Baltimore. Secretary, Charlotte M. Snow. President examining board, Helen C. Bartlett, 604 Reservoir Street, Baltimore. Secretary and treasurer, Mary Cary Packard, 1211 Cathedral Street, Baltimore.

Massachusetts. — President, Carrie M. Hall, Peter Bent Brigham Hospital, Boston. Corresponding secretary, Mrs. Anna R. Ross, 636 Beacon St., Boston. President State League, Sally Johnson, Massachusetts General Hospital, Boston. President examining board, Mary M. Riddle, 223 Newbury St., Boston. Secretary, Samuel H. Caulderwood, M.D., State House, Boston.

MEAD'S

Why Wean the Baby?

Breast Feeding

If there is a time in life when the **Golden Rule** may be applied and a baby needs a square deal it is when the mother's breast is prematurely taken from him.

The possibilities of saving life with breast milk, in both well and sick infants, far outweighs any other one thing in the whole of the medical art.

Our scientific pamphlet "Breast Feeding and the Re-establishment of Breast Milk" is our latest and best contribution to our many medical friends.

YOURS FOR THE ASKING

Breast milk *first.*
Complemental Feedings of MEAD'S DEXTRI-MALTOSE, cow's milk and water second.

"A square deal all around."

INFANT DIET MATERIALS MEAD'S

MEAD JOHNSON & COMPANY

Evansville, Indiana, U. S. A.

London Address:
40 and 42 Lexington St.

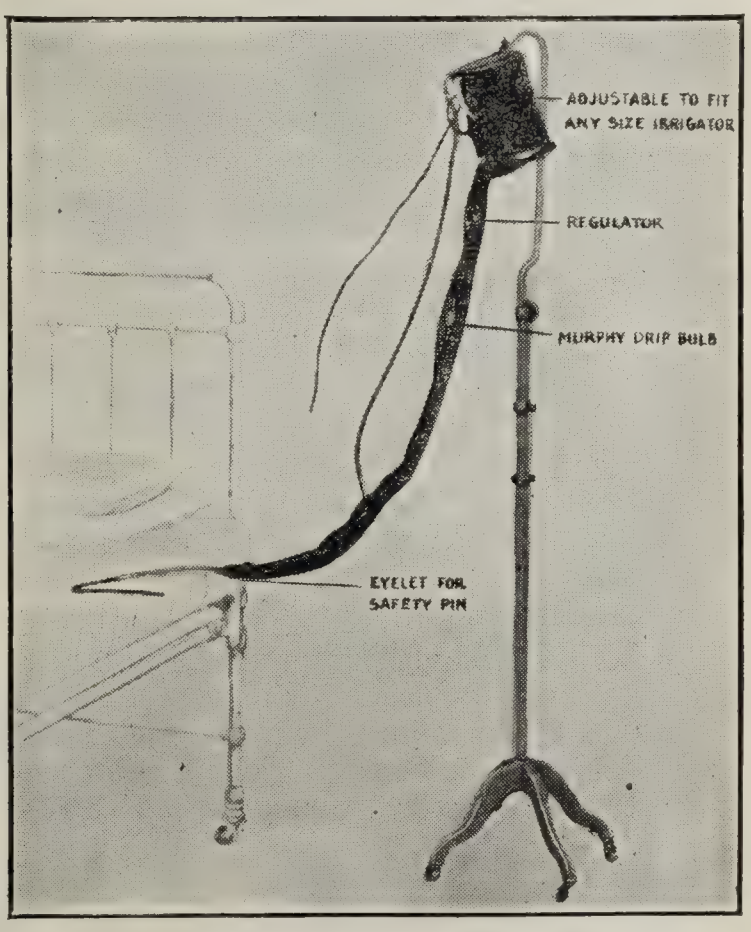
Canadian Address:
163 Dufferin St., Toronto

The Duchesne Saline Heating Pad

A very simple and remarkably efficient device for giving

INTRAVENOUS INFUSION
HYPODERMOCLYSIS
and
PROCTOCLYSIS

to the advantage of the patient, the nurse and the hospital.



Accepted instantly and enthusiastically in every hospital where it has been tested. First deliveries in February and now used in over fifty hospitals. Ask your dealer or write us for details.

The Whitney Company, 143 Liberty St., New York City

Michigan. — President, Mrs. Barbara H. Bartlett, 329 Science Bldg., Ann Arbor. General secretary, Sarah E. Sly, Birmingham. State League President, Maud McClaskie, Harper Hospital, Detroit. Secretary, Helen M. Pollock, Flint. President examining board, Richard M. Olin, M.D., Lansing. Secretary, Mrs. Helen de Spelder Moore, 206 State Office Building, Lansing.

Minnesota. — President, Irene English, Northern Pacific Hospital, St. Paul. Secretary, Dora Cornelisen, Old State Capitol, St. Paul. President State League, Caroline Rankiellour, 3913 Eleventh Ave. S., Minneapolis. Secretary, Pearl L. Rexford, Northwestern Hospital, Minneapolis. President examining board, Jennette M. McLaren, M.D., 803 Lowry Building, St. Paul. Secretary, Dora Cornelisen, Old State Capitol, St. Paul.

Mississippi.—President, Mrs. B. M. Hopper, Mattye Hersey Hospital, Meridian. Secretary, Mrs. James A. Cameron, 511 Bay Street, Hattiesburg. President examining board, Dr. J. H. Fox, Jackson. Secretary-treasurer, Ernestine Bryson, Houston.

Missouri. — President, Mance Taylor, Parker Memorial Hospital, Columbia. Secretary, Bertha Love, Parker Memorial Hospital, Columbia. State League President, Eleanor Keeley, Columbia. Secretary, Glory H. Ragland, 3908 Olive Street, St. Louis. President examining board, Mary G. Burman, Children's Mercy Hospital, Kansas City. Educational director-secretary, Harriet L. P. Friend, 620 Chemical Building, St. Louis.

Montana.—President, Margaret Irish, 618 North 23rd Street, Billings. Secretary, F. L. Kerlee, 514 Eighth Ave., Helena. President examining board, E. Augusta Ariss, Deaconess Hospital, Great Falls. Secretary-treasurer, Frances Friederichs, Box 928, Helena.

Nebraska.—President, Lulu F. Abbot, 847 North 26th Street, Lincoln. Secretary, Cora E. Higgins, 2100 South St., Lincoln. State League President, Charlotte Burgess, University Hospital, Omaha. Secretary, Bertha A. Bryant, Grand Island Hospital, Grand Island. Bureau of Examining Board, secretary, H. H. Antles, Department of Public Welfare, State House, Lincoln.

Nevada.—President, A. Craven, Reno Hospital, Reno. Secretary, M. A. Ross, 243 West 3d St., Reno.

New Hampshire. — President, Anna C. Lockerby, Laconia Hospital, Laconia. Secretary, Mrs. Florence M. Knowles, Portsmouth. President examining board, Mae Morrison, Whitefield. Secretary, Ednah Cameron, 8 North State Street, Concord.

New Jersey. — President, Virginia Chetwood, 253 Park St., Orange. Secretary, Marie Louis, Muhlenberg Hospital, Plainfield. State League President, Florence Dakin, 468 Ellison St., Paterson. Secretary, Marie Louis, Muhlenberg Hospital, Plainfield. President examining board, Mary J. Stone, Room 302, McFadden Building, Hackensack. Secretary-treasurer, Elizabeth J. Higbid, Room 302, McFadden Building, Hackensack.

New Mexico.—President, Mrs. Blanche A. Montgomery, Women's and Children's Hospital, Albuquerque. Secretary, Mary Priest Wight, Presbyterian Sanatorium, Albuquerque.

New York.—President, Mrs. Anne L. Hansen, 181 Franklin Street, Buffalo. Secretary, Ella F. Sinsebox, 443 Linwood Avenue, Buffalo. State League President, Amy M. Hilliard, Samaritan Hospital, Troy, N. Y. Secretary, Helen Young, Presbyterian Hospital, New York. President examining board, Lydia E. Anderson, 461 Washington Avenue, Brooklyn. Secretary, Alice Shepard Gilman, State Education Building, Albany.

North Carolina. — President, Pearle Weaver, Hendersonville. Secretary, Harriet M. Lisowski, Mary Elizabeth Hospital, Raleigh. State League President, Mary P. Laxton, Biltmore Hospital, Biltmore. Secretary, Gilbert Muse, High Point. President examining board, Mary P. Laxton, Biltmore. Secretary-treasurer, Dorothy Hayden, Greensboro.

North Dakota.—President, Sarah Sand, Osgood Flats, Fargo. Corresponding secretary, Esther Teichmann, 811 Avenue C., Bismarck. President examining board, Ethel Stanford, State Sanatorium, Dunseith. Secretary, Mildred Clark, General Hospital, Devils Lake.

Ohio.—President, Grace E. Allison, Lakeside Hospital, Cleveland. Secretary, Grace Bentley, 1200 Ethel Avenue, Lakewood. State League President, Blanch Pfefferkorn, Cincinnati General Hospital, Cincinnati. Secretary, Marguerite Fagan, Jewish Hospital, Cincinnati. Chief examiner, Caroline V. McKee, Hartman Hotel Building, Columbus. Secretary, Dr. H. M. Platter, Hartman Hotel Building, Columbus.

Oklahoma.—President, Olive Salmon, Pawhuska. Secretary, Virginia Tolbert, University Hospital, Oklahoma City. State League President, Lena A. Griep, Oklahoma Hospital, Tulsa. Secretary, Candace Montfort, University Hospital, Oklahoma City. President examining board, Mrs. Idora Rose Scroggs, 324 West Grey Street, Norman. Secretary-treasurer, Olive Salmon, 204 Triangle Building, Pawhuska.

Oregon. — President, Grace Phelps, 616 Lovejoy Street, Portland. Secretary, Margaret A. Tynan, St. Vincent's Hospital, Portland. President examining board, Jane V. Doyle, 660 Johnson St., Portland. Secretary-treasurer, Mrs. O. E. Osborne, 512 Oakdale Avenue, Medford.

A Message to NURSES

FOR the precious baby! Is there a more important thing in all the world than keeping it healthy and happy—free from the many irritations that tend to make the first years of life uncomfortable?

As a trained nurse, you are familiar with the marked superiority which characterizes Squibb's Products.

Now, the Squibb Laboratories have met the demands of the medical profession for a perfect dusting powder—different from the highly scented powders frequently offered for the baby.

Squibb's Nursery Powder is an extremely soft, soothing, mildly antiseptic and neutralizing powder. It is an absorbent, but what is even more important, it neutralizes the acidity of the excretions, thus preventing skin irritation. It is also mildly inhibitory towards bacterial development.

You will find Squibb's Nursery Powder unusually efficacious in relieving skin irritation. Your patients will appreciate your recommendation of this new and better baby powder. It is unsurpassed for all delicate skins, as well as for nursery use.

Squibb Nursery Products—like the Squibb Medical Products—are pure, safe and reliable. You usually find them in separate Squibb Sections in the better drug stores.



Write us for a free, full-size package of Squibb's Nursery Powder

SQUIBB

THE "PRICELESS INGREDIENT" OF EVERY PRODUCT
IS THE HONOR AND INTEGRITY OF ITS MAKER

Copyright 1923, E. R. Squibb & Sons, 80 Beekman Street, New York, N. Y.

Pennsylvania. — President, Margaret A. Dunlop, Pennsylvania Hospital, Philadelphia. Secretary-treasurer, Gertrude Heatley, South Side Hospital, Pittsburgh. State League President, Mrs. Helene Herrmann, 1818 Lombard St., Philadelphia. Secretary, Susan Heitzenrater, Punxsutawney Hospital, Punxsutawney. President examining board, Albert M. Blackburn, M.D., 34 South 17th Street, Philadelphia. Secretary-treasurer, Roberta M. West, Room 150, 34 S. 17th Street, Philadelphia.

Rhode Island.—President, Amy Allison, Rhode Island Hospital, Providence. Corresponding secretary, Edith Barnard, 425 Broadway, Providence. State League President, Ellen M. Selby, Memorial Hospital, Pawtucket. Secretary, Elizabeth F. Sherman, 85 Tobey St., Providence. President examining board, Henry C. Hall, M.D., Butler Hospital, Providence. Secretary-treasurer, Lucy C. Ayers, Woonsocket Hospital, Woonsocket.

South Carolina.—President, Frances Bulow, 40 Coming Street, Charleston. Secretary, Annie J. Meyer, Mercy Hospital, Charleston. Secretary, board of nurse examiners, A. Earl Boozer, M.D., Columbia.

South Dakota.—President, Ellen McArdle, Aberdeen. Corresponding secretary, Carrie E. Clift, Rapid City. President examining board, Clara S. Ingvalson, Flandreau. Secretary-treasurer, Mrs. Elizabeth Dryborough, Rapid City.

Tennessee. — President, Mrs. Dorsey T. Gould, 1305 Edgewood Place, Nashville. Secretary, Annie Feltus, 809 Madison Avenue, Memphis. President examining board, Willie M. McInnis, University of Tennessee, Memphis. Secretary-treasurer, Dr. Reese Patterson, Knoxville.

Texas.—President, Helen Holliday, Baylor Hospital, Dallas. Secretary-treasurer, A. Louise Dietrich, 1001 E. Nevada Street, El Paso. State League President, Miss Lasky, Baptist Hospital, Waco. Secretary, L. Jane Duffy, University of Texas, Austin. President examining board, Helen T. Holliday, Baylor Hospital, Dallas. Secretary, Eula Whitehouse, Route 4, Cleburne.

Utah.—President, Claire Haines, Salt Lake City. Secretary, Jane Rawlinson, 704 W. North Temple St., Salt Lake City. Department of Registration, Capitol Building, Salt Lake City.

Vermont. — Acting president, Anastacia Corry, 16 Colchester Ave., Burlington. Secretary, Mrs. Rose A. Lawler, Springfield. President examining board, Donley C. Hawley, M.D., Burlington. Secretary, Mrs. J. M. Allen, 50 Eastern Avenue, St. Johnsbury.

Virginia.—President, L. L. Odom, Sarah Leigh Hospital, Norfolk. Secretary, Blanche Webb, King's Daughters' Home, Norfolk. State League President, Virginia Thacker, Lewis-Gale Hospital, Roanoke. Secretary, Martha Baylor, St. Luke's Hospital, Richmond. President examining board, Virginia Thacker, Lewis-Gale Hospital, Roanoke. Secretary-treasurer, Ethel Smith, Craigsville.

Washington.—President, Mrs. W. M. McKinney, 5302 14th Street, N. E., Seattle. Secretary, Katherine Major, King County Hospital, Seattle. State League President, Evelyn H. Hall, Seattle General Hospital, Seattle. Secretary, Johanna Burns, American Red Cross, Spokane. Director of Licenses, Fred J. Dibble, Olympia.

West Virginia. — President, Mrs. Susan Cook, Lock Box 457, Wheeling; home address, Bridgeport, Ohio. Secretary-treasurer, Mrs. R. J. Bullard, Lock Box 457, Wheeling; home address, 510 Catawba Street, Martin's Ferry, Ohio. President examining board, Frank LeMoyne Hupp, M.D., Wheeling. Secretary, Jessie A. Clarke, Ohio Valley General Hospital, Wheeling.

Wisconsin. — President, Agnes W. Reid, Bradley Memorial Hospital, Madison. Secretary, Erna Kowalke, 85 Oneida St., Milwaukee. State League President, Marion Rottman, Mount Sinai Hospital, Milwaukee. Secretary, Cornelia van Kooy, 558 Jefferson St., Milwaukee. Director, Bureau of Nursing Education, Adda Eldredge, State Board of Health, Madison.

Wyoming.—President, Ida Mae Stanley, Wyoming General Hospital, Rock Springs. Secretary, Mrs. Clyde W. Peterson, 2004 Maxwell Street, Cheyenne. President examining board, S. J. McKenzie, St. John's Hospital, Cheyenne. Secretary, Mrs. H. C. Olson, 605 East 21st Street, Cheyenne.

TERRITORIAL ASSOCIATION

Hawaii.—President, Alice M. Yates, 1250 Manumea Avenue, Honolulu. Secretary, Harriet B. Delamere, Queen's Hospital, Honolulu.

WHERE TO SEND MATERIAL FOR THE JOURNAL

Send all news items, notices and reports of meetings, subscriptions, changes of address, advertisements, and all business correspondence to the Rochester Office, 19 West Main Street, Rochester, N. Y.

Send articles for publication, books for review, and editorial correspondence to the New York office, 370 Seventh Avenue, New York.



FRANCES P. BOLTON

THE AMERICAN
JOURNAL OF NURSING

VOL. XXIII JUNE, 1923 No. 9

DAWN OF NEW ERA IN NURSING EDUCATION

THE DEPARTMENT OF NURSING AT WESTERN RESERVE UNIVERSITY, ENDOWED BY MRS. BOLTON, THE NEW SCHOOL FOR NURSES AT YALE, ASSURED SUPPORT FOR A TERM OF FIVE YEARS BY THE ROCKEFELLER FOUNDATION

MRS. BOLTON'S GIFT

MRS. CHESTER C. BOLTON has notified the Nursing Council of the Associated Hospitals and Medical School Group of her readiness to contribute $500,000 to the $1,000,000 fund needed for the establishment of an endowed University School of Nursing. On November 8, 1922, the trustees of Western Reserve University passed a resolution to the effect that they "would welcome an opportunity to develop within the University an adequate school for the education of nurses," and further expressed the hope that "persons of means now definitely interested in the training of nurses" might complete a fund sufficient for the purpose. By this magnificent gift Mrs. Bolton has put Cleveland first in a number of cities that are trying to raise funds for University Schools of Nursing.

IT is a gift from a woman for the education of women desirous of entering a profession, the aims and ideals of which are all too often misunderstood. For twenty years Mrs. Bolton has studied these aims and ideals and has become convinced that the value of the contribution which nurses can make to the welfare of the community is in direct proportion to the adequacy of their preparation.

The need for such schools is emphasized in the report of "Nursing and Nursing Education in the United States" recently published. This report embodies the findings and conclusions of a three years' study of nursing education conducted under the supervision of representative medical and nursing educators. It is the consensus of opinion that Cleveland offers unusual opportunities for the development of such a school. The forward-looking attitude of the trustees of the University and particularly of the College for Women in furthering the establishment of the Department of Nursing Education, in September, 1921, and in helping the work of this Department during the last two years, the liberal response of representative members of the medical profession who are familiar with the projected plans and approve of them,

the degree of coöperation which exists between the hospitals, and the cordial response of the Principals of the existing schools of nursing, are all distinct assets and express in their several ways the civic consciousness of which Cleveland has so much reason to be proud.

The value of Mrs. Bolton's gift is enhanced by the fact that it is a gift from a woman for the education of women desirous of entering a profession, the aims and ideals of which are all too often misunderstood. For twenty years Mrs. Bolton has studied these aims and ideals and has become convinced that the value of the contribution which nurses can make to the welfare of the community is in direct proportion to the adequacy of their preparation. And the purpose of this generous gift is to insure the soundness and thoroughness of their preparation in order that they in turn may be actuated by high ideals and made capable of rendering service of the highest possible degree of excellence.

The great desire of the graduate nurses of Cleveland for the establishment of a University School of Nursing found expression in a contribution of $1,200 in April, 1922.

Schools of Nursing have been favored with many gifts, for many purposes, but in all history there have been only two outstanding gifts for nursing education. One was the gift of $200,000 which Florence Nightingale gave to the first school of nursing. This sum of money represented the gift of the English people to Florence Nightingale on her return from the Crimea, and her recognition of the need for the endowment of nursing schools was a pivotal part of her whole plan, but one that has been lost sight of in the rapid multiplication of schools in this country. The second gift was the endowment by Mrs. Helen Hartley Jenkins of the Department of Nursing and Health in Teachers College, New York. If this third and largest gift of all yields as large returns as the two former gifts have done, Mrs. Bolton will prove not only a benefactor to nurses, but to all humanity.

The hospitals included in the group plan (Lakeside, Babies' and Maternity) are to serve as the training ground for the students of the University School. Inasmuch as the hospitals are dependent on good nursing service, this gift is a timely and helpful contribution to one of the most pressing hospital problems.

A School of Nursing at Yale

Nurses everywhere will be interested to know that the Rockefeller Foundation has appropriated funds to maintain, for a five-year period, a school of nursing at Yale University, and that the Dean of the School is to be Annie W. Goodrich. The plan, announcement of which has just been made, includes several new features and an attempt to embrace in a single programme the best thought and current tendencies in nursing education. There is general agreement among public health, hospital, and medical authorities that the need for nurses is probably one of the most pressing problems in the health programme of the present day and there is open to this new school an opportunity to make an important contribution to this programme for the entire country.

The School of Nursing is to be conducted in accordance with an educational plan and to accomplish this the

school will be organized with a dean, governing board, faculty, laboratories, class rooms and a budget of its own. At the present time training schools, in the great majority of instances, are conducted on the apprenticeship basis, a method now abandoned in practically all of the professional fields. This method, subject as it is to the labor demands and exigencies of hospital needs, no longer provides satisfactory preparation for the profession of nursing. The Yale proposal does not aim to provide only theoretical instruction, but looks toward the development of an educational programme closely related to and dependent upon the practical work. It is clear that the very essence of nursing is the art of attending the sick and any sound plan of training must be based on an endeavor to promote the efficiency of that art.

The second feature of the Yale School follows naturally from the re-planning of the nurse training, for by focusing attention upon the educational training of the student and by eliminating many routine tasks which contribute little or nothing to this training, it is clear that the period of preparation for nursing can be shortened. Recent studies of nursing education suggest that under such a plan, the period of training can be shortened to approximately twenty-eight months. Provisions will be made for an elective pre-nursing period of University work in addition to the nursing course proper, which latter will embrace a schedule of instruction previous to and paralleling the supervised training in the theory and practice of nursing. The schedule will be somewhat elastic in order to permit young women of different preliminary training to develop in keeping with their individual aptitudes and ability.

The most significant feature of the Yale School, however, is the character of the training itself. An attempt will be made to present all the factors which contribute toward the diagnosis, care and treatment of disease and which have relationship to the conservation of health. Patients will not be considered as hospital "cases" only, but such factors as heredity environment, child development, psychology, economics, sociology, industry, and public health will be presented in their bearing upon each problem as it is studied. Such a plan will emphasize sickness in its true relationship as a family, community and public health problem and to properly develop such a conception, the new school will embrace field work and community nursing as a part of the basic training. This attitude will be emphasized throughout the entire period and a considerable portion of the course will be devoted to these factors.

The general plan of the school of nursing should provide in this basic course a well rounded preparation which will permit graduates to enter directly into community, hospital or private duty nursing or to proceed into one of the various special branches of nursing, opportunities for which will ultimately be developed as a part of the Yale programme. Whether or not the graduate of this school intends to go into administrative nursing, nursing education, school, or industrial nursing, into the nursing of contagious diseases, tuberculosis, or mental diseases, she will have had a well rounded preparation and understanding of the community as well as the bed-side aspects of nursing and

some understanding of the factors which contribute to sickness, the control of which factors makes the prevention of disease possible.

The plan includes a coördination of the educational work of the New Haven Visiting Nurse Association, one of the best community nursing organizations in the country, and of the Connecticut Training School for Nurses in the New Haven Hospital. With a community of optional size for public health work, embracing as it does a large university center, a medical school with a full time faculty, a highly developed community nursing programme, hospital and out-patient facilities under one administration which present opportunities for nurse training in general medicine, surgery, children's diseases, and medical specialties, hospital and nursing administration and probably in mental diseases shortly, it is the hope that this new Yale University School of Nursing will be able to make a fundamental contribution to the nursing education of this country.

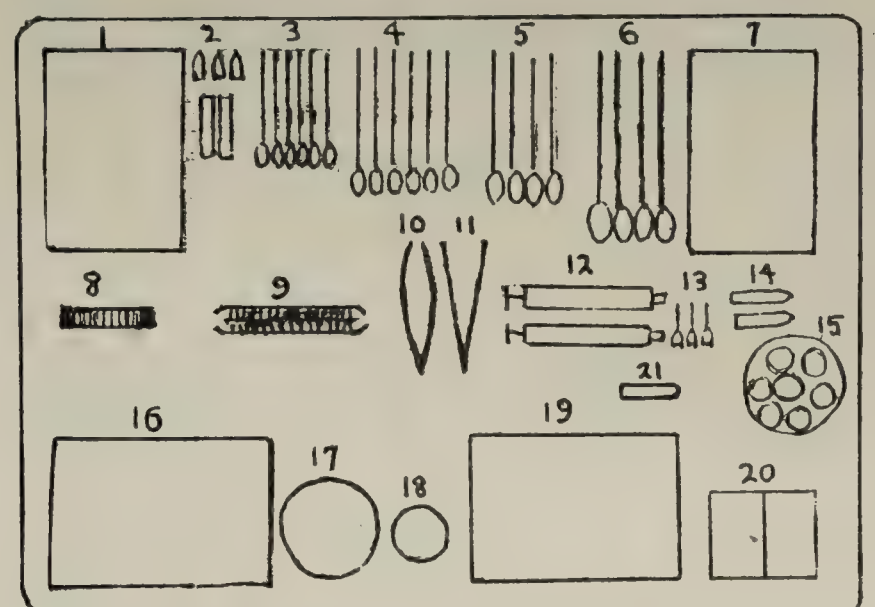
TECHNIC OF BLOOD TRANSFUSION AT LAKESIDE HOSPITAL

By Lulu St. Clair, R.N.

THE transfusion of blood is no longer a major operation. It is so simply and quickly done that it has become almost entirely a ward procedure and only occasionally an operating room performance. This treatment is used extensively for curative and preventive purposes, as well as a last resort. The reasons for doing a transfusion are hemorrhage, shock, severe acute infections, i. e., furunculosis, peritonitis, osteomyelitis, septicemia with a positive blood culture, chronic tubercular lesions of all kinds, debilitation from any disease, such as hyperthyroidism, long standing jaundice cases, i. e., common duct obstruction, carcinoma, true hemophilia, or any of its allied diseases which have a low clotting time, prophylaxis previous to definite shock-producing operations, such as a Kraske, in which the indications always point to a long ensuing illness.

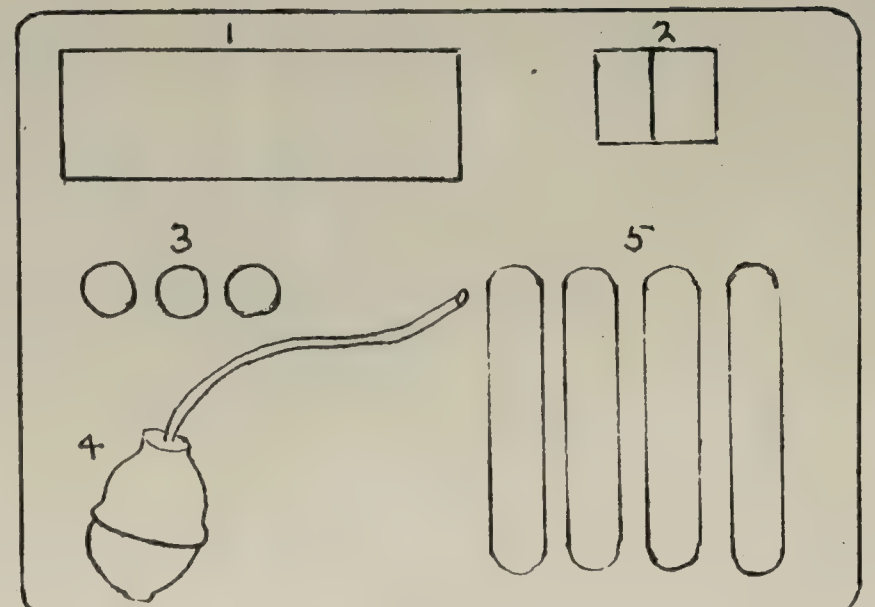
When a patient comes into the hospital and his admission card indicates that some major operation is to be performed, or if the patient looks anemic, or appears in an under-nourished, run-down condition, the nurse takes the precaution of getting a few drops of blood from each one of the relatives or friends who comes with him. The patient knows nothing about this because he is being admitted. These samples of blood are sent to the laboratory. A book is kept in which are recorded the names, addresses and telephone numbers of such friends and relatives, the name of the patient for whom they are possible donors, and the number of the group which their blood matches. If the patient is not a nervous person, he may be grouped at any time. If he is a nervous individual, he should not know anything about it, for the grouping is then done during the

ARRANGEMENT OF TRANSFUSION CART AS KEPT IN OPERATING ROOMS



UPPER TABLE OF CART

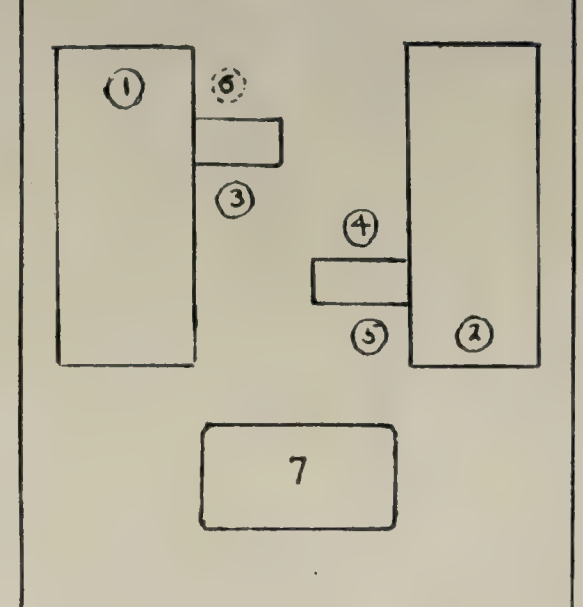
1. Tablecover, and 2 Towels
2. 2 Knife handles, 3 blades
3. 6 mosquito snaps
4. 6 haemostats
5. 4 haemostats
6. 4 Kelly clamps
7. Table cover, 2 towels
8. Reel black silk
9. Skin clips
10. Clip forceps
11. Tissue forceps
12. Record syringes
13. Syringe needles
14. Connecting Tubes
15. Sterile cotton
16. Sheet
17. Saline
18. Novocaine in flask
19. Sheet
20. Sponges
21. Canula



LOWER TABLE OF CART

1. 2 arm boards
2. Sponges
3. Novocaine
4. Air pump
5. Kimpton-Brown tubes (waxed) - 450 cc (wrapped)

ARRANGEMENT OF ROOM



1. Recipient
2. Donor
3. Surgeon
4. Surgeon
5. Nurse
6. Nurse
7. Sterile Table from operating room

Molly Levin

operation. The content of a bloody sponge is squeezed into a test tube of saline and is sent immediately to the laboratory. A report may be obtained in fifteen minutes.

The method used in grouping is the Jansky method which is the standard method in most clinics. Group I is the universal donor and Group IV the universal recipient. Groups II and III are used only for persons in the same group. It is desirable to use Groups I and IV for individuals in the same group rather than use the universal donor or recipient. In case they are used, 10 to 15 cc of blood are injected and a few minutes are allowed to elapse in order to note any reaction.

The materials used in giving a transfusion are best shown by the diagram. The Kimpton-Brown or the Vincent tubes are used. The nurses on duty in the operating room are responsible for the preparation of the tubes. The ether method or cold process is used. The tubes are washed and corks are fitted. The tubes and corks are boiled, dried, and autoclaved for twenty minutes under twenty pounds pressure. They are removed under sterile procedure and are placed on a sterile table. On the sterile table is also sterile parowax (Standard oil paraffin) 2.5 grams, dissolved in 180 cc of ether. This amount of solution is sufficient for about ten tubes. The solution is poured into the tube and is allowed to cover all parts of the tube and the cork. The cork is then quickly removed, the excess solution is allowed to run out, and the tube is held with the large opening downward; the ether evaporates and leaves a thin waxed coating on the inside of the tube, and the cork is re-inserted. The prepared tubes are wrapped in sterile covers and are ready for use.

In this clinic the whole-blood method for transfusion is preferred to the citrate method for the following reasons:

(1) No foreign material is introduced into the blood stream of the recipient.

(2) The blood cells are not damaged by whipping such as the citrate entails in thoroughly mixing the blood with the sodium citrate.

(3) The elimination of the mixing process and the rapidity of the process lessen the possibility of lowering the temperature of the blood.

(4) The phagocytes destroy more bacteria in the whole-blood method than in the citrate method. (Studies by Dr. Unger.)

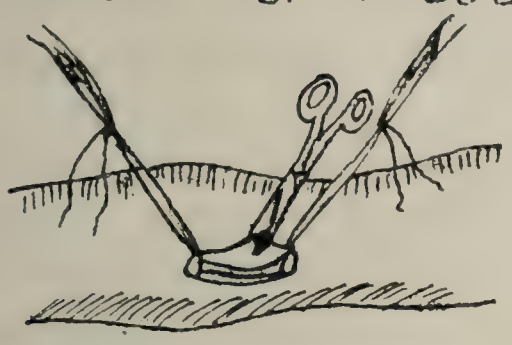
(5) There are fewer reactions. In well known clinics where the citrate method is used, reactions are found in 15 per cent of the cases transfused. In this clinic reactions occur in less than 3 per cent.

The arrangement of the room is shown in the diagram. The sterile table is a cart which is kept set up in the operating room. The things to be prepared by the ward are a wheel bed for the donor, two arm boards, two long handled drop lights, a sphygmomanometer and a scrub-up tray with 5 per cent picric acid in 95 per cent alcohol, and ether.

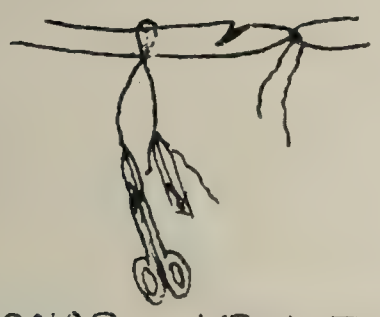
The preliminary procedure for both donor and recipient is the same. The area inside of the elbow is scrubbed with ether and two coats of picric acid. A local anesthetic of Novacaine 1-200 is used. A transverse incision is made over the median basilic vein. The vein is isolated and picked up with two catgut sutures. The upper end is ligated and the lower end has traction made on the

TECHNIQUE OF BLOOD TRANSFUSION

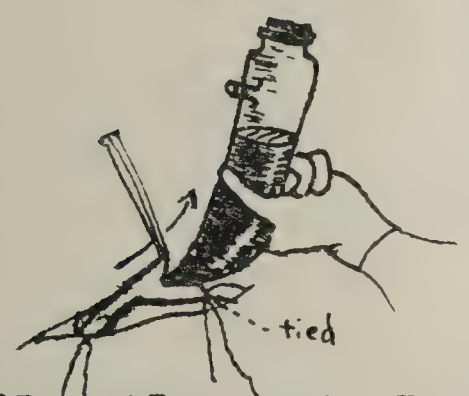
(from "SURGICAL SHOCK" - CRILE + LOWER)



I. DISSECTION OF VEIN OF DONOR



II. DONOR — VEIN TIED OFF



III RECEIVING BLOOD FROM DONOR



III. DISSECTION OF VEIN OF RECIPIENT



V. TRANSFUSION OF BLOOD

Molly Levin

Reproduced by permission of the author and publisher

suture with a hemostat. For the recipient, the lower end is ligated and the upper end has traction applied. A small incision is made into the vein transversely. The sphygmomanometer has been previously applied above the elbow. This is not so much for obtaining the blood pressure, which it does, but to exert enough pressure to force the blood into the tube more quickly. The tip of the tube is inserted into the vein; a small amount of pressure (40 to 60 mm) is applied, and the tube is allowed to fill with blood. This is then introduced into the vein of the recipient. The pump is attached to the tube and pressure is applied until the blood runs in. The nurse detaches the pump immediately when the signal is given, in order not to permit the entrance of air. When a sufficient amount of blood has been given, which is usually about 650 cc, both ends of the vein are ligated, and the incision is closed with a skin clip.

The nurse, (6) in diagram, holds the light, watches the patient for reaction, applies cold compresses to the patient's head. The nurse, (5), holds the light, applies pressure with the sphygmomanometer and watches the donor's condition. Four people are all that are absolutely necessary, but a fifth nurse would help by relieving either of the other nurses and by working the air pump which forces the blood into the recipient's vein. A sterile nurse may take the place of one of the doctors, but by using two doctors, the length of time for the procedure may be shortened, as both the incisions are being made at the same time.

In the last year three hundred two transfusions were done at Lakeside Hospital with reactions in 3 per cent of the total number of cases.

The average increase of red blood cells is 600,000 in an adult of average weight who has been given 650 cc of blood. The hemoglobin increase is 20 per cent, the blood pressure increases 20 points. Unless some condition is present in which red blood cells are being constantly destroyed, the blood forming organs are stimulated and rapidly take up their normal function.

The New York State *Journal of Medicine* has opened a Forum for Nurses and invites communications from both nurses and physicians. This is a progressive step that augurs well for an increasing harmony of the aims of both groups.

IDEALS

A Normal teacher selected the following from 300 replies to a question on ideals:

1—Ideals were things people aimed for but never reached.

2—Ideals were perfect things but lived in foreign countries.

3—Ideals were perfect running things but did not run as well as Ideal Sewing Machines.

WHAT IS HOSPITAL SOCIAL WORK?

By Jessie L. Beard, R.N.

"WHY did he let me live? What can the future hold for me?" Thus distractedly questioned a man upon whom the doctor had pronounced the verdict of life, coupled with a shattered body. And had any of us been in his place, wouldn't we have felt likewise? Consider also that he had been a fine example of physical manhood, glorying in his strength. Then, we must not forget the wife and children to whom his death would bring assistance from the state, but living he would be merely an added liability.

Let us see this problem through a social worker's eyes. Here is a man of twenty-eight, incapacitated probably for life, by a broken back, otherwise healthy and with a possible prognosis of fifty years of invalidism. All funds are exhausted and nothing apparently remains for him except public relief, which means the county almshouse. His wife may support herself and the children, though the chances are that one of these must be placed in an institution. Of course, there may be another way out through developing some latent talent not seriously affected by the physical condition.

How did the social worker go about the job? First, she tried to learn the man's plans. He had none, except to end all, should chance be given. Then she questioned the occupational therapy teacher regarding his dexterity and artistic ability. Nothing there. So, reduced to a forlorn hope, she began exploring into the man himself. Finally, she got him to talk freely. She noticed that he narrated vividly, especially adventures he had had at sea. After a while, she suggested that he write for publication. Never having gone beyond the grammar grades, the idea seemed absurd to him. However, after much urging, he wrote a story which was promptly accepted by the first editor who read it. And so, a new short-story writer was launched, with opportunity to enrich his own life and those of his readers.

You say this is exceptional; few have literary gifts awaiting discovery; that O. Henry's are not born every day. True. But whose imagination made the discovery?

Let me tell of an ordinary man, not a hidden genius. Joe Robinson had double amputation above the knee. Upon discharge, two courses were open —to become a street beggar or an inmate of an almshouse. One lucky day, he heard of an organization in another city which assisted cripples. He lost no time. A few mornings later he was waiting on its doorstep. There was much to be done,—first, lodging and daily transportation arranged. Then he was fitted with "elephant" legs. These were slowly made higher; knee-joints were added; then ankles. Finally he graduated to a pair of artificial legs which he learned to manage with skill.

But Joe's time was not wholly consumed in learning the technic of walking on legs not his own. During these months, he was taught a sitting trade and now, after having been a cobbler

for over two years, he has paid for the artificial legs and is a self-supporting, self-respecting citizen. How much better for him and for the community than the parasitic existence! He might have been a public charge for thirty or forty years. Just figure how much was saved. So, Joe secured deferred social service for, unfortunately, the hospital had had no such department. This story can be duplicated, in part at least, in every city. The great pity is that few cripples have Joe's initiative and perseverance. Also, few agencies exist like the one described.

How many patients with one or more major amputations have been fitted with artificial limbs, but have not learned to use them before leaving your hospital? Does it surprise you to hear that many put the leg on a shelf, continuing on crutches, fearing the remaining leg may be injured? The federal government now coöperates with the departments of education in most of our states to give training to adults who have been so injured that they cannot follow their former occupations. It still remains, however, to notify these Bureaus of Rehabilitation of such cases, so that, during recovery, plans are being made for the future and small chance is given for the demoralizing effects of idleness. If no social service department exists, it is the duty of the hospital superintendent to report cases; nurses should feel responsible for getting this notification through.

An interne in the gynaecological service asks that something be done to stop Mrs. Bronowitz crying, and worrying the other patients. One visit to her bed, another to her tenement home, then back again to her, and she is content, for hasn't she been assured that the children are being fed regularly, that Bronislav and Wadislava have not missed a day at school, and the two "pre-schools" are happy with the good neighbor across the hall?

One ever-present task with orthopedics is a constant endeavor to develop their self-reliance, both by encouraging them to think of and do for others and by insisting that their home folks treat them as nearly like a person as possible. In pediatrics also, we find loving care often wasteful and blundering and it is necessary at times to discipline parents, rather than children.

In medical wards, follow-up is to prevent recurrence of disease. For example, acute gastritis demands that a prescribed diet be followed for a period after discharge. This may mean that a wife must be given cooking lessons. After attaining tolerance, diabetics return home. The social worker sees that they attend clinic regularly.

Children are often brought great distances for needed treatment. Parents are loath to leave them, but when it is known that recovery will be slow and when home duties are insistent, there is no choice. The writing of letters has thus become part of the day's work in some places. They tell how Johnny enjoyed his picture book, and Jennie's hand is guided as she laboriously prints her name.

Benny Brown is slowly dying of Pott's disease. His father's farm is in a remote part of the state. His parents know he may go any day, but, in the meantime, the daily letter is received. The boy craved apples. The doctor said he might have them. Imagine his parents' pleasure in sending that box

of fruit! "But," you say, "this is not forwarding medical work and, though neighborly, is unnecessary." All right. Put yourself in the parents' place and that of their neighbors. Wouldn't you always favor a place given to kindly, human acts?

The dispensary, frequently styled the "Cinderella" of the hospital, is usually put in the least desirable spot—in the basement, or in another building. In general, its daily census exceeds that of the wards. It is the hope and despair of the social worker. So much can be done here to prevent people becoming really sick; but it is so hard to get them to continue coming until cure is complete, especially if workers are few and clinics of overwhelming size. "Preventive convalescence" which the social worker must make provision for, is being recognized increasingly as an effective measure against breakdown, prescribed especially for cardiacs, exhaustion of various kinds, and predisposed or arrested tuberculars.

Tony Russo was old enough for working papers and his widowed mother needed his earnings. But he had spells of weakness and a doctor named it heart disease. The heart specialist found no cause for alarm, suggesting it might be asthma. Eventually, the family cat was found to be the cause. In some cases, feather pillows must be eliminated; in others, a knowledge of dietetics is essential and a mother is taught to prepare menus free from casein, egg-albumen or other common ingredients.

What good will be accomplished by advising a man to take a long rest and eat nourishing food, if he has a wife and several small children depending upon his earnings? Here private philanthropy will be asked to aid the family till health is restored.

A young, unmarried girl comes to have her stomach treated and is found to be pregnant. There is much to be done for her, both before and after childbirth. When other agencies care for some or all phases of this social problem,—securing a temporary home for the girl, instituting legal proceedings against the guilty man both for the protection of society and support of the child, giving pre-natal instruction and care during confinement, planning the future along lines best for mother and child,—if it is not referred wholly to them it becomes another duty of the social worker.

Recently, group instruction has been given in clinic classes to patients with various chronic diseases. Here stimulation of hope and interest are real factors in successful treatment. Probably, the best example of this work is with cardiacs, though excellent results come from the application of this idea to cripples, diabetics, pulmonary tuberculars, feeding cases and goitre patients. The class leader is usually a social worker. She keeps the ball rolling, making it an "experience meeting" today, next week asking the doctor to give a lecture; sensing what is needed to strengthen the morale.

Bert Patton is a congenital cardiac. He was treated by private physicians without improvement and meanwhile was forbidden play and school—hard lines for a bright, ambitious boy. Two months after he joined a cardiac class a medical miracle had happened. He walked with head up, not bowed, face lit with hope where despair had been.

He was learning to develop and protect his heart, encouraged by his classmates' experiences. Class work like this is bound to succeed, for it is based on applied psychology and sound pedagogy. Bert, by the way, is studying drafting and apparently will live a happy, useful life.

And so the work goes—varied services for different people. For patients, many individual things are done, the special aim being to prevent recurrence, whenever possible, of disease, ever mindful of the ideal of health and a fuller life. For the hospital, beds are freed for acute cases by removing chronic and convalescents to more suitable places. Follow-up to prevent development or recurrence of disease enhances the reputation of the hospital for good medical work. By making their efforts more lasting, doctors are encouraged to carry on. Furthermore, they appreciate social information as an aid to medical diagnosis and treatment and an evaluation of end-results needed for research.

Why have I told all this? Largely to let you know something of the no-man's-land between patient and hospital, patient and community, hospital and community. About the beginning of the century, social service started to invade this territory, gradually reducing much hospital and human wastage. In time, it is expected this will be an essential department of all reputable hospitals.

A lecture course in social service is included in the curricula of many schools of nursing, practical experience is given to student nurses in some departments. Many principals of training schools value social service because it helps develop better all-round nurses. Hospitals which have introduced a social history sheet into their unit record system, find it assists nurses and doctors. If a social worker makes rounds with the chief of service, their discussions contain much food for thought. Because of the nature of their tasks, social workers and nurses are in contact frequently. As coöperation is based largely upon understanding what each is trying to do, it has been my purpose to give briefly some of the activities of hospital social workers, for the aims are broadly the same—to get the sick back to normal and promote the good name of the hospital.

THE DELANO MEMORIAL

The chairman of the Delano Memorial Fund Committee, Lucy Minnigerode, reports that on May 10, the Fund had reached approximately $31,000. Special mention is made of a contribution of fifty francs for the Memorial from Dr. Anna Hamilton, Florence Nightingale School, Bordeaux, France. Further contributions for the Fund will be gladly accepted, but no more appeals for it will be made.

Employees of the Government who contract occupational diseases may be granted compensation by the United States Compensation Commission. This is the decision of the Acting Attorney General, General A. T. Seymour.

A TWENTY-FIFTH ANNIVERSARY



TWENTY-FIFTH BIRTHDAY PARTY, VISITING NURSE ASSOCIATION

WHEN the Detroit Visiting Nurse Association began its work through the efforts and enthusiasm of Alice M. Bowen, twenty-five years ago, the two nurses then composing the staff were supported by private subscriptions. Today the city-wide organization, supported by the Community Fund, has a staff of sixty-five nurses who made 109,809 visits last year. Says Katharine Smith Diack, "If the V.N.A. after a quarter of a century of service, shows rather remarkably broad results, and if its aims are still of the constructive type, the chief reason may be found in the fact that during all these years there has been a wise and a far-seeing pilot at the helm." Mrs. Diack refers, of course, to Mrs. L. E. Gretter, the beloved Dean of Michigan nurses and Superintendent of the Association, whom she further describes as one with a profound respect for educational opportunity for nurses, a deep and fine humanity, and with a zeal to bring about a close coöperation with all the agencies which have for their common creed the social betterment of our community life.

The anniversary was marked by two celebrations. The informal tea at the Association Headquarters on Brush Street, was held on the exact anniversary,—March 14. It was a real birthday party and a huge cake was decorated with green candles which circled its top like sturdy little evergreens and seemed symbolic of the motto of Public Health Nurses,



Supervisors' Conference,—Mrs. Gretter in the Center

"When the desire cometh, it is a tree of life."

The formal celebration occurred on April 13, when Dr. C. E. A. Winslow, of Yale, was the principal speaker at a dinner for five hundred guests at the Board of Commerce. Dr. Winslow paid tribute to the Detroit Health Department and the visiting nurses, saying it had always been a bright spot in the development throughout the United States. Dr. Winslow further said:

It is implicit in all the work of the nurse that she must be a teacher and because of this she must be given instruction first. The crying need of the future is the further development of nursing education on a basis of sound financial endowment.

Dr. Henry F. Vaughan, Director of the Detroit Department of Public Health, in a brief address, commended the Association for its coöperation with his department in fighting tuberculosis, in school work, and in the establishment of infant welfare service.

The European Council for Nursing Education held its second annual meeting at the Headquarters of the League of Red Cross Societies, March 12-16. About three hundred nurses from eighteen countries attended the conference. The programme was carried to a successful conclusion through the active coöperation and interest evinced by the entire group. Problems and plans were simultaneously offered by nurses, doctors and Red Cross officials, and the conference served as a clearing house for ideas and a forerunner for future discussions.

WHAT A CENTRAL REGISTRY MEANS TO THE PUBLIC[1]

By Clara L. Carruth

DR. HUGH BLACK, the great Scotch preacher, once remarked that no matter on what subject he had to talk, he always wanted to have a text on which to hang his thoughts. To find a text that would apply to the subject of Central Registries for Nurses was not an easy task. However, the phrase "From Contented Cows" which greets one all over the countryside, advertising a well-known brand of condensed milk, was suggestive, as was also another equally well-known phrase, "I'll say they satisfy"! Most things nowadays, in order to get anywhere, must have wheels. Let us then, with the above "texts," make a wheel, on which to set in motion a successful Central Registry for Nurses. Let us take for the hub of the wheel a "contented" public, made contented by nurses that "satisfy," and held together by the rim of the Central Registry.

What are some of the things that make for a contented public? Service, first of all. And if all the nursing interests in a community are centered in one place, so that the whereabouts of every nurse is fairly well known, the public can feel in placing a call for a nurse in such a central place that it is getting the best possible service for the sick. Having to wait for results from several small groups of nurses, or from individuals, only adds to the anxiety always attendant upon illness.

Not only must a Central Registry give service by filling calls, but it must fill its calls with nurses that satisfy. It should maintain a high standard in its membership, requiring its members to be registered nurses, of unquestionable character. During the course of a year, a registry hears from numerous grateful families many words of appreciation for the nurses whose devotion to duty and whose tireless patience are a constant source of admiration to people who have never before come into contact with the nursing profession. Adverse criticisms are also received, many of which can be cleared up and confidence restored by a few sympathetic words of explanation from the Registry. In the nursing profession as in all other professions, there are unscrupulous persons who take advantage of the weakness of their fellow humans. In a *Central* Registry, managed by the coöperation of graduate nurses, such unscrupulous persons can be dealt with, and in many cases shown the way to becoming really useful in a community.

Minor advantages both to the public and the nurses are obvious. Keeping in touch with registrants who leave the city, and consequent forwarding of mails; friends getting in touch with each other when a long case may have separated them; recalling the nurses whom various doctors prefer; hunting out the nurse who gave so much satisfaction last year when Mary Elizabeth had

[1] Read at the annual meeting of the Graduate Nurses' Association of Connecticut, January 25, 1923.

diphtheria; all these are but incidentals in the life of a busy Registry.

A suggestion for the organization of a coöperative registry is herewith submitted as one which has met with measurable success in one of the leading cities of Connecticut. It is managed by a Board of Directors who represent all the nursing interests of the community. Each of the three hospitals in the city has its recognized training school and alumnae association. By virtue of their positions, the supervisors of the training schools and the presidents of the alumnae associations act on the Board of Directors, together with two private duty nurses of each alumnae association, chosen annually, to represent their interests. The supervisors of the Visiting Nurse Association and of Public Health nursing, and the nurse in charge of the course which the Y.W.C.A. gives for trained attendants are also on the Board of Directors by virtue of their positions. The officers of the Board are chosen at an open annual meeting by the members of the Registry. The Board meets at least once a month, and through various committees the management of the affairs of the Registry is very ably conducted. The membership fee of $20 a year for graduates and $10 a year for undergraduates and practical nurses, with a number of sustaining and associate members' fees of $5 and $1 a year respectively, nearly meet the running expenses. An occasional food sale or fair held by the members themselves, supplies the additional funds required. An Advisory Committee consisting of five men of various professions, has held itself in readiness to give assistance whenever needed. The general supervision of the Registry office is in charge of a Registrar, a college woman, who is an experienced social worker and executive. Her assistant is skilled in the details of office work, and together they attend to the general routine.

It can easily be seen that with all the nursing interests in the city taking an active part in the management of the Registry, it is comparatively simple to bring to the Board of Directors for discussion and settlement the various problems which arise. With representatives from each hospital on the Credentials Committee, for instance, there can be no unfairness in the investigation and admitting of new registrants. Question boxes are placed in each hospital, the answers to which are published in the quarterly bulletin of the Registry, together with other items of general interest concerning the Registry and its members.

To weld the nurses more closely together, socially as well as professionally, a tea is held each month in the Registry rooms, with a private duty nurse as hostess, and an interesting speaker.

With such an organization, doctors are quick to realize where to call for the best nurses in the community, for they recognize the fact that much of their own success is due to securing a nurse who will coöperate with them. The hospitals give their calls to such a Registry, for they instruct their graduates to become members immediately upon receiving their diplomas. Institutions from all parts of the state call for special nurses, as well as nurses for institutional positions. Calls come for industrial nurses, public health nurses, supervisors, etc. Almost every taste can be satisfied, and except during the

usual fall epidemic of good health, the calls for nurses are far in excess of the supply.

A certain number of undergraduate nurses and practical nurses with some training and experience are allowed to use the Registry, their rates to be governed by the Board of Directors in order that the public may not be overcharged nor led to believe they are getting the services of graduate nurses. Because the demand for this class of nurse is rather high, a real service is given to the community by admitting them to membership.

Thus it can be seen that a Registry, wide awake to the needs and interests of both the public, which will be *content* only with nurses of the highest type, and of the nurses, who *satisfy* because they themselves are satisfied, must in the long run become, like the wheel, a "going" thing, an established institution in any community.

CENTRAL SCHOOLS FOR NURSES

By E. Priscilla Reid, R.N.

WITH all that is trying and discouraging in nursing education, there is one movement which is extremely gratifying and encouraging, that is the growing spirit of coöperation between training schools. We are learning to get together in working out our common problems. Many schools struggling alone have been able to make very little if any progress. Two or three such schools, combining, have soon succeeded in bringing about desirable changes. Among the difficulties in our educational programme are lack of funds, lack of proper class rooms or even places for these class rooms, poor equipment or none at all, and the scarcity of properly prepared instructors. When a school is so small that the classes are made up of from four to twenty students, the per capita cost of well equipped class rooms and laboratories, and of capable instructors, is necessarily very high. They are therefore rarely forthcoming.

The purpose of this article is to tell how the difficulty was met by the nursing schools of Utica, N. Y. Here we have five schools, none of them large. In trying to work out a scheme to provide good class rooms and good instruction for their students, the principals of the schools, members of the boards, and others vitally interested held a conference and decided to centralize the teaching of the preliminary subjects, (a four months' course). One of the first things to consider was a suitable place for class rooms. Perhaps it would be as well to explain that Utica is a city of about one hundred thousand, that there is no normal school, college, or university with which affiliation might be made. There is, however, an excellent high school, a beautiful building accommodating about seventeen hundred students. Through the generosity of the Board of Education, certain class rooms in this school were loaned for the use of the training schools. One room, (fitted up during the war for the teaching of home nursing) is used by the school for the teaching of that

course to the high school pupils. As this room is used only a short time each week, for that purpose, we were given the use of it for the remainder of the time. To this was added a communicating room which the hospitals furnished as a supply room and office. Equipment was added to that already in the demonstrating room, making it adequate for the teaching and practice of nursing procedures. We were also given the use of a large lecture room, and here all the theory classes are held. The student nurses have also a cloak room for their exclusive use.

The action of the Board of Education in putting these rooms, free of any expense, at the disposal of the training schools, seems a far-sighted, generous contribution toward nursing education.

The "Central School of Nursing" was formally organized last September, with a director in charge. The teaching is done by the director, by the principals of the schools, and their assistants, and to a certain extent by doctors from the various staffs. Expenses of the school (salaries, equipment, laundry, etc.), are met by monthly payments of the five hospitals, each paying one-fifth of the expenses. Contributions, both of money and equipment, have been received from other sources. The policies of the school, and its business management, are looked after by a committee made up of the principals of the five schools, one member from each board, (appointed by the board) and two other members, one of whom is superintendent of the schools of Utica. To this committee have been added five other members, one from the alumnae association of each school. The arrangement and content of the schedule, methods, etc., is outlined in weekly conferences of the principals and the director. The whole course is centered around the teaching of the Principles and Practice of Nursing.

It is of course understood that this School of Nursing has no connection with the high school, as such, but that we have been granted the use of such class rooms as we require, and as the work of the high school will permit. We are attempting to build on a high school education, which is most desirable as a basis for the professional studies. As at present situated, we shall not be able to work toward that rather desirable goal, the university school. By following the present method, however, each school should profit through the centralizing of instruction, both through greater efficiency, and also financially. The students should gain, through better organized and systematized class work, and again the schools will gain through the close contact of their governing bodies. As schools of nursing, they should also more quickly take their place, as educational institutions, and it is hoped they may soon receive adequate moral and financial support from the community which they attempt to serve.

IMPORTANT NOTICE FOR LEAGUE MEMBERS

The League meetings will be held by daylight saving time. The railroads use Eastern Standard time.

THE COST OF EDUCATING A NURSE[1]

By a Hospital Superintendent

THE following study of the cost of educating nurses was made in a school of forty nurses. A few items of expenditure had been lost in the general hospital expenses and are not included. These were the cost of recreation such as dances, picnics and "movies," cost of illness, railroad fares for affiliating students, laboratory supplies and breakage, and assistance given students unable to meet ordinary expenses and figured as charity.

Home			
Investment ---------- At 6%,	$30,000.00	$1,800.00	
Light, Heat, Water, Insurance----------		2,040.00	
Maintenance			
Linens, etc. ----------	915.00		
Furniture and dishes ----------	160.00		
Repairs ----------	600.00		
Depreciation, 2 per cent----------	600.00	3,355.00	
Matron's Salary ----------	1,080.00		$7,195.00
(Per year, each pupil, $179.87. Per month, each pupil, $14.99.)			
Food			
Per year, each pupil, $547.50. Per month, each pupil, $45.63----------			21,900.00
Cash Allowance			
Per year, each pupil, $104.10. Per month, each pupil, $8.67----------			4,164.00
(Basis: $8.00, $9.00, $10.00 per month 1st, 2nd and 3rd years.)			
Instruction			
(Percentage of time given to nurses charged to Training School.)			
Supt. of nurses (salary and maintenance), 50 per cent--	$2,400.00	$1,200.00	
Instructor (salary and maintenance), full time----------		2,400.00	
Supervisor of Operating room (salary and maintenance), 33 1/3 per cent ----------	1,800.00	600.00	
Night Supervisor (salary and maintenance), 33 1/3 per cent ----------	1,800.00	600.00	
7 Head nurses (salary and maintenance), 25 per cent----	8,400.00	2,100.00	
Other Instructors: (Salary only).			
2 Laboratory, 1 Massage, 1 Dietetics, 1 Bacteriologist, by the hour ----------		528.00	7,428.00
(Per year, each pupil, $185.00. Per month, each pupil, $15.47.)			
Miscellaneous			
Laundry (Per year, each, $96.00. Per month, each, $8.00----------		3,840.00	
Uniforms (Allowance: 2 uniforms, 4 aprons, each pupil, $11.02) ----------		440.80	
Advertising ----------		600.00	
Class-room Equipment and Library ----------		144.00	
Graduating expenses ----------		176.00	5,200.80
Annual Training School Expenses----------			$45,887.80

[1] Read at the annual meeting of the Colorado State Graduate Nurses' Association, Denver, February 7, 1923.

Total Expenses per Pupil each year----	$1,147.19	
Total Expenses per Pupil each month---	95.59	
Each pupil cost to hospital during 3 years' training----------		$3,441.57

VALUE OF PUPIL'S SERVICES TO HOSPITAL

(Nurses' time considered of no value to hospital during the three months' probation period.)

1st year, 261 days, at $2.25----------	$ 587.25	
2nd year, 344 days, at $3.15----------	1,073.60	
3rd year, 344 days, at $3.60----------	1,238.40	
Value of total services rendered----------		2,899.25
Net cost, each nurse, to hospital in 3 years' training----------		$ 542.32
Net cost, of one nurse to hospital, per year----------		180.77
Net cost of 40 nurses, to hospital, per year----------		7,230.80

AN EXPERIMENT IN TEACHING NUTRITION TO STUDENT NURSES

By Shirley C. Titus, R.N., and Vivian M. Brown

NUTRITION, which should occupy one of the most important places in the nursing school curriculum, is unique in that it is, perhaps, one of the least thought-of subjects from the viewpoint of the school faculty and the least interesting subject from the viewpoint of the students. The writers of this article, feeling that it was of paramount importance to make this subject one of the most vital subjects in the entire curriculum, determined to experiment with various methods of instruction until they had attained the two following results: namely, (1) a real interest on the student's part in the entire field of nutrition; and (2) a method of imparting to the student nurse a sound and practical knowledge of nutritional problems. After three years of arranging and re-arranging the course, the following outline was decided upon as having most successfully accomplished the desired results.

The course was divided into two sections, each of which was given in a different year of the student's training. Section I, "Elements of Nutrition," was taught in the Freshman year; Section II, "Diet in Disease," in the Junior year. Each section included 12 lecture periods of fifty minutes each and 12 laboratory periods of two hours each.

In Section I, the following ground is covered in the theoretical work:

1. Food—its classification, source, use to body.
2. Planning a day's rations.
   Special attention is paid to caloric value, vitamin content, sources and amounts of phosphorus, calcium, iron, and acid and base-forming foods.
3. The behavior of foods in the body under normal conditions (digestion, absorption and waste products).
4. Hospital diets.
   Liquid, soft, light, regular or house.

A special effort was made to use the simplest terminology throughout the entire course. For example, sugars were called "simple" and "complex" rather than monosaccharids, disaccharids and polysaccharids, as it was felt that those terms covered the needs of the student without confusing her by the use of polysyllabic words.

Under the subject of *digestion,* only enzymes were discussed and pro-enzymes (zymogeus) were not mentioned.

The laboratory work for Section I covered the following work:

1. Beverages
2. Cereals, gruels, toast, etc.
3. Eggs
4. Fruits

} A breakfast tray

5. Soups
6. Vegetables
7. Meats
8. Salad and simple desserts

} A dinner tray

9. Sandwiches
10 and 11. Tea or luncheon tray
12. Examination

As it was felt that one of the surest ways to interest the students was to introduce the "personal equation," the laboratory work was planned with the thought in mind of giving each student an idea of her own bodily needs in the way of food as well as to let her know what she was actually receiving in nutritional values each day. Therefore, after the laboratory work from 1 to 5 was completed, each student was given a menu for a breakfast (for a normal person) and was instructed to prepare the food for this meal, weigh it, set the tray, and serve it to *herself*. All the food left over after she had eaten was weighed. This record, with that of the total protein, fat, carbohydrate content, as well as the calcium phosphorus, iron, and vitamin content, was handed to the instructor. After laboratory work, from 5 to 9, was completed, each student was given a dinner tray to prepare, serve, etc., in the above manner; after laboratory work 9, 10, and 11 was completed, a luncheon tray was prepared.

At the end of this laboratory work, the three records which the student had handed in to the instructor, were returned to her and her final examination was the problem of criticizing the entire day's rations (which she had eaten) from the basis of a balanced diet for one of her own weight, for one performing the same work which she was performing, to criticize the vitamin content, etc., of this day's dietary. Also, the student was asked to name those foods from which vitamins were gotten.

In connection with this examination it is well to add that the way in which the student figured the actual value of the foodstuffs she had eaten was by giving her the proteid, fat, carbohydrate content of a certain amount of a food; for example, she was told that 50 grams of bacon broiled crisp and all fat sponged off gives 5 grams proteid.

Under Section II, "Diet in Disease," the following theoretical work was given:

1. Gastritis
2. Constipation
3. Diarrhoea
4. Fevers (typhoid, scarlet fever, measles, etc.)
5. Nephritis
6. Diabetes
7. Obesity

These conditions, particularly in their relation to diet, were very thoroughly

gone into. The laboratory work for this section covered the diets for all these conditions, but diabetes and nephritis received particular stress.

One of the examinations given in this course was as follows:

1. What is gastric hyperacidity?
   Classification of gastric hyperacidity. How may gastric hyperacidity be reduced?
2. What is gastric hypoacidity?
   Explain the "theory" of a diet for these cases and show how it actually works out.
3. Plan a day's dietary for a patient suffering from *chronic* constipation.
4. Give eight causes of diarrhoea.
   What diet is given in cases of acute diarrhoea?
5. (a) What is meant by peptic ulcer?
   (b) Give four underlying principles in feeding ulcer patients.
   (c) Tell all you can about the Sippy diet.
6. Give three important functions of carbohydrates in fever cases.
   What is the "high caloric" diet? Give its advantages over the old method of feeding.
7. What dietary rules would you advise for a person prone to gall stone attacks?
8. What factors must be taken into special consideration in dealing with the dietetics of nephritis.
   Tell what you can of albuminuria.
9. If called on a scarlet fever case, what points would you bear in mind in planning the diet of your patient?
10. What is diabetes?
    What is meant by "sugar" tolerance? From what, and in what amounts, is glucose formed?

It is interesting to note that this examination, as difficult as it appears on the surface, was more ably handled, both in the general tone of the paper and in the actual grades received, than much more simple examinations given under some of the other methods of teaching.

No one text book was used for this course although plenty of reference books were available and the students were encouraged in different ways to use them. Written themes on such subjects as milk, vitamins, etc., were called for at stated intervals. Also, each student was called upon at least twice during the course to deliver a three minute talk on a given topic. These themes and three minute speeches were designed especially to get the student to look into, and use, the various reference books on the library shelves.

Each lecture was dictated by the instructor to a stenographer and mimeographed copies of these lectures were put into the hands of the students. This method not only cut down the laborious and unnecessary note taking, but also prevented the students from getting into "deep water" which they invariably did when any one text book was used. The instructor also had the pleasure of getting over the exact material she wished the student to remember without the usual trouble-making dictation in class.

The students kept note books, but these were not at all elaborate nor very lengthy.

One point which it would seem well to bring out was the equipment used for this course. The students had all their laboratory work in a small diet kitchen which contained the simplest kind of equipment.

In conclusion, the results of this experiment may be recorded under the following points:

1. The students were extremely interested at all times in the subject of nutrition.

2. They seemed to get a very sound knowledge of diet in health as well as in disease.

3. The instructor herself found the class much easier to handle and felt at no time the usual sensation in teaching nutrition (at least the theoretical part of nutrition) of "dragging the class along."

4. The course thus planned, although seeming to obtain the maximum of result, required only a minimum of effort and expense.

5. It was felt that any hospital, regardless of its size, could give this course if it possessed the one indispensable thing,—a dietitian who was familiar with teaching.

EQUIPMENT AND TECHNIC FOR A URINALYSIS[1]

By Hazel Corbin, R.N.

DOING a urinalysis in the home of a patient as part of a pre-natal visit, is becoming common practice. The following is an outline of the equipment and technic developed by a staff of maternity nurses.

	Cost
a. Aluminum kitchen cup	$0.15
b. Aluminum funnel	.10
c. Filter paper	.05
d. Litmus	.15
e. Urinometer complete	.50
f. Test tube and brush	.08
g. Test tube holder	.15
h. Sterno—label removed	.08
i. Matches	
j. Acetic Acid 2% (in dropper bottle)	.20

This equipment, excepting the funnel and sterno, packs neatly into the cup, takes up small space in a nurse's bag, and is of light weight.

Unpack the equipment and arrange it, convenient for use, on a table or chair protected with several thicknesses of newspaper and a paper napkin. Tell the mother the reason for regular and frequent urinalysis during pregnancy and explain each step as the examination is made. It usually convinces a mother of the necessity of urinalysis if you explain "that during the first nine months of life the baby is dependent upon the mother's blood for nourishment, that one function of the kidneys is to keep the mother's blood clean, and that one way we can tell whether the kidneys are doing their work properly and keeping the blood, incidentally the source of the baby's food, clean is to examine the urine."

Give the patient the cup, covered with a folded paper napkin, and instruct her to cleanse the vulva and void urine into the cup. While the patient is getting the specimen, make a small newspaper cornucopia for waste.

Reaction.—Drop a small square of neutral litmus paper into the cup (It

---

[1] Written in response to many inquiries received after the publication of articles in the April *Journal* by Miss Corbin and Miss Zabriskie.



is well to cut litmus into squares when packing the bag) and note the reaction. If the color of litmus is unchanged, the urine is neutral; if the color is red, it is acid; if the color is blue, it is alkaline.

Specific Gravity.—Place urinometer glass on a level spot. Place the urinometer in the glass and pour in urine until the urinometer floats; spin, so that it is free from contact with the sides of the glass, then read the figure on the scale opposite the top level of the urine. This should be between 1012 and 1020, and measures the density of urine as compared with water. Any variation from this should be reported to the doctor.

Appearance. — If the urine is not clear, line the funnel with two ply of filter paper and place in test tube, then pour carefully into the filter paper enough urine to fill the test tube two-thirds.

Albumen. — From urinometer glass, fill the test tube about two-thirds full of urine. If the reaction was other than acid, add about five drops of 2% acetic acid, or enough to acidify. Boil the top portion of the tube over a sterno flame, add a few more drops of acetic acid, then examine the tube against a dark background for a cloud in the top portion compared with the portion just below it. If it is absolutely clear, record as negative. If a cloud shows, record

as positive, and report that fact to the doctor or the hospital at once.

Do not miss this opportunity for teaching the proper disposal of waste urine and the careful cleansing of utensils before returning them to the bag.

This simple procedure, while not a complete urinalysis in any sense, is considered adequate unless the findings show some departure from normal which would indicate the need for a complete urinalysis by a physician or a laboratory technician.

This procedure is so simple that patients living in isolated districts have been taught to do it themselves and report their findings to the doctor or nurse by mail or telephone.

LOUIS PASTEUR[1]

By Florence C. Thorn, R.N.

THIS year the world is paying tribute to Louis Pasteur, it being the centennial of his birth. Therefore it seems fitting that we should manifest at this time appreciation of this great chemist and noble man.

Louis Pasteur was born in France, December 27, 1822. He was a shy boy, apparently with average mental capacity. At sixteen he was sent to school in Paris, but homesickness soon forced him to return to his native province, where he attended the Preparatory School for four years.

At the age of twenty Pasteur again ventured to Paris, where he entered the Normal. He had inherited from his father a passion for practical facts, and from his gracious mother, an active imagination. His courage and will were the legacy of his great-grandfather, who bought his freedom from serfdom. With such an inheritance, and the best training then available, Pasteur was destined to accomplish great things.

After graduation Pasteur continued as an assistant in the Normal, where he had the patronage of Dumas, the eminent French chemist. Here he discovered in Chrystollography the right-handed and left-handed Tartaric Acid.

At thirty-two Pasteur was made Dean of Science at the University of Lille, a rich industrial center. He ever had the practical interests of mankind nearest his heart, so he turned his attention to finding the cause and prevention of fermentation in wines, beers, and vinegars. This fermentation was causing great loss to the manufacturers, horticulturists, and farmers. After extensive study he gave to the world certain facts: (a) that fermentation is a process of bacteria (prior to this people believed the theory of spontaneous generation); (b) the process of pasteurization; (c) the characteristics of aërobic and anaërobic bacteria; (d) the formula for making pure yeast. These discoveries not only made France the foremost country in the manufacturing of wine, but also advanced science.

He was next asked to study the diseases common to silk worms; plagues which had nearly ruined the silk industries in southern France. While

[1] Read at the celebration of Pasteur's Centenary in Ohio State University.

working on this problem, Pasteur was stricken with paralysis,—fortunately it was on the left side only. Determination to complete his unfinished work helped him to combat this affliction, and he returned to his laboratories. Pasteur rendered his greatest service to mankind after an illness which to many would have meant a life of idleness. He would not be content to rest. After four years of further study, he described the causes and cure of two specific diseases from which silk worms had been dying.

He next turned his attention to cholera, a disease prevalent among chickens. As a result of these experiments he isolated the cholera germ and made a vaccine from the virus. This was most effective in eradicating cholera, and it gave to the world a method of making a vaccine from a virus. He next isolated the germ causing erysipelas among swine and developed a cure. He also isolated the anthrax germ and prepared a vaccine which would control this dread disease. However, people were not ready to accept his word, and a crucial test was performed. Pasteur gave two inoculations of his protective vaccine to twenty-five sheep. Two weeks after the last inoculation the twenty-five vaccinated s h e e p and twenty-five unvaccinated sheep were inoculated with anthrax germs. Five days after this inoculation the twenty-five unvaccinated sheep were all dead, and the twenty-five vaccinated sheep were living and well, except one. A post-mortem examination showed that this one died from another cause. Thus people were convinced, and countless lives among human beings and animals have since been saved.

Perhaps his greatest achievement was the treatment of rabies. Prior to his discoveries regarding this disease, death resulted in every case of hydrophobia. While the treatment was still in the experimental stage, a small boy was brought to him badly lacerated by the bites of a mad dog. Realizing that the child was doomed to die, Pasteur inoculated him with the new vaccine. After several days of anxious waiting the child recovered, and so it was conclusively proven that rabies could be prevented. This first patient is now janitor of the Pasteur Institute in Paris.

Pasteur died in September, 1895. Unlike many great men, he lived to see his work valued. Every possible scientific honor of real worth was conferred upon him. He was voted a member of every important academy and society. The French government gave him an annuity of 12,000 francs. He lived to see the Pasteur Institute built by contributions which came from widely separated parts of the world; kings and emperors, as well as the poor, contributed. He, however, was always ready to give credit to his parents, teachers, and assistants, who, he said, helped him in his achievements.

In this great era of preventive medicine let us recall the one who opened the way for his successors; upon Pasteur's contributions is based the work of Lister and other great scientists. While we do homage to the discoverer, let us also remember the man whose example we would do well to follow.

EDITORIALS

Bellevue's Semi-Centennial

NO panorama of the dramatic war days was more soul stirring than the beautiful army of peace symbolized by rank on rank of nurses in Carnegie Hall on the occasion of the fiftieth anniversary of the founding of the Bellevue Training School for Nurses, the first school established on the Nightingale plan in a general hospital in this country. The auditorium was completely filled with nurses. Like a great garden, the many shaped caps appearing like flowers on their stalks, the vista spread out before one. In the center were Bellevue's own graduates, snowy haired many of them, and with countenances that bear the marks of years of honorable service. Clustered about this center were groups of students representing some fifty of New York's registered schools and beyond all these, in well known street uniforms from which one caught the flash of scarlet lined capes, the gray of visiting nurses, or the sturdy blue of the Army and Navy, were the representatives of all the government nursing services and local and state public health nursing organizations. There too, were cap and gowned students from Teachers College, postgraduate students preparing for further service and above them all hung from the boxes the blue and gold banners bearing the names of the schools and other participating organizations. There under one roof, symbolic of world wide service, was gathered a potentially international army of peace.

On the flag decked stage, beneath the banners "1873—Bellevue—1923," the great and imposing group of faculty and students formed a gracious background for the speakers of the evening, distinguished guests, and Bellevue's Board of Women Managers, notable successors of that Board which, organized through the genius of Louisa Lee Schuyler, first made the school possible. This Board has been a veritable bulwark to the school all through the years and it is a pleasure to voice appreciation of the contribution these so-called lay workers have made to our profession. Under the leadership of Mrs. William Church Osborne, President of the Board, was conceived and skillfully executed the plan to celebrate a half century of nursing, rather than Bellevue's particular achievements, which culminated so beautifully on the evening of May eighth.

Miss Goodrich expressed the true significance of the impressive gathering and the constructive force which it represented in her address, The Soul of America, when she said, "Only through the use of knowledge for humanity's sake will the soul of America be revealed." Quoting Benjamin Kidd, Miss Goodrich began and ended with:

> When the mind of the West comes to grasp in all its far reaching application the fact that the science of power in the social integration is the science of directing the collective will over long stretches of time to definite ends through the emotion of the ideal, it will be the first step to a new order of civilization.

In her greeting to the gathered throng, in the name of the Alumnae, Lucy Minnigerode, Bellevue '98, while appreciating the achievements of the past, stressed the importance of our next step, that of solving the problem of providing adequate nursing service for people of moderate means.

Jane A. Delano, one of the most brilliant stars in Bellevue's crown of distinguished alumnae, was beautifully memorialized by Surgeon General Ireland who said,

> I could do no less than accept the invitation to participate in this celebration in order that I might pay tribute to my friend and her work, for it is possible for me to state my belief that no soldiers in any war were ever so well nursed as were our men in the Great War.

Every observer, and Carnegie Hall was packed to the topmost gallery, came away with an indelible mental picture of one of the greatest armies of peace, and in their hands they carried the beautiful little blue clad souvenir history of our first School which was prepared by Mrs. Linzee Blagden, one of the Vice-Presidents of the Board. And so mind and heart were filled with veneration for the achievements of fifty years of nursing, achievements upon which soaring aspirations for the future may be safely built, and we were reminded to say with full hearts,

> Lord God of Hosts, be with us yet,
> Lest we forget, lest we forget.

Miss Goodrich Goes to Yale

THERE can be no surprise that Annie W. Goodrich is to be Dean of the new School of Nursing at Yale. Indeed, there is a certain inevitability about the appointment. Had she had this goal in mind, Miss Goodrich could hardly have prepared more soundly for the new task. Long years of administration in various schools, inspection of the schools of New York State, direction of a great visiting nurse service, and many years of college teaching, combine to make her, *par excellence*, the person for that high place. Her development of the Army School of Nursing is proof, if proof were required, of her peculiar fitness to develop a piece of work that is frankly experimental and as demanding originality of thought.

The task will be a congenial one for the aims of the new school are synonymous with her own aims in nursing education, the preparation of nurses who will see nursing as a community service, and their contribution to community health as a fundamental social service of international importance.

Miss Goodrich will be received into a cordial atmosphere. The historic Connecticut School for Nurses, like Bellevue, now rounding out its half century of service, and the Visiting Nurse Association of New Haven will accept her as their own. Aiming at conclusive studies in both the length and the content of the courses necessary to prepare nurses for all phases of nursing and health work, the school will be well placed on the campus of one of our most famous universities. She will work in coöperation with a brilliant group of men who are in complete sympathy with the plan. It will be recalled that Dr. C. E. A. Winslow, long time friend of nurses, and chairman of the Committee on Nursing and Nursing Education, is dean of the School of Public Health. Dr. Willard C. Rappleye, Superintendent of the New Haven Hospital, is whole heartedly committed to the new plan as might be expected of the man who, in the capacity of Executive Secretary, prepared the highly socialized report of the Committee on the Training of Hospital Executives last year. Dr. Winternitz, Dean of the Medical School, and President Angell are both thoroughly sympathetic

to the new school. Such support is veritably a happy conjunction of the stars in their courses and one that augurs well for the ultimate success of the school which is expected to answer those moot questions: "How long should it take to educate a nurse? Are nurses being over educated? Are they really being fitted for the service expected of them?"

It is a distinguished honor that has come to Miss Goodrich, that of guiding the destiny of the school which will be the first fruits of the recommendations of the Committee on Nursing and Nursing Education. It is an honor that carries great responsibility which will be courageously borne by one who will take with her to the new post the good wishes of a united profession.

The Helen Hartley Chair of Nursing

IT is not the custom of Teachers College, Columbia University, to name its chairs. In violating a precedent, the College has signally honored Mrs. Helen Hartley Jenkins, whose endowment has made much of the work of the Department of Nursing and Health possible. The senior professorship in the Department, which Miss Nutting now holds, is henceforth to be known as the Helen Hartley Chair. Mrs. Jenkins' gift has, quite literally, been productive of world wide results, for wherever modern nursing is known, there also are followed the teachings of the Department her gift has been instrumental in developing. It it fitting that the name of this first benefactor of American nursing should be more widely known.

With this announcement comes that of two well earned promotions. After many years as Assistant Professor of Nursing, Isabel M. Stewart becomes Associate Professor and Lillian M. Hudson becomes Assistant Professor of Nursing. Even as we rejoice with Yale, we grieve over the loss, to Teachers College, of Miss Goodrich. Students who have enrolled for Summer Courses will rejoice to know that her resignation does not take effect until the close of Summer School.

On to Swampscott

WITH one stirring event following close upon the heels of another in the world of nursing education, it is particularly fortunate that the time of the annual meeting of the National League of Nursing Education is rapidly approaching. Every member of the League, and we believe also many friends of nursing education, will be eager to attend and to take part in the discussions, for it is hoped that members of training school committees and boards of directors will attend in larger numbers than ever before.

The programme which is given on page 790 of this *Journal,* it will be noted, will focus attention particularly on the recommendations of the Committee on Nursing Education and on Pediatrics and Mental Nursing, but there is provision for the presentation and discussion of most of our problems. The social features of the programme are particularly attractive as one evening is to be devoted to a dinner at which Miss Linda Richards and Miss M. E. P. Davis will be guests of honor and another to one of the Boston Symphony Orchestra's famous "Pops" concerts. Plans for the so-called commercial exhibit are going forward apace and this feature is

expected to be truly educational. The splendid New Ocean House at Swampscott will be given over almost entirely to convention purposes during the time of the meetings and no more delightful spot could have been chosen for a national gathering. The stimulation of mind on mind and the tonic air of the North Shore will combine to send those who attend back to their tasks with renewed professional and bodily vigor.

Nursing Education in the South

IN offering summer courses in Teaching in Schools for Nurses, George Peabody College, of Nashville raises still higher its standard of service to the teachers and the nurses of the South. With Susie A. Watson scheduled to give the special work, the resources of one of the finest teachers colleges in the country to draw upon, and a week of Miss Goodrich as an extra lure, Peabody should prove a veritable Mecca for Southern nurses this summer.

The School of Public Health Nursing, which is sponsoring the special Summer Course, is not new and already has a large summer enrollment. It is significant of its growing importance that, in planning the present drive for funds of the College, $400,000 was designated as the amount necessary to endow this school, and President Payne is responsible for a statement that the campaign is moving satisfactorily so a firm foundation for the School seems assured. With cordial relations already established with Nashville's growing medical and nursing resources, among which may be included the new three million dollar Vanderbilt Medical School to be erected on a campus adjoining that of Peabody, it is not too much to believe that Peabody will become one of our great public health nursing centers. Southern nurses, and indeed nurses everywhere, have it in their power to contribute to this much-to-be-desired project.

The Training of Attendants

THE large tolerance of the letter on page 786 of this issue by Richards L. Bradley will, we hope, stimulate clear thinking on the question of our total obligation to the communities which we are now only partially serving. We tend to limit our contribution to the welfare of society, because we allow ourselves to be bound by the intricacies and complexities of the superficial "How" of our service when we would do well to hold fast to the fundamental "Why" of nursing. We believe the fundamental "Why", which is the need of all those who are already sick, and of those who can be saved from illness by health teaching, can be better answered by an inclusive service than by an exclusive one. In other words, we believe that, by assuming the responsibility for the teaching and the supervision of subsidiary groups, we will enlarge our service and incidentally strengthen our own claim to the respect due, and commonly accorded to, professional workers. The incessant demand for more and more well trained nurses is sufficient proof that the 150,000 untrained persons now caring for the sick in this country, have not displaced graduate nurses. We believe there is no valid reason for supposing that the licensure of those who are worthy of classification in subsidiary groups will have that effect. Nothing is gained by turning our backs and then assuming that what we do not see does not exist. Communities have long

utilized the services of subsidiary groups of workers and not always to the advantage of those served. If the possession of knowledge means anything at all, it should mean a willingness to place that knowledge at the service of others. We have arrived at a stage in our development when our very privileges place an obligation upon us to be more generous in our dealings with the subsidiary groups, more ready to develop comprehensive and coöperative plans for community care, more ready to give supervisory guidance when it is needed. We have come far in our half century of professional life, but we would do well occasionally to compare our achievements with those things which remain to be done and so preserve that balance between pride and humility that is the basis of all rational living and of sound development.

The Oregon Year Book and Directory

THE Oregon State Nurses' Association is to be congratulated upon the content of its Year Book. The foreword contains a frank statement of the present status of nursing education and the need of community support of nursing schools. Essential information on all the phases of nursing, such as the requirements for registration in Oregon and the organization of state bureaus and associations is compactly given. Conspicuous space is rightly given to the new State Headquarters at 673 Johnson Street, Portland. Brief sketches of the history and purposes of the three national organizations are included and the *American Journal of Nursing* is accorded generous space. It is characteristic of our energetic friends on the Western Coast that they are thus early in a position to announce a course to be given by Miss Goodrich at Portland in the summer of 1924.

By the inclusion of so much information within the covers of one fifty-page booklet, the Oregon nurses have freed themselves of the burden of much tiresome repetition of basic facts at their meetings. They have made it possible for every Oregon nurse to be reasonably well informed about her profession. Their example is one to be emulated.

"With less strenuous conditions of work, and improved conditions of pay, the intrusion of other interests may cause the spirit of service to burn with a flame less pure than that which inspired the nurses of the latter part of the nineteenth and the beginning of the twentieth century. Let us make no mistake. In so far as the Nursing Profession is animated by the spirit of service it will fulfill its high vocation; if it loses its grasp on this fact, whatever it may gain in material things, even if it gains the whole world, there wlll be no compensation for losing its soul."—Editorial, *British Journal of Nursing*, March 31, 1923.



XXII. ANNA C. MAXWELL, R.N., M.A.

BIRTHPLACE: Bristol, N. Y. PARENTAGE: Scotch-American. PRELIMINARY EDUCATION: Home education under supervision of father; later, two years at the Ripley School, Middleport, N. Y. COLLEGE: None. Honorary degree from Columbia University. PROFESSIONAL EDUCATION: Graduate of Boston City Hospital, Boston. POSITIONS HELD: Superintendent of nurses, Montreal General Hospital, Montreal, Canada; Superintendent of nurses, New England Hospital, Boston, Mass.; Superintendent Training School, Massachusetts General Hospital, Boston; Superintendent Training School, St. Luke's Hospital, New York; Organizer and Director, School of Nursing, Presbyterian Hospital, New York. OFFICES HELD: Director, American Nurses' Association. AUTHOR OF: Practical Nursing, with Amy E. Pope. PRESENT ADDRESS: 41 East 70th Street, New York.

DEPARTMENT OF NURSING EDUCATION

LAURA R. LOGAN, R.N., DEPARTMENT EDITOR

NURSING EDUCATION IN JAPAN

BY ANNA C. JAMME, R.N.

IT was my good fortune to spend a week in Tokyo between boats as the guest of Mrs. St. John, Director of the School of Nursing in connection with St. Luke's Hospital; Mrs. St. John suspended her own work and together, in company with Dr. Teusler, medical director of the hospital, we made several trips to hospitals and saw some interesting municipal welfare work.

Our first visit was to Tokyo Imperial University Hospital, which is connected with the largest medical school in Japan, in one of the four imperial universities of Japan, and was founded in 1882. The buildings stand in a spacious compound which we entered through an old and interesting gate. It is an ancient holding and once belonged to a daimio, the Marquis Mayeda, which accounts for the old gate and beautiful trees which lend dignity to the grounds. The buildings housing the various colleges, as law, medicine, science, engineering, agriculture, and others, are located fairly close together and are architecturally pleasing. There are approximately six thousand students; I was unable to find out the number of medical students. The hospital is built on the pavilion plan with a large connecting corridor, accommodates one thousand patients, and has the usual first, second, and third class distinctions. The patient is accompanied into the hospital by his friends and one or two will stay with him and assist in his nursing, especially his feeding. There is no general kitchen and no food is provided by the hospital for its patients or staff. The patient's friends bring in the food, according to his own selection, take it to the nurse who reheats it in a diet kitchen in which are gas plates with a gas meter attached to each plate into which the nurse drops a coin in order to obtain gas to reheat the food. The nurse does not take the food to the patient, but the friend does and feeds him. The patient is, as a rule, lying on a futon on the floor, or may be sitting cross-legged, if a man, or on her heels if a woman, before a low table from which he takes his food. In the case of patients without money or friends, the hospital sends to a restaurant for the food. The nurses' and attendants' food is also obtained from a restaurant.

In the wards are iron beds with straw mattresses and a thick quilt covering the patient. There were high bedside tables, very untidy and covered with food as is found in the hospitals conducted by Chinese. There was the ever-present urinal and many times a bed-pan under the bed. It was hard to realize that in an institution where science is so strongly emphasized, and where there are eminent bacteriologists and beautiful, large, well equipped laboratories, a condition of this sort should be tolerated. There was a fairly good and large operating amphitheater; too large to permit the greater number of the students to see any part of the operation, and they could only



Student Nurses, St. Luke's Hospital, Tokyo

get the technic by word of mouth. The service rooms adjoining the theater were small, dark, and extremely untidy.

A school of nursing is attached to this hospital. It has no woman nurse at its head. There is no superintendent of nurses, but a number of head nurses whom we could not distinguish from the others. We were conducted by a young Japanese doctor and obtained our information with considerable difficulty. We could very easily see that the nursing and the training of the nurses played a very small part, for no supervision was apparent. All told there are four hundred nurses in the institution, including graduates and students, and as they all wore white we could not distinguish between them, but as we were leaving we were informed that the graduate has the fuller and higher sleeves on the shoulder and takes pride in making her sleeves stand up at the shoulder.

The course covers two years. The first year the students are in the class room entirely and study under the doctor's direction; the second year they have all of their practical work in the wards. Following these are two years of service in the hospital which is intended as payment for the first two years of instruction. There are no classrooms for the students, they use those of the medical school. They live in a separate building. They receive no allowance during the first two years; during the third and fourth years they are allowed twenty-two yen ($11.00) a month, and from this they pay eleven yen ($5.50) for their food. Aprons are provided during training and caps, made of cotton, very small and round with

wide frills and worn far back on the head. As the hair is elaborately done up in Japanese fashion the caps are often quite grotesque.

Our next visit was to Keio University. After the usual ceremony incident to our proper introduction we finally put on our shoe covers, which we were asked to do in every hospital, and started on our round. Here we found very different conditions from those at the Imperial University and an interesting woman executive at the head of the nursing department, Suzuoki San, graduate of the Red Cross Hospital, Tokyo. On inquiry we found there were three hundred and seventy patients and four hundred nurses, which proportion rather astonished us until we learned that there was a daily average of eight hundred patients in the out-patient department where many nurses were on duty. We were fortunate to have our own interpreter with us, as the guide could not speak English; the superintendent of nurses we did not meet until we finished the hospital round and she also could not speak English.

The hospital is modern, having been built in 1919; it is pavilion plan with large, well lighted and ventilated wards and a number of private rooms. It was clean and had the appearance of being well conducted with considerable attention given to detail. I noticed the good equipment of the dressing carriages, and the number of brass basins, curved and round, and brass pails for receiving soiled dressings, all of which were highly polished. In the third class wards were wooden beds with deep drawers built underneath for keeping the clothing. The patient's head was toward the center of the ward, and feet toward the windows; at the head was an extension on the bed which served as a table and on which were toilet articles and the ever present tea pot and cup. In this hospital there is a large and well appointed general kitchen where all the food is prepared and sent up to the wards in small carriers, one compartment above the other, which can be carried by one person. The food is reheated in the diet kitchens. I saw the serving of the noonday meal from the ward kitchens. It goes out on small square lacquer trays and consisted of steaming hot soup in covered bowls, rice, raw fish, baked beans, pickle, tea, all well covered and the hot things very hot. This diet is varied and meat is occasionally introduced. No butter is used and rice takes the place of bread. The trays looked attractive, the dishes pretty and clean. The nurses appeared very well; their uniform was clean; the cap was large and covered the entire head. They wear the regulation Japanese Red Cross cap. There were many nurses, but all appeared busy, interested, and they were very courteous when we stopped them to see their work or to ask questions. The out-patient department is a teeming place with room after room opening off a wide corridor and a large waiting room. Judging from the official atmosphere, the offices and record rooms, it is run with the statistical efficiency in which the Japanese take joy. It certainly affords a wonderful clinical experience for the medical student, and for the student nurse if she is properly directed.

It took some amount of persuasion to have our guide conduct us to the superintendent of nurses whom we met in a bright, sunny office together with her assistant. We were cordially received

and conducted to the new nurses' home, which was just being occupied. It is a cement building, built on the Japanese plan, tatami on the room floors and sliding doors constructed with small squares of rice paper opening into the halls and many sliding glass windows opening on the outside. It gave the appearance of cheerfulness and sunniness which is most grateful in Japan in winter, as buildings are not heated. Aside from bright cushions on which the nurses sit, the rooms were completely devoid of furniture. Here and there was an artistic picture, or a few flowers in a vase and a "hebachi," a large porcelain bowl containing heated charcoal. We saw several night nurses sleeping on their "futons" which consist of two or more light but thick quilts which protect them from the floor and also cover them. When not in use these are neatly folded and put away on shelves hidden behind the sliding walls. In their reception room there was likewise absence of furniture; here we saw a large portrait of Miss Nightingale. The nurses' home is beautiful as a Japanese residence and the nurses seem very happy in having it. We could only smile and bow deeply to each other in acknowledgment of their cordial reception. How much I wished I could speak Japanese and respond to their smiling reception.

The course here is likewise two years; the first year is devoted entirely to instruction which is given in lecture form and notes taken; the second year in practical work. The third year is spent in hospital service. The students receive thirty yen ($15.00) a month in the third year and pay nine yen ($4.50) for their board. They appear to be a fine type of Japanese womanhood, intelligent and capable. I regretted exceedingly that I could not speak with the superintendent directly or her assistant, as they both appeared so capable and equal to the task of that great school. I know they had much to tell us concerning it and we regretted that we had to go away without learning it all.

The Red Cross Hospital at Tokyo is Japan's pride amongst hospitals. It is located in large and beautiful grounds, highly cultivated in Japanese fashion; the day I was there it was snowing and the trees and shrubs were covered, making a beautiful picture. A letter of introduction from Dr. Teusler to the director brought in the course of time an office attaché, fresh live charcoal for the hebachi, hot tea, and finally Mrs. Hagewara and her assistant Tabuchi San. Mrs. Hagewara is director of nurses, a woman of strong personality, dignified and gracious manner. In the third volume of the History of Nursing Mrs. Hagewara has given an interesting description of nursing in Japan. She was present at a meeting of the International Council of Nurses in London, and is greatly interested in our international relations. We were taken over the hospital by her assistant who spoke English. It is a beautiful hospital, constructed on pavilion plan and every building, including the nurses' home, connects with the central corridor. As the hospital covers a large area of ground, the buildings are fairly far apart and the covered corridors enable one to pass under cover from one building to the other. It is wonderfully clean and orderly and everything that can be polished is polished. It accommodates three hundred patients, has four hundred nurses, of which three hundred are students. The number of

students appears large, but at least one-third are first year students who do not go to the wards. We saw a large class assembled in a class room prepared for a medical lecture. The schedule of hours of duty at both Keio and the Red Cross showed three shifts of eight hours each and no broken hours. The first year students are in class or study for about eight hours a day during the first year. They are taught nursing procedure in the ward, there is no demonstration room, but we could see evidence of good teaching in general nursing technic from the making of beds to the operating room. The latter was very fine, both as to structure and equipment, which did not apply only to the operating rooms proper, but to the adjoining service rooms. In the wards I noticed particularly the charts, which were neatly done, and voluminous records kept by physicians. On every bedside table was a glass bottle covered with a glass and containing a gargle composed of boric and boiled water. There were no uncovered urinals or bed-pans in evidence, but a well kept service room was seen. The tuberculosis ward was entirely of glass and we were not allowed to enter. The windows and glass partitions slide and can be opened at will. The beds were separated by small white screens. All utensils, as basins and receptacles, instead of being of white enamel, as we are accustomed to see, were of brass and highly polished. The maternity department does not differ from the other departments except that there is a delivery room, and babies are kept with the mothers. There is a large out-patient department with a daily attendance of six hundred patients where student nurses were on duty.

The nurses' home is of the Japanese type; there are also a series of reception rooms furnished in western style which can be opened one into the other. There is also one room kept solely for the Princess when she makes her visit as patroness of the hospital. We were elaborately entertained again with hot tea and cakes, and regretted that time pressed and we were obliged to hurry from our gracious hostess to another appointment.

These three schools form types of what may usually be found in the Japanese hospital. The Red Cross at Tokyo is the best type and this school is producing some very good nurses who are going to the hospitals throughout Japan and are also doing private nursing. There are several Red Cross hospitals in Japan supported by the Red Cross Society. The students, head nurses, and graduates are listed as Red Cross nurses, and although their graduates are free to select their own career they must be prepared to respond to the call of the government at any time during these fifteen years. Aside from the Red Cross, there is no inter-relation of schools or standards of teaching. Each hospital conducts its own course in its own way, but no doubt the methods as instituted at the Red Cross in Tokyo will more or less carry into the other schools of the country by their students.

St. Luke's School of Nursing is the only school in Japan which has the foreign nurse or a woman at the head, the Japanese schools are all directed by doctors, and the doctors give all the instruction. There is no association of Japanese nurses, but there is surely good leadership to be found which only needs



Student Nurses at Study, St. Luke's Hospital, Tokyo



Student Nurses in Sitting Room, St. Luke's Hospital, Tokyo

direction. There are not enough foreign nurses to organize an association as was done in China and to show the way. The women of Japan have been too long subjugated to take up leadership themselves and no doubt this would be very greatly opposed by physicians. Woman's status in Japan will have to be changed before an association of Japanese nurses will come into being.

Medical social work is taking a strong hold, although in some form it has existed for centuries as a part of the Buddhist idea; it is, however, becoming more scientific and of preventive character. Economic conditions which are linked up with public health, such as employment, housing, cost of living, etc., are receiving consideration, and some good work is being done. This is leading to an awakening as to sanitation, the health of individuals, child welfare, vital statistics, tuberculosis, all of which point to the need of a good public health system and the training of public health workers. The handwriting is on the wall and Japan sees it; she is reaching out for light and help and when she starts she will no doubt do it well. She has already reached out to Columbia University and has now Dr. Charles A. Beard, who is in Tokyo on invitation of Mayor Goto, making a survey of the city, its economic facilities and resources. Mrs. Go, a Japanese woman, and graduate of Vassar College, has prepared a pamphlet on social service in Japan which was presented to the Prince of Wales on his recent visit, a copy of which I had the privilege of reading, Mr. Myeda, the assistant Mayor of Tokyo, is developing such welfare work as children's playgrounds, day nurseries, employment bureaus, free lunch rooms. I had the pleasure of a morning round with Mr. Myeda and I thought I could see the coming of the public health nurse in Japan. The field is there and the time is ripe and the Japanese nurses must awaken to it, but first they will have to be led, and it very much depends upon the nurses of America as to how they may be led.

Requests for information on the following subjects pour into the office of the National League of Nursing Education at 370 Seventh Avenue, New York City. Will those in possession of such information kindly coöperate by forwarding it to Effie J. Taylor, Headquarters Secretary?

1. Post-graduate courses in Schools of Nursing; Administration, Public Health Organizations and Laboratories. Directors of such courses are urged to supply complete information.
2. Nursing Pageants or Plays, and Nursing Films. Where presented, by whom, and where published or available?
3. Names and addresses of hospitals and organizations where the part-time services of nurses who wish to take advantage of part-time class work in adjacent colleges or universities could be utilized.
4. Names and addresses of nurses who would like to work in foreign fields.

DEPARTMENT OF RED CROSS NURSING

CLARA D. NOYES, R.N., DEPARTMENT EDITOR
Director, Nursing Service, American Red Cross

VALUABLE INFORMATION FOR NURSES CONCERNING SERVICE WITH ARMY OR NAVY

IN the April number of the *American Journal of Nursing*, the specific needs of the various Governmental Departments were presented. It was felt that further information with regard to service with the Army and Navy was indicated, particularly in relation to salaries and general conditions. We are, therefore, presenting an extract from a very comprehensive special circular which has just been issued by the Navy for the information of nurses considering that Service. The privileges and allowances stated below, together with the rate of pay are authorized by Congress ,and can only be changed by Act of Congress.

1. An opportunity to serve her country.

2. An opportunity to maintain the highest professional standards in this branch of Government Service.

3. Diversity of duty at stations (approximately 42) in the United States, in the tropics, and in insular possessions.

4. A reasonably short working day. Ordinarily, the duration of a hospital "day's duty" is eight hours, which is based on the recognition of physical necessity for recreation and allows sufficient time for the nurse who is studious to enlarge her professional knowledge.

5. A recognized professional standing, approximately that of an officer.

6. Unusually comfortable home conditions; subsistence, including service, which represents a large per diem outlay to the Government.

7. Laundering of uniforms.

8. Leave with pay for one month a year, which can be accumulated to 120 days. An allowance for subsistence of 60 cents a day during a period of leave.

9. An additional leave, called "Sick Leave" of one month a year for illness or injury in line of duty.

10. Government transportation when en route from home to first station of duty and when transferred from station to station, which means first class accommodations, lower berth in Pullman car, or chair car for day travel, and reimbursement for incidental expenses such as meals and tips.

11. Packing, crating, and transportation of 5,000 pounds of household effects, subject to certain conditions.

12. Medical attendance, hospital care and treatment when ill, during which time the pay continues.

13. The present rate of pay authorized by Congress is as follows:

$840 a year for the first three years of service;

$1080 a year for the second three years of service;

$1380 a year for the third three years of service;

$1560 a year from the beginning of the tenth year of service.

Former service in the Navy Nurse Corps, and service in the Army Nurse Corps are accredited toward longevity pay. Reserve nurses when on active duty receive the same pay and allowances as nurses.

14. Disability compensation for illness or injury in line of duty. In the event of death from illness or injury in line of duty, a gratuity equal to six months' pay of the nurse is paid to a dependent relative.

It is accepted that the monetary return during the initial period of service is not as great as it should be for the particularly qualified woman who becomes a successful nurse in the Navy, but thoughtful nurses who have carefully considered the matter without prejudice, have stated that the elimination of all necessary expenses which is one of the privileges of the Government service, together with the exceptionally comfortable home conditions, makes the remuneration average more than the money earned in private practice, especially when the expenses incident to private practice are considered.

The Army offers practically the same

inducements to the nurse as the Navy has set forth in the above statement. The differences are as follows:

1. Instead of recognized professional standing, the nurse in the Army has relative rank.

2. The Army does not grant the provision contained in paragraph 14.

3. The character of stations in the Army differs somewhat from those of the Navy.

Bay Shore to Remain Open for Several Months

There will be widespread rejoicing among the nurses to know that Bay Shore is not to close at the present time. Following the decision of National Headquarters to lay aside this activity, the New York County Chapter took up the matter, and arranged to continue the work upon the basis already familiar to the nurses throughout the country. Mabel Fletcher, so widely and so favorably known through her beautiful service in behalf of the sick and disabled nurses, will remain in charge, and the life of the home continue without a break.

The Present Situation in Greece

American nurses cannot but be interested in the very strong and vital work which the Red Cross Nursing Service is still doing in Greece with the refugee situation. There are at present twelve nurses with the Red Cross Commission, and their accomplishments constitute a page of American Red Cross Nursing History of which we may all be proud.

Mrs. Charlotte M. Heilman continues as Director of the Service, with Christine Nuno as her Assistant. It is now the plan of the American Red Cross to withdraw from Greece on July first, feeling that the acute stage of the emergency will then be passed, and the time have arrived for the development of a permanent Governmental plan for the handling of this serious problem, which is too heavy to be borne for any great length of time by a private organization, such as the Red Cross. In this connection Mrs. Heilman writes as follows:

> In fact next winter is going to be worse than this, I am afraid, because people will have grown tired of the refugees, and whatever they have now will be worn out before that time. There is practically no work, and the labor unions will not permit the refugees to work for fear of reducing the prices which are now quite insufficient for decent living. You say that literally tons of material have been sent from America. That is true, but imagine what it takes to clothe 500,000 people who represent the indigent group of refugees, and many of whom were in rags without a change of clothing to put on. We shall be glad to have the layettes.

The service of the nurses has been changed from actual nursing to the work of sanitation. They are practically Sanitary Inspectors for the American Red Cross Commission, which has developed a coöperative plan with the Greek Government and other agencies for the handling of the situation.

The American Red Cross nurses have been transferred from the Near East Relief to the American Woman's Hospital, which has charge of a large part of the hospital work in connection with the refugee problem, while a large number are still with the Near East Relief working with the orphans who are the special charge of this organization.

Colorful Account from Constantinople

Elizabeth Marshall, who is directing the public health course for the students

of the School of Nursing connected with the American Hospital at Constantinople, gives the following account of the experience of one of her nurses:

The clinic doctor referred the case of a sick child to the nurse for a hot bath of fifteen minutes, followed by a dose of aspirin in warm tea. When the nurse arrived at the home she found the baby wrapped in several heavy, clumsy blankets, hugged close in the young mother's arms, while six other interested or curious relatives helped a gas mangle to consume the air so precious to the child. No persuasion could drive the superfluous onlookers from the room; they must be in for a killing, for who had ever heard of giving a sick baby a bath for fifteen minutes?

After all preparations were complete, the nurse put Lova into a tub of warm water and attempted to proceed with frictional treatment. The warmth and gentleness quieted the child at once, but not the relatives. One screamed, "Take her out, she is dying," which was a match to kindling. The mother threw herself on the floor, tearing her dress, pulling her hair, and crying, "She is dead, she is dead." Some one called the father, who took one glance and hurried off. Others pulled at the child, at the nurse, at the tub. Pandemonium. Being forced by circumstances, the nurse shortened the bath from fifteen minutes to two, wrapped the child in warm blankets, laid her on the bed, prepared the medicine and gave it to Lova, although mad panic still filled the room.

Now the father returned, bringing the doctor, the third to see the baby that day. His presence quieted the family enough so that the baby went to sleep, and he soon after departed, leaving a prescription to be filled. The nurse gave her instruction for the care during the day and night and said she would return the next day if they wanted her. Of course they wanted her, but they did not want the bath. Very well, she would return without the bath.

Early next morning the father appeared at the clinic with the request that the nurse should return, because the baby was worse. As soon as possible the nurse went to the home to find that a fourth doctor had been in, left new medicine for the baby, and the order for another bath if the temperature were still high. The nurse's wish was more influential. Today she was able to empty the house of all but the mother, the grandmother, and one aunt. She was able to give the bath for nearly ten minutes, and again the baby slept. The end was gained. Now the child is well and the nurse's visits in the neighborhood are the event of the week. Her work is gold.

NOTES

Miss Noyes has just returned from a ten-day trip to the Southern Division where she spoke at the joint convention of the South Carolina State Nurses' Association and the State Medical Society, which was held in Charleston, April 17-19. From Charleston she went to Atlanta, spending several days at Division Headquarters reviewing the work of the Nursing Service and addressing various audiences.

Miss Noyes was recently guest of honor at a dinner held in Washington, D. C., by the executive women of all the Governmental Departments, the Navy acting as hostess. She spoke upon the relationship of the American Red Cross Nursing Service to that of the Navy, and outlined the standards governing the Nursing Service of the Red Cross.

Elizabeth G. Fox will sail for London, England, on the *S.S. Homeric,* June 16, to give a course of ten lectures at the International School of Public Health Nursing, conducted by the League of Red Cross Societies. Following the completion of her work in London, she will go to Paris, the Headquarters of the League, for conference with Miss Olmsted upon problems calling for immediate attention. She will be away from Headquarters about six weeks.

DEPARTMENT OF PUBLIC HEALTH NURSING

A. M. Carr, R.N., Department Editor
National Organization for Public Health Nursing

The Community Health Association of Boston

By Laura A. Draper

A nurse, a weary mother, and a sturdy four-year-old, compose the poster with which the Community Health Association of Boston is picturing its purpose to its public. Beneath the group is a sentence which puts the message into words: "She keeps me well, mama; she'll help you, too."

Fundamental as this aim of raising the standard of family health is to all health organizations, it is peculiarly—perhaps one might better say doubly—so to the Community Health Association. For that Association began last October to combine the work of the Instructive District Nursing and Baby Hygiene Associations; the former established 37 years ago to give nursing care and instruction to the "sick poor"; the latter 14 years ago "to encourage breast feeding, to provide pure milk properly modified for babies who cannot be nursed, to furnish mothers advice and training in hygiene and the care of babies, and to assist in improving the general milk supply."

Each had changed in certain directions since its beginning; the Baby Hygiene Association had some time ago ceased to provide milk, and had placed more and more emphasis upon the teaching of proper diet and health habits to the pre-school child as well as to the baby; the Instructive District Nursing Association had become a democratic organization, ministering not to the "sick poor" alone, but to whoever needed services, whether for care in sickness or for advice as to its prevention. Each, however, as its work developed, moved more definitely toward the same goal,—health for the individual, health for the family, and hence health for the community.

The work of both Associations had become well known, the demand for their services had increased steadily with the years. It is hoped now to prove that as one body they will increase their effectiveness, gain power, become a more vital force for the health of the city.

The amalgamation gives to the Association 34 branch stations; a staff of 155 nurses, exclusive of the 50 students of the School of Public Health Nursing, who are in the field part of the year; and 12 distinct health services. These are:

1. Bedside nursing and health teaching.
2. Pre-natal care.
3. Attendance at confinement.
4. Postpartum care.
5. Well baby care.
6. Pre-school care.
7. Orthopedic. (This includes aftercare of poliomyelitis, and posture work.)
8. Nutrition.
9. Mental hygiene. (This includes "Habit Clinics" conducted by Dr. D. A. Thom, for the purpose of teaching good mental habits to young children.)
10. Care of communicable diseases, with the exception of smallpox, scarlet fever, and diphtheria.
11. Occupational therapy.

12. Dental care.

Just how to use all this material to the best possible advantage is the problem that is necessitating earnest thought and planning on the part of the Board of Managers and other members of the standing committees.

The guiding policy of the Association —the star by which to shape its course —has already been framed by the Board as follows:

> Each nurse shall perform as many types of nursing service in a home as are practical without impairing the efficiency of the work. Experts on special subjects are necessary and shall be employed to carry out this policy.

The arrangement of work thus suggested will immediately be put into effect in the North End, a congested Italian district, and will gradually be assumed throughout the city.

A long stride in the direction of closer organization and therefore of greater efficiency was taken when the nurses of the two ex-associations went into the same uniform last month; it is impossible to call workers dressed like oneself "they" instead of "we," impossible not to gain a feeling of working shoulder to shoulder.

The Districting Committee is making a thorough-going effort to increase the nurse's effectiveness by decreasing the amount of ground she must cover,—literally speaking. It has recommended certain changes in the boundaries of the present districts, the establishment in each district of an administrative center, and a certain number of sub-stations. It is expected that if the nurse reports directly to the sub-station near the streets in which she works, she will save time and strength, and gain in usefulness.

The Committee on Staff Representation is working on a plan which will not only give every nurse a voice in the conduct of the Association, but will encourage the less aggressive to use such opportunity.

It has been a strenuous winter for the Community Health Association; strenuous with the internal strain of reorganization and the external difficulties of a hard New England winter and much sickness, but it has been none the less inspiring.

Health and social agencies of the state and city have been most generous in coöperation; the members of the Association have been alert with enthusiasm, and best of all has been the constant sense that in the amalgamation something well worth doing is being done.

Fighting Tuberculosis in West Virginia

By a Veterans' Bureau Nurse

JOHN JONES, a far advanced case of tuberculosis, lived in an isolated county of West Virginia, and that I might reach his home by the shortest route from my official station I had to leave on the train at 6 a. m. At the completion of the train trip, I had to travel forty-five miles by auto over roads which were in good condition. On reaching the town I learned that my patient was staying at his father-in-law's and started for that point in a Ford which I was assured could get over the roads. We drove for about seven miles, up the side of the mountain and down, and occasionally followed the creek bed, which is the custom in this locality, this bed being still designated as the road. There was no point where

two Fords could have passed without much backing and skillful maneuvering. We were fortunate in encountering only one Ford and a sled, the latter a vehicle peculiar to these mountain sections. The road and creek bed became so tortuous and rocky that I had to abandon my Ford and complete the journey on foot. After walking about half a mile, I reached my objective.

The house was unpainted, uncarpeted, unswept, unscrubbed, and unsanitary in every way. My patient was in bed and was quite the most cheerful person I had talked to for some days. He had received previous instructions regarding sanitation, personal hygiene, rest, food, and fresh air, but his wife and mother-in-law were falling far short of carrying out the instructions he had passed on to them.

After my patient's return from the hospital he married. Two weeks after their marriage, his wife had a pulmonary hemorrhage and by the time she was able to be up, her husband was in bed with a hemorrhage.

I spent two hours trying to persuade my patient to return to a hospital, but his answer was always the same,—he would be well soon and able to go to his own cabin; anyway, if he didn't get well he would die there in the mountains among his own people. His optimism, typical of the tuberculosis patient, plus his intense love of home, was certainly a baffling combination to meet.

Here in this home I gave an impromptu class in home nursing, hygiene, and dietetics to the wife and the mother. I gave them literature on tuberculosis, emphasizing the essential points, urging that the room occupied by my patient and his wife be screened, for the flies were numerous, and in the household were ten persons. My patient was supplied with a sputum outfit and his wife was also instructed in the use of an outfit. It is into such homes as this that one can only introduce theory in its most practical form and with the utmost tact, for these mountain people are very proud.

When night came, I was fifteen miles from the nearest town or the nearest hotel accommodations. The mountain roads toward the next counties to be visited, the only counties in this district which have no railroads, were wider than the one I had traveled to my patient, but equally rough. I had the usual puncture, the refractory spark plug, darkness, and one mud hole that threatened to fasten a tenacious grip on the Ford, each in turn delaying the journey.

I had faced another mile stone in the day's work and felt that if even one of my simplest instructions were adhered to, the trip was very much worth while.

THE NURSING PROFESSION AND THE MATERNITY AND INFANCY ACT

A pamphlet on this subject has been prepared by the National Organization for Public Health Nursing in coöperation with the Children's Bureau. A word of introduction dwells on the responsibility which rests upon nurses in helping carry out the provisions of this Act. The following questions are then asked and answered: What is the Maternity and Infancy Act? How does it work? How is it administered? What does the Act cost? What is being done under this Act? Minimum Standards for Public Protection of the Health of Mothers.

HOSPITAL AND TRAINING SCHOOL ADMINISTRATION

ALICE SHEPARD GILMAN, R.N., DEPARTMENT EDITOR

HOSPITAL WASTE

BY AMY M. HILLIARD, R.N.

ONE of the most effective means of preventing or controlling waste is by the employment of intelligent personnel. Experienced supervisors of departments who conscientiously inventory all equipment and supplies will not only save the hospital more than their additional salaries, in preventing waste, but they will give the institution a better rating.

The vital need of all hospitals is for a system of daily check-up. Remember that all subordinates will be about as interested as their chief. No hospital will run well automatically. In the last analysis the superintendent gets the service she exacts. If she supervises all her departments daily, personally, it not only gives encouragement to her assistants, but they will have the respect for her authority that comes from their acceptance of her judgment.

The problems concerned with waste have to do with waste of space, equipment, supplies, and what is more precious—the waste of time.

Time.—Time is wasted in so many ways in hospitals that their name is legion—for the most part, however, the time of the physicians and surgeons is conserved. This is of vital importance if patients are to receive the best care from them, as nobody can do his best work when irritated or hurried. The time of patients is not always given the same consideration. One of the most deplorable instances of this is in keeping large numbers of poor patients waiting for physicians who are either late for clinics or who fail to come without sending notification.

Another cruel waste of time and nervous energy is in keeping patients waiting for operation on hard stretchers —in ante-rooms—sometimes an hour or more, in order that the surgeon may not lose five minutes' time, or by sending patients up to operating rooms at time scheduled for operation, instead of waiting until the surgeon is known to be in the operating rooms and ready for the particular patient. This lack of consideration of the patient, as well as for the loss of time of the entire operating room personnel, should not be tolerated by the administration. I understand that one hospital has successfully stopped the practice by calling off operations for the day unless the surgeon is on hand at the time specified, or sends word sufficiently in advance to prevent such waste of time by patients and nurses. The time of patients is also wasted in waiting for X-ray and other treatment, and they are often made very uncomfortable and apprehensive as well. Time of student nurses is wasted in expecting them to repeat day after day, week after week, month after month, and not infrequently, year after year,—work that could be done by messengers, ward maids, and other employees. The hospital is too prone to exact certain service from student nurses

because they are more reliable than employees. Is it necessary for students to accompany discharged patients to the front door of the hospital, to accompany patients to the X-ray and Hydrotherapy Departments? It is furthermore unnecessary for students to take drug baskets to the pharmacy or supply baskets to various sources of supply. All these things can be done by messengers—*but the results are not as dependable,* hence this form of exploitation. Is it necessary to use the time of a student nurse to dust the out-patient department and to take specimens to the Pathological Laboratory? All of these things are being done in some progressive hospitals quite as well by ward helpers. I believe thoroughly in teaching nurses to dust and to care for not only the patient's mattress, but his bedstead, and bedside table, and anything else essential for his comfort and convalescence. I believe this independently, whether the student is a Junior or Senior. I have never had any patience, however, with the system requiring a Junior student on each of six or eight wards to disinfect bed linen, which ought to be sent in special bags to the laundry and all disinfected at one time, by one employee, thereby eliminating danger of infection to all but one person and incidentally preventing the slopping of water and general untidiness incident to all such efforts in every ward utility room of the hospital. A consideration of the waste of disinfectants as well as the waste of time of eight or ten students for what might be done better by one experienced laundryman should be convincing evidence of the advisability of such reform.

The pernicious habit of borrowing is another waste of the time of physicians, patients and nurses, as well as a waste of equipment through misuse and misplacement. *Borrowing should not be tolerated; its prohibition should be enforced.*

Space.—Waste of hospital space is usually due to faulty construction and can be remedied only by the expenditure of considerable sums of money, if at all. The employment of nurse experts by architects would go far toward its prevention. The most economical form of construction to equip, maintain and supervise is what is known as the block plan. We hear much about a so-called new development in hospital construction, providing a separate room for each patient; but unless all rooms are enclosed in glass, such a plan gives no visual control expect of one patient at a time, and thereby necessitates the employment of a much larger personnel, not only for nursing but for cleaning. Additional salaries and wages add heavy expense to the hospital budget.

While the pavilion plan of building is more ideal—from the standpoint of ventilation, sanitation, and control of sounds and odors, it is much more expensive to supervise, as one graduate nurse can supervise two large wards on a single floor, but she supervises them indifferently well if each is in a separate pavilion or on different floors in the same pavilion. The long corridors in the pavilion plan are more expensive to clean and heat than the shorter ones in the more compact plan and much longer distances must be covered by weary feet.

Taking the top floor of the hospital for the kitchen instead of for solaria or wards, is another waste of space and

sunlight where nothing is accomplished except the control of odors. A great waste of time, energy and money is necessitated in the long haul of food and garbage, through elevator, corridors, etc.

Space may be wasted in the construction of large expensively planned "Board Rooms" where the trustees of the hospital meet—perhaps monthly. There is no reason why an assembly hall should not serve the purposes of all the boards of the hospital and for general lectures as well.

Equipment.—If every ward is standardized as to equipment and supplies, the administration has fulfilled its obligation only partially as it is only by the strictest supervision that such equipment is kept in readiness for use.

The first need is for its identification —in other words, for it to be marked or stamped in some very legible and obvious way, identifying it as belonging to a particular department. The ward number or initials in black paint is fairly satisfactory if it is replaced when dimmed by much scrubbing.

The second need is for regular and frequent inventory of all equipment, replacement of all destroyed, and repair of all that can be repaired. There should be a regular day at least weekly for inventory, and replacement should follow immediately after inventory. For this reason the day of inventory should precede the day for requisition. Equipment and supplies destroyed by carelessness should be replaced from breakage fees. A detailed form for weekly requisitions will insure an adequate supply on each ward and prevent both borrowing and waste if requisitions are checked up by the superintendent before issuance. (Stock supplies must not be allowed to run out.)

Considerable waste will be avoided by very small or conservative purchases of rubber goods—but much more can be prevented by the repair of water bottles, ice caps, rubber rings, etc., with a reliable rubber cement. The only prevention of waste by burning up rubber nipples, catheters, gloves, etc., is to have the sterilizer in the ward near the desk of the nurses. As probably every one of us has been guilty of forgetting at least one rubber glove or catheter we can sympathize with the students who likewise forget,—but we cannot accept the consequences, except by replacement.

Deterioration will be prevented in rubber goods by proper rotation in both issuance and use. All of any order of rubber goods should be issued before a new supply is ordered, and rubber goods should not be tied up indefinitely in class rooms, emergency cupboards, etc., but their use should be rotated.

Breakage in china and glassware can be prevented only by the employment of intelligent employees. (It is less expensive to pay a good dish washer ten dollars a month additional than to replace him by one who breaks $25.00 worth of dishes a month!

Defective thermometers or other surgical supplies can be returned for replacement to reliable firms. Breakage can not be prevented where large numbers of thermometers are kept on a single tray and are used by various nurses, but the unsanitary, time-wasting habit of requiring each student to provide her own thermometer is fast disappearing and is never found in good hospitals.

Conservation of time and property will be accomplished if one person is required to clean all surgical instruments used in operating rooms. It should be the orderly—and he should have sufficient mentality to properly mate instruments and thereby prevent explosions of temper on the part of surgeons who are naturally irritated when clamps, hemostats, etc., fail them in critical moments. Proper care of instruments also prevents expensive repair or replacement.

Monthly inventory of linen and replacement in central linen room of all linen condemned will prevent pilfering and destruction of linen. Old linen should be condemned only by the superintendent of the hospital. It is very expensive to replace and the temptation is strong to misuse it. No old linen should be used anywhere except under rigid supervision. It should never be used for dusting. Dusters should be made of cheese cloth—and marked with a square of colored cotton to distinguish them. Old flannel blankets can be used successively for baths, for children's beds, for stupe cloths, and lastly for cleaning. Old sheets and spreads can be cut down for cribs.

All old magazines and newspapers may be salvaged, pressed into bales, and sold by the pound. Old barrels and bottles bring a considerable sum in the course of a year.

Continual supervision is the price of economy and through it, many avenues will be closed to hospital waste.

OUR CONTRIBUTORS

Lulu St. Clair, R.N., is Second Assistant Principal of the Lakeside Hospital, Cleveland, from which school she graduated. She is also Surgical Supervisor and Instructor of Surgical Nursing. She has had one year at Teachers College. The drawings for the article, "Transfusion of Blood," were made by **Molly Levin, R.N.,** a graduate of Michael Reese, Chicago, who has had two years at the University of Chicago and one at Teachers College. She is now a Red Cross Instructor in Home Nursing.

Jessie L. Beard, R.N., graduated from the Children's Hospital, San Francisco, after two years in the University of California. In 1915, after some years of private nursing, she graduated from the New York School of Social Work and has been constantly engaged since then in social service or health work of various kinds,—in Brooklyn, New York, Buffalo, Minnesota, and with children in Serbia and Montenegro, just after the war. She has been field editor of the *Hospital Social Service* magazine. During the past winter she has been making a survey of the Catholic Hospitals in Brooklyn, under the direction of Dr. Emerson.

Clara L. Carruth had two years at Mount Holyoke and took a secretarial course in the Worcester Business College. She has been a teacher, a secretary, and a worker in Turkey under the Near East Relief. She is now Registrar of the Central Directory, New Haven.

E. Priscilla Reid, R.N., is a graduate of Hope Hospital, Fort Wayne, Indiana, where she served as an an Assistant after graduation. After two years at Teachers College, and a year in New York, doing social service work, and teaching, she started the course for preliminary students for three training schools in Rochester, N. Y., continuing in this position for nine years, until called to her present post, Educational Director of the Central School of Nursing, Utica, N. Y.

Shirley Titus is a graduate of St. Luke's, San Francisco, and has had one year at Teachers College. She was employed by the Children's Bureau, Washington, for two years. Since 1920 she has been Superintendent of Nurses, Columbia Hospital, Milwaukee. **Vivian M. Brown** is dietitian at Columbia Hospital, a graduate of Stout Institute, Menominie, Wis.

Florence Thorn, R.N., is a graduate of Bronson Methodist Hospital, Kalamazoo, Mich. After two years of Public Health Nursing she is now a student at the Ohio State University, Columbus.

Laura A. Draper, R.N., is a graduate of the Philadelphia General Hospital and of the course in Public Health Nursing at Simmons College. She is now with the Community Health Association which she describes.

STUDENT NURSES' PAGE

TRAINING AND OPPORTUNITIES FOR COLORED NURSES

By Flossie Manley, B.A.
Robert Long Hospital, Indianapolis

THE rapid progress of negro women in nursing gives us another striking example of the efforts made and achievements accomplished against fearful odds, by a people first subjected to the most cruel oppression, and then thrown out upon their own resources. Negro applicants to training schools found the way barred to them in most hospitals, but occasionally a negro probationer was taken into good schools. The pioneer colored nurse, Mary Mahoney, graduated from the New England Hospital for Women and Children in 1879. To meet the need for training, the first school was opened, in 1891, in the Provident Hospital, Chicago, an institution which was founded, partly endowed, and entirely controlled by colored people. In the announcement of its incorporation, it is stated that "a number of men imbued with a desire to be useful to others decided to organize a hospital and training school for nurses." The first superintendent of nurses was Miss Weaver of the Illinois Training School, and within twenty years after its foundation, the hospital had sent forth more than one hundred well trained nurses.

Like other Southern races, the negro nurses have been led chiefly at first by those of a more experienced race. White superintendents have done, and are doing, some excellent work in colored training schools. Perhaps the Illinois Training School stands first in the number of efficient leaders it has given to Negro women. The work of Minnie H. Ahrens in the Provident, Sarah Ebersole in the Freedmen's, and Miss Topping in Spellman Seminary is no doubt the best known.

Spellman Seminary, Atlanta, Georgia, opened, in 1886, a department of nurse training, but it was not until Miss Topping became Superintendent of Nurses in 1893 that the work was soundly established. In 1910, the course was extended to three years, and post-graduate work organized in McVicar Hospital.

The Freedmen's Hospital, Washington, D. C., and the Lincoln in New York City are the next oldest schools that admit colored women exclusively. The former was organized in 1894, and the Lincoln, which is the largest school for colored nurses in the United States, in 1898. Several graduate nurses of this hospital are on the Staff of Visiting Nurses at the Henry Street Settlement; others are with the Board of Health, or are School Nurses. The faculty is white, the nurses are all colored, and they have both white and colored patients. The requirements are two years' high school. Laura MacHale, Superintendent of Nurses, Freedmen's Hospital, writes that the demand for graduates to do work of an educational nature far exceeds the number available.

Tuskegee Institute, Alabama, has a good three years' course, and cannot meet the demands made upon it. One special advantage offered is that young

men and women can get the advantage of their training as nurses while taking the academic studies. In 1921, an intensive course in midwifery was added to their curriculum. They also offer a postgraduate course in Surgery under the auspices of the John A. Andrew Clinical Society and the Tuskegee Normal Institute.

Some of the schools for white women have a special department where colored women are trained. This is true at the University Hospital, Augusta, Georgia. However, the requirements are eighth grade completion for colored women, and two years' high school for white women.

Brewster Hospital, Jacksonville, Florida, requires two years of high school. The General Hospital, Kansas City, Mo., and City Hospital, Number II, St. Louis, each require four years of high school for entrance. Philadelphia has the Mercy and the Frederick Douglas Hospitals; Virginia the Dixie Hospital at Hampton Institute; Nashville, the McHarry Hospital; and Texas, the Prairie View Sanitarium, and Blenitt Hospital at Galveston,—all have training schools for colored women. There are several other small schools for colored women.

Until recently, scant thought has been given to the training of the colored public health nurse. In the agricultural districts, where there is no factory population, and where the colored population is overwhelmingly large, we find a pressing need for their services. The extension of work to those districts will transmit a corresponding impetus to training schools to produce the type of worker to meet this new demand. The National Organization for Public Health Nursing is greatly interested in helping colored women prepare for this specialized work. They are welcomed at the Summer Institutes for public health nurses.

From a survey made by the N.O.P.H.N., we learn that five schools which give courses in Public Health Nursing admit colored students. They are: Teachers College, New York; Simmons College, Boston, "although in their best interests they are not encouraged to enter, as there are few positions open to colored nurses in Massachusetts"; New Haven Visiting Nursing Association, New Haven, Conn., "Up to date we have had no applications from colored nurses but do not object to them, if properly qualified"; University of Michigan; Pennsylvania School for Social Service, Philadelphia.

In southern states, the demand for colored public health nurses has maintained a reasonable ratio to that for white nurses. Since the demand for colored nurses is found almost exclusively in the south, there is an advantage in having them trained under conditions in which they must work.

Colored women make excellent nurses. To their natural gifts of tact and skillful handling, are added soft, melodious voices, sympathetic natures, and idealism. The Negro nurses of the country formed a national association in 1908, which is a vital force for their professional progress. These women have all the usual problems of the nurse to meet, with an additional one, the cruel handicap of race prejudice.

LETTERS TO THE EDITOR

The editors are not responsible for opinions expressed in this department. Letters should not exceed 250 words and should be accompanied by the name and address of the writer.

THE JOURNAL IN FOREIGN SCHOOLS

DEAR EDITOR: I have returned from my trip to China and Japan, which was most enjoyable and interesting. In every school I entered, I found the *American Journal of Nursing* on file and very much used. It was gratifying to know how many are using the *Journal* and how eagerly they look forward to its coming. When I was at the Peking Union Medical College the American mail had just come in with the Christmas numbers, and I can assure you they were all rejoiced. We can hardly realize, on this side of the world, how eager the nurses are in China to get any word of what we are doing and how much it means to them to have this touch, which the *Journal* gives them. I was constantly impressed as I met the nurses at different places by the great fellowship we have in our profession. I hope our international relationship will become stronger as the years go on. No doubt you have the Nurses' Association of China *Quarterly*. When one realizes the difficulty of getting out the work, they deserve a great deal of credit for it.

California ANNA C. JAMME.

A STUDENT REPRESENTATIVE AT A STATE MEETING

DEAR EDITOR: When our Superintendent of Nurses came back from the convention at Seattle, last summer, she told of several students who were sent by their classmates to the convention, and she put before us the proposition of sending a student representative to our State Convention, to be held at Rochester, October 17 to 20. The different class organizations held meetings and all were most enthusiastic over the idea. Each class nominated two students, a joint meeting was held, and one of these was chosen by ballot. It was also decided that the student body should pay all the expenses of its representative, each class organization contributing from its treasury according to the number of its members. I was the fortunate one to be chosen, but just how fortunate, I did not realize then, as I do now. There were several of our Supervisors who were also attending the convention, and our Superintendent drove us all down in the hospital car, thus reducing the expenses very materially. I am sure no city in the country could offer more of interest to a group of nurses than does Rochester, Minn. In addition to the many inspiring addresses, round tables, etc., we had the privilege of seeing Dr. Charles Mayo operate, and observing the wonderfully efficient system of their operating-room service. Also, Dr. Will Mayo christened the amphitheatre in the new operating suite by giving a dry clinic to about two hundred and fifty nurses. All the hospitals in Rochester kept open house during the convention, and we were entertained at luncheons and teas, the most interesting being at Mayowood, Dr. Charles Mayo's delightful new country home. Altogether it was a wonderful week; I brought back many new thoughts and impressions, my strongest impression being of the friendliness and helpfulness of the different groups of nurses.

Minnesota J. C.

IS THE "SUB-NURSE" NEEDED?

DEAR EDITOR: The review of the Rockefeller Foundation report by Dr. Richard Olding Beard, of the University of Minnesota, in your March number, deals disapprovingly with that part which recommends the authorized and recognized use of the sub-nurse or non-graduate nurse. In the field of those caring for the sick, there is a vast amount of work not being done by anybody, and a vast amount of work imperfectly and improperly done. Whether recognizing this fact or not, Dr. Beard appears to be one of those who believe that the field is, or can be, fully and sufficiently covered by the graduate nurse alone. For those so thinking, it is natural to believe that any person not a graduate nurse working in this field as a regular occupation is necessarily displacing graduates, undermining standards, and belittling the profession. But to the minds of a majority of those who have studied the subject, the facts do not bear out this view. All the work cannot be done by one class of workers,

and the supply of capable workers is inadequate for work that needs to be done, and done well. In answer to the statement in the Rockefeller report that the "sub-nurse" is needed for a distinctive service, Dr. Beard asks the question "Where is society to be profited in receiving less valuable service at approximately the price of superior nursing?" What is most wanted in this respect is not better, but different service in greater quantity. It is well known that the sub-nurse or attendant is needed in many small households to carry on the family machinery, in connection with such nursing service as she may do under the direction of the visiting nurse; just as a member of the family would work under instruction. This kind of service is also recognized by many physicians and nurses to be in many cases a necessary therapeutic function, often just as essential for the recovery of the patient as is the most skilled technical work required in other cases. It is to a great extent a distinctive service, distinct from that usually expected of the graduate. It cannot and should not, as a rule, be undertaken by graduates, but it must be done. Many thousands of women can be used for this purpose and should be employed from responsible placing offices, and under the supervision of graduates. It has also been found that while many who start as attendants perfect their training and become graduates, many, for various reasons, cannot well do so, and can be more serviceable by remaining attendants. As such, they have a useful and honored place in their communities. This is the legitimate field of the 150,000 practical nurses, now uninstructed, unassisted, and only occasionally recognized by some of our authorities as something that ought not to exist. Many of these women are fitted to become attendants, working under graduate supervision from service offices, and would thus be enabled to do better work. Many are not fitted to have anything whatever to do with the sick, and should be replaced. The field that both kinds now occupy is one that calls imperatively for the directing work and help of the graduates at all points. The field of labor for the graduate is broadening, not narrowing; if she can broaden with it. It calls for more highly trained women than can be supplied, and yet that field would be widened indefinitely if measures were taken, as they should be, for financing through benefit payments the work of graduates, in the homes of people of moderate means, from which graduates are now practically barred. Is it too much to hope that we shall see, in time, a general use of the regional service office, by means of which the homes of all the people may be carried through their troubles, by the intelligent use of all classes of nursing labor working in harmony and coördination? This could give us a standard of responsible placing and supervision, and a standard of accomplishment and service no less high than the standards of technical excellence for which so much has been done. Practical experience during the last fifteen years has shown that trouble between the different grades of nurses is almost unknown where good women really get together in the service of the sick and suffering. It has been shown that there is work for all, and that each kind of worker needs the help of the other. The proper organizing of service, including the use of attendants, calls for more graduate nurses, not for less, and offers the graduate a higher place and a higher standard, not a lower.

Boston RICHARDS M. BRADLEY.

LEGISLATIVE WORK IN NEW JERSEY

DEAR EDITOR: In April, 1922, a committee of 15 was appointed by the President of the State Nurses' Association to consider amendments to the Nurse Practice Act. The Committee was made up of three members from each of the five organizations of the state, The State Nurses' Association, The State League of Nursing Education, The State Organization for Public Health Nursing, The Board of Nurse Examiners, and The Red Cross Nursing Service. Amendments were drafted which were ready about December 1, 1922. Early in January, 1923, the Welfare Committee of the Hospital Standardization Association (doctors) heard of our plans and wanted to know if we intended offering for legislation the subject of Training Attendants. They asked for a joint meeting of their association and members of our committee. At this meeting our amendments were taken up one by one and discussed. Some were passed upon and some were turned down. Then the subject of Training Attendants was discussed.

The nurses could not see how such work could be taken up now. A special meeting of the State Association was called to discuss the subject and the decision made that we could not at present legislate for attendants. We decided to ask one of our assemblywomen to introduce the bill, Mrs. Agnes R. Schermerhorn. She had previously been president of the State Federation of Women's Clubs. A circular letter was written and a list of the proposed amendments with the reasons for the same was drawn up. These were mimeographed and were broadcasted over the state. They were sent to every registered nurse, every woman's club which included legislation as one of its activities, every assemblyman and senator, every hospital superintendent, and many individuals. Each week of the legislative session, two members of the legislative committee (one week three members attended) attended the State House activities at Trenton. The bill went through the Assembly without opposition, 52 to 0. When it went to the Senate, the first delay occurred,—not being placed in Committee. Then (in the hands of the Public Health Committee) we found we had a little opposition. One of the members was from the southern part of the State where our smallest hospitals are located. The senator had been asked not to vote for the bill on account of the clause raising the "daily average" from 25 to 50 patients, as they could not meet it. As the School of Nursing was already affiliating, we explained that the affiliation would meet the requirement and that no school on the list of approved schools would be affected. We had to bring considerable pressure to bear. We had help from the Federation of Women's Clubs, verifying the endorsement of our bill by the club in the locality of the complaining hospital. It came to the last day of the legislative session with no promise of the bill coming out of committee. Two members of our association had been at the State House all the week and others part of the time. On the morning of the last day of the session light began to dawn, not, it seemed to us, because the senator from the small county was convinced, but because an assemblyman who found our bill had not gone through had in his hands a bill belonging to the chairman of the senate Public Health Committee and a swap was arranged. Whatever the reason was, our joy was real when the bill came "out of committee." It was rushed through in the last jam,—had three readings and was passed, all within twelve hours. We had not been able to get beyond the Governor's secretary, but the bill was signed a few days later and became a law. No amendments were made in either assembly or senate. We were advised again and again that last week to "stay right there" and "stick on the job." We feel that if we had not, we would not have been successful.

New Jersey M. W. M.

LEGISLATIVE WORK IN TEXAS

DEAR EDITOR: In 1913, the nurses of Texas tried to amend their registration law passed in 1911, were defeated. In 1921, a bill was prepared rather hurriedly, introduced, and referred to the Public Health Committee. Senator Clark, a physician who was chairman of that committee declared he would kill the bill in the committee. During the war he had succeeded in passing a bill in the Senate giving a nurse with one year of training the right to register, but this was killed in the house through the efforts of doctors and nurses in the State and Dr. Clark declared war against any nurses' bill which should appear in the future. For many reasons, but chiefly because there was a lack of preliminary work, the nurses thought it best to withdraw the bill and it was done. In May, 1921, at the State meeting, A. Louise Dietrich of El Paso was appointed Chairman of the Legislative Committee and she appointed one nurse from each District Association for her State Committee. Two others were appointed in each District to form a District Committee. The next step was to draft a bill that would be as simple as possible, yet strong enough to have the things we thought we needed in the State of Texas. In August, copies were sent to every member in the State to be discussed at the September meeting of the District Associations in preparation for the coming of the State Secretary who would make her yearly trip in October. During this visit, the bill was explained, suggestions noted, and the best ones placed in the bill, which was re-written in order to be ready for the State meeting, May, 1922. At that meeting the Secretary of the State Medical

Society was invited to be present during the discussion of the bill. He offered no suggestions but plenty of criticism. At the A.N.A. meeting in Seattle, the chairman of the Legislative Section of that body was kind enough to pick out some of the main points in our bill and they were discussed. In listening to that discussion, our legislative members gained some valuable information. In August, 1922, the bill was re-written and in October and November again presented to the Districts for final approval. The main points of the bill were placed before the State organizations of the League of Women Voters, Federation of Women's Clubs, Congress of Mothers, and Parent-teachers, and was endorsed by all three of them. The District associations of nurses had affiliated with the League the year before. During the Secretary's trip through the State in October and November, she spoke before Business and Professional Women's Clubs, Church organizations, Sunday School classes of young men and women, Parent-teacher Associations, student nurses, graduate nurses and in many places to representatives of the Chamber of Commerce, Kiwanis, Rotary, American Legion, and other men's organizations. All were invited to come and hear about the nurses' bill and were urged to go back to their organizations and ask the members of the Legislature to consider the bill favorably. We always tried to leave with these representatives the impression of the great benefit that would be rendered the public by the passage of this bill. It was intensely interesting to hear the questions they would ask and we felt even if the bill did not pass, the public was at least enlightened as to the status of nurses. The church societies were asked not only to tell all their friends about it and urge them to write the Legislatures, but to make it a part of their weekly or monthly meetings and to pray for its success.

Texas A. L. D.

(To be continued)

HOW DOES YOUR STATE STAND?

The following table shows the rating of each State Association by percentages in a comparison of the membership with **Journal** subscribers for the month of May:

Over 100%
Oklahoma

Between 80% and 90%
Idaho

Between 70% and 80%
Florida

Between 60% and 70%
Alabama, West Virginia

Between 50% and 60%
South Dakota, Ohio, Wisconsin, Pennsylvania

Between 40% and 50%
North Dakota, Mississippi, New Mexico, New Jersey, Wyoming, Indiana, Iowa, Kansas, Illinois, Maine, Arizona

Between 30% and 40%
Massachusetts, Georgia, Delaware, North Carolina, Texas, Rhode Island, New Hampshire, Virginia, South Carolina, Connecticut, Oregon, Nebraska, Minnesota, Kentucky, Michigan

Between 20% and 30%
Washington, District of Columbia, Missouri, Utah, New York, Tennessee, Arkansas, Vermont, Montana, Louisiana, Colorado, Hawaii, Nevada

Less than 20%
Maryland, California

NURSING NEWS AND ANNOUNCEMENTS

THE DELANO MEMORIAL

The progress of the Delano Memorial has been most satisfactory since the appointment of R. Inde Albaugh as a special agent to conduct a drive for the completion of the fund; her headquarters are 370 Seventh Avenue, New York. The readers of the *Journal* are familiar with the letter which was sent out by the Committee in an effort to secure sufficient funds within a reasonable time. As soon as the present drive is over, which it is believed will bring the fund up to at least $35,000, a sum sufficient for our purpose, it is proposed to discontinue any effort toward further collection of funds. Any contribution, however, which may come in after the closing of this drive will be most welcome, and it is hoped that nurses who have not been able to secure the contributions from their community earlier will not feel that they should not send them in after the closure of the drive. Nothing very definite can be done now, as Congressional consent is necessary and, therefore, since Congress does not convene again until December we have the whole summer and autumn in which to prepare ourselves. Recently a conference was held with the Director of the Fine Arts Commission of the United States, who expressed himself as being entirely in sympathy with the purpose of our memorial and gave a number of very pertinent suggestions as to methods, artists, etc. As soon as the fund is completed and the artist selected, he suggested that the artist be requested to come down and confer with him as to location, etc. The location which the Committee desires is in the public park directly facing the entrance to the Red Cross building. It is believed that this would be a picturesque setting and suitable in every way; it would be easy of access and would not in any sense embarrass the Red Cross by establishing a precedent for the erection of memorials of like character within its grounds.

LUCY MINNIGERODE, *Chairman.*

THE NATIONAL LEAGUE OF NURSING EDUCATION will hold its annual meeting at the New Ocean House, Swampscott, Mass., June 18-22. All meetings but one will be held in the hotel. and by daylight saving time. Room rates are $7 to $10 per day, American Plan. Reservations should be made directly with the hotel. Members may take trains from the North Station, Boston, to either Lynn or Swampscott, Eastern Standard time.

TENTATIVE PROGRAMME.—*Monday morning,* Reports. *Monday afternoon,* Reports and meeting of Advisory Council.

Tuesday morning, Round table, Health of Nurses, Elsie Maurer. 9:45. Morning session, in charge of Committee on Education, Elizabeth C. Burgess presiding. 1. Institutes and Summer Schools, Helen Wood; 2, The Training of Supervisors, Corinne French; 3, Experiments in Consolidation of Instruction in Nursing Schools, Eliza P. Reid. *Tuesday afternoon,* Adda Eldredge presiding. 1, Discussion of Tuberculosis—the care of the patient, the preparation of the nurse, Bernice Billings, Chairman; 2, The Solution of Some of the Outstanding Problems of the Training School for Nurses in the Small Hospital, Adda Eldredge; 3, How Certain Difficulties of the Apprenticeship System Are Met in Public Health Nursing Courses, Marion Rice. *Tuesday evening,* Ford Hall, Address of Welcome, Response, Address, Thirty Years of Progress in Nursing, M. Adelaide Nutting.

Wednesday morning, 8:30, Round table, Affiliations, Susan C. Francis presiding. Morning session, 9:30, Pediatrics, Miss Goodrich, chairman. 1, Child Psychology and the Habit Clinic in Relation to Pediatrics, Olive Cooper, M.D.; 2, The Difficulties Encountered When Employing Nurses Inadequately Trained in Pediatrics, Richard Smith, M.D.; 3, The Adequate Preparation of a Nurse Caring for Sick Children, Elsie Burke; 4, What Constitutes a Satisfactory Course in Pediatrics? Elizabeth Pierce; 5,The Problem of the Care of the Child in the Public Health Field, Annie W. Goodrich; 6, The Contribution of the American Child Health Association, Harriet Leet. *Wednesday afternoon,* Business. *Wednesday evening,* Banquet, Linda Richards and

Mary E. P. Davis, guests of honor. Mary M. Riddle, speaker.

Thursday morning, Carrie M. Hall, chairman. 1, Discussion of the Recommendations of the Rockefeller Report, (a) How Can the Hospital Make the Necessary Adjustments? (b) How Can the Training School Make the Necessary Adjustments? (c) How Can These Recommendations Be Carried Out in the Public Health Field? 2, The Principles Underlying Budget Keeping, Professor Rittenhouse; 3, The Budget in Relation to the Training School for Nurses; 4, The Relation of the Hospital Superintendent to the Training School Superintendent, Mary L. Keith, Amy M. Hilliard; 5, Developing the Teaching Material in the Out-Patient Department, Mary B. Hulsizer. Question box, Elsie M. Lawler. *Afternoon session,* Mental Nursing, Helen C. Sinclair, chairman. 1, The Responsibility of the Psychiatrist in Interesting the Nurses in Mental Nursing, Karl Bowman, M.D.; 2, The Community's Need for Nurses with Psychiatric Training, A. Warren Stearns, M.D.; 3, What Constitutes a Course in Psychiatric Nursing? Points to be Taken into Consideration when Planning an Affiliation Between Mental and General Hospitals, May Kennedy; 4, The Reasons Why Nurses Specially Prepared in Psychiatric Nursing Choose General Nursing, Catherine Wheeler; 5, The Place of the Attendant in the Hospital for the Mentally Ill, Helen C. Williams; 6, Should Every Nurse Have Training in Psychiatric Nursing? Maude Roscoe. *Evening,* Pop Concert, Symphony Hall, Boston.

Friday morning, 8:30, Round table, Publicity, Elizabeth A. Greener. 9:45, Instructors' Section. Teaching Practical Nursing, Mrs. Ruth Kapitsky Daniels; Use of Mental Tests, Mrs. Mary Goodyear Earle; Mental Testing in One School, Prof. H. H. Young, Mrs. Ethel P. Clarke; Developments in Teaching Since 1873, M. A. Nutting. Special report, Nellie Gates Brown. *Friday afternoon,* Business meeting and election of officers.

NOTE: The meetings of the Executive Board will be Sunday afternoon, June 17, at 4 p. m., and 7 p. m. Committee on Education, 11 a. m., Sunday, and 8 p. m. Monday.

THE NORTHWEST SECTIONAL MEETING OF GRADUATE NURSES, for the States of Idaho, Montana, Oregon and Washington, will be held in Tacoma, Washington, on June 7, 8, and 9, when it is hoped all graduate nurses of the Northwest will come and take a personal interest in these meetings. Tacoma, "The City of Destiny," will endeavor to keep up her reputation of hospitality to all her guests.

THE NATIONAL ORGANIZATION OF COLORED GRADUATE NURSES meets this year in Chicago from August 15 to 20. Carrie E. Bullock, care of The Visiting Nurse Association, 104 S. Michigan Avenue, Chicago, is Chairman of the Programme Committee. Miss Bullock is now arranging for speakers, topics, and round tables and wants suggestions from every one interested. If more than six nurses ask for a round table on a special topic, and it is possible to secure a leader, Miss Bullock will arrange the round table. On the other hand, if a leader is not forthcoming and a number of nurses want to get together to discuss any topic, Miss Bullock will arrange for a room. As the programme must be printed in July, will the nurses planning to attend the meetings in August, communicate with Miss Bullock immediately?

NURSES' RELIEF FUND

REPORT FOR APRIL, 1923

Receipts

Balance on hand	$15,256.44
Interest on bonds	20.00
Interest on Liberty bonds	23.37
California: District No. 5, $132;[1] Dist. No. 9, $25; Dist. No. 13, $5; Dist. No. 16, $38; Dist. No. 17, $2; Dist. No. 19, $109.32	311.32
Georgia: Graduate Nurses' Assn.	5.00
Illinois: One individual, Chicago	1.00
Maryland: State Nurses' Assn.	5.00
Michigan: Dist. 1, $1; Dist. 4, $3; Dist. 9, $15	19.00
Minnesota: Dist. 5, $8; Dist. 6, $2; Naeve Hosp. Alumnae, Albert Lea, $5	15.00
Missouri: St. Joseph's Hospital Alum., Kansas City	100.00

[1] $100 of this is a bequest from Mrs. Mary Lawther Eddy.

New York: Dist. 2, Rochester General Hospital Alum., $100; Dist. 3, $27; Dist. 4, three members of the Memorial Hospital, Syracuse, $11; Hospital of the Good Shepherd, Syracuse, $192; one individual, $5; Cortland County Hospital Alum., $25; Dist. 13, City Hospital Alum., Welfare Island, $58; four individuals, $4; Dist. 14, Norwegian Lutheran, Deaconess Alum., $15; Long Island College Hospital Alum., $73; St. Catherine's Hospital Alum., $50		560.00
Ohio: Dist. 3, Individuals, $5; Dist. 11, $7.35; three individuals, Cleveland, $3		15.35
Oklahoma: Methodist Episcopal Alum., Omaha, $9; Oklahoma State Nurses' Assn., $3		12.00
South Carolina: Dist. 3		75.68
Texas: Dist. 2, $3; Dist. 4, $42; Dist. 6, $65; Dist. 11, $33; three individuals, Dallas, $3		146.00
Utah: "T. N. T." Nurses' Club, Salt Lake City		25.00
West Virginia: One individual, Charleston		2.00
Wisconsin: Dist. 2		11.75
Total receipts		$16,560.54

Disbursements

Paid to 32 beneficiaries for April	$495.00	
Exchange on checks	.10	
Postage	3.14	498.24
Balance, April 30, 1923		$16,062.30
Invested funds		59,250.00
		$75,312.30

V. Lota Lorimer, *Treasurer.*

All contributions for the Relief Fund should be made payable to the Nurses' Relief Fund and sent to the State Chairman or, if her address is not known, to the American Nurses' Association, 370 Seventh Avenue, New York. Requests for leaflets should be sent to the Secretary at the same address. For information, address Elizabeth E. Golding, chairman, 317 West 45th Street, New York.

ARMY NURSE CORPS

In April, 1923, the following named members of the Army Nurse Corps were ordered transferred to the stations indicated: To Army Medical School, Washington, D. C., 2nd Lieut. Anna L. Alexander; to Attending Surgeon's Office, Chicago, Ill., 1st Lieut. Lyda M. Keener; to the Attending Surgeon's Office, Washington, D. C., 2nd Lieutenants Anna Reeves and Margaret I. Fraser; to Station Hospital, Fort Banks, Mass., 2nd Lieutenants Margaret E. Gorman and Lillian A. Johnson; to Wm. Beaumont General Hospital, El Paso, Texas, 2nd Lieutenants Mary B. Dowling, Mary S. Emery, Hannah A. Johnston, Caroline M. Myers, Emma C. Witherup, Lucie Zurcher; to Station Hospital, Fort Benning, Georgia, 2nd Lieut. Agnes I. Skerry; to Fitzsimons General Hospital, Denver, Colorado, 2nd Lieutenants Edna Ritenour, Lucy Shawhan, Ruth E. Dock, Frederica Good, Frances Stuckey; to the Hawaiian Department, 2nd Lieutenants Grace H. Fowler, Edna L. Moat, Eleanora M. Perske, Margaret A. Wilson, Amelia F. Hanna; to Station Hospital, Fort Leavenworth, Kansas, 2nd Lieut. Marguerite Boardman; to Letterman General Hospital, San Francisco, 2nd Lieutenants Zora M. Ballard, Anna P. Hart, Clara Moerk, Emma C. Mandehr, Marie Speckert, Catherine A. Murphy, Elizabeth Treuholtz; to Station Hospital, Camp Meade, Md., 2nd Lieut. Sara A. McLoughlin; to Station Hospital, Fort Oglethorpe, Ga., 1st Lieut. Elsie Neff, and 2nd Lieut. Anna L. Slater; to Station Hospital, Fort Riley, Kansas, 2nd Lieutenants Ethel E. Peters and Martha F. Stewart; to Station Hospital, Fort Sam Houston, Texas, 2nd Lieutenants Ella F. Tingley, Delila M. Sparks, Josephine M. Nesbit, Ella V. Shorney, Catherine M. Underdown, Anna D. Wight, Bertha Appleman, Nina Dandois, Theresa A. Wilson, May deCaires; to Station Hospital, Fort Sheridan, Ill., 2nd Lieutenants Sylvia M. Williams, and Lynn C. Freeland; to Station Hospital, Fort Totten, N. Y., 2nd Lieut. Gertrude H. Lustig; to Walter Reed General Hospital, Washington, D. C., 1st Lieut. Henrietta Davidson, and 2nd Lieutenants Geralda M. Lindstrom, Margaret V. Garrity, Willie Mitchell, Anna K. Reidelbach, Elsie Schwaeble, Helen M. Chadwick, Cecilia A. Brennan.

Orders have been issued for the separation from the service of the following named 2nd Lieutenants, A.N.C.: Barbara Bauer, Nell Burke, Ruby L. Conner, Anna M. Connolly, Mary Curtis, Lillian M. Dooley, Helen L. Glans, Alice M. Glaser, Ethel M. Good, Bernice I. Harrison, Elizabeth M. Heidgerkin, Edna Henjes, Mildred L. Holliday, Ella M. Jones, Clara M. Larson, Elizabeth J. Millard, Reta M. O'Brien, Rose E. Offutt, Helene Samuelson, Elsie Sayles, Lena Steel, Helen E. Swanson, Ina Torgler.

SAYRES L. MILLIKEN,
Captain, Acting Superintendent, Army Nurse Corps.

NAVY NURSE CORPS

Transfers: To Annapolis, Md., Daisy M. Mapes, Maude A. Woolfe; to Charleston, S. C., Annie Miller; to Great Lakes, Ill., Anastasia Grabowska, Olive M. Houghton, Mary A. Snyder; to Guantanamo Bay, Cuba, (via U. S. S. *Henderson*), Ruth M. Anderson, Chief Nurse, Katherine C. Glancy; to Mare Island, Calif., Margaret Bresnahan, Myrtle I. Carver, Agnes Distler, Carolyn C. Jensen, Irene M. Lannon, Allene M. Templeton; to League Island, Pa., Caroline M. Thompson; to New York, N. Y., Gertrude Campbell, Bessie C. Graham, Frida Krook, Chief Nurse, Elizabeth G. Mullen, Ethel J. McCormack, Veta Markley (temporary duty), Mary D. Walton; to Norfolk, Va., Muriel V. Cole, Katharine C. Hansen, Mary L. Kelley, Mary C. McNelis, Rose E. Walker; to Puget Sound, Wash., Marie J. Kane, Mary P. Leeder; to San Diego, Calif., Carolyn O. Speas; to U. S. S. *Henderson* (Temporary Duty), Jane M. Gallagher, Adele Scudder; U. S. S. *Relief*, Marilla Berry, Helen V. Duerr, Anna P. Smith.

Honorable Discharges: Grace L. Goodwin.

Resignations: Blanche Allen, Louise J. Armstrong, Eleanor B. Erwin, Grace A. Fisher, Margaret H. Haggerty, Nora A. Harding, Laura L. Lockhart, Gertrude E. Mathews, Ellen M. Olson, Josephine Y. Raymond, Vera L. Rudkin, Lula Shanahan.

J. BEATRICE BOWMAN,
Superintendent, Navy Nurse Corps.

U. S. PUBLIC HEALTH SERVICE NURSE CORPS

Transfers: Hilda Denlinger, Carroll Swan, to Baltimore, Md.: Georgia Bigley, to Evansville, Ind.; Margaret Kennedy, to Detroit, Mich.; Zelda Grayson, to Ft. Stanton, N. M.; Margaret Taaffe, to New Orleans, La.; Margaret Dorweiler, to Port Townsend, Wash.; Maggie Cooper, to Louisville, Ky.; Rose Benedict, to Pittsburgh, Pa.; Jessie McFarlane, to Norfolk, Va.

Reinstatements: Lulu Hetrick, Wilma Merrick, Emily Power, Grace De Munn, Elva Dickerson, to Baltimore, Md.; Grace Craney, to Chicago; Hattie Haigwood, Alice Baird, to Key West, Fla.; Margaret Delmore, to Portland, Maine; Antoinette Zielinski, to Stapleton, N. Y.; Ida M. Burney, Susie Hancock, to Norfolk, Va.

The revision of the Regulations is being made in accordance with the schedule established for nurses in the Reclassification Bill. Copies of the Reclassification Bill may be obtained for five cents from the Headquarters of the Federal Employes' Union at 1423 New York Avenue, N. W., Washington, D. C.

LUCY MINNIGERODE,
Superintendent of Nurses, U. S. P. H. S.

U. S. VETERANS' BUREAU NURSE CORPS

HOSPITAL SERVICE. *Transfers:* Margaret MacIver, A.C.N., to Greenville, S. C.; Mina C. Layfield, to Alexandria, La.; Sara A. Clagett, Blanche Knipple, to Atlanta, Ga.; Beatrice A. M. Kenney, Clara Oesterle, to North Little Rock, Ark.; E. Elise Evers, C.N., to Rutland, Mass.; Anna Coffey, H.N., to Whipple Barracks, Ariz.; Nita A. Wallis, Ida J. Masters, to Oteen, N. C.; Helen Duncombe, Margaret M. Murdock, Mrs. Alice Waters, to Ft. Lyon, Colo.; Beatrice Joyce, to Helena, Mont.; Minette Butler, to Bronx, N. Y.; Gladys Bachman, Barbara Skidmore, to Memphis, Tenn.; Zella Bradford, A.C.N., to Tuskagee, Ala.

Reinstatements: Mabel E. Leslie, Arrowhead Springs, Calif.; Olive I. Winnington, Tacoma, Washington; Anna Riestenberg, Camp Kearny, Calif.; Mabel M. Stevens, Maywood, Illinois.

DISTRICT MEDICAL SERVICE. *Appointments:* District 1, Mary A. Clifford, Flora E. Knight,

Boston, Mass.; Margaret M. Leary, Worcester, Mass.; Mary P. Harrigan, Providence, R. I. District 2, Mrs. Marie Courtney, Buffalo, N. Y.; Mrs. May L. Doepfner, Saranac, N. Y. District 3, Laura H. Heinz, Harrisburg, Pa.; Irene Doyle, Pocomo Pines, Pa. District 4, Mrs. Norbertine Overholt, Washington, D. C. District 6, Mrs. Catherine J. Hardy, Shreveport, La. District 7, Genevieve C. Jones, Blanche E. Pegg, Evansville, Ind.; Rose Dettloff, South Bend, Ind.; Ruth E. Young, Hopkinsville, Ky. District 11, Emily J. Rogers, Denver, Colo. District 12, Mrs. Alma B. H. Shaffer, Los Angeles, Calif.

Transfers: Matilda V. Braun, to Denver, Colo.

During the month the School in Tuberculosis Nursing at U. S. Veterans' Hospital No. 41, New Haven, Conn., and the School in Psychiatric Nursing at St. Elizabeth's Hospital, Washington, D. C., completed their courses. At the School in Tuberculosis Nursing at New Haven, Conn., the nurses were given the opportunity of attending many of the lectures given by some of the most prominent men in this specialty in the United States. They also covered the study of the tuberculosis problem from the historical, social, medical and industrial aspect. The lectures were characterized by a definite scheme to stimulate the student to the practical application of the theoretical knowledge obtained. Searching inquiries were made in the fundamental, supplemental and incidental treatment of tuberculosis. Standards for treatment in sanatoria, dispensaries and homes were discussed at great length. Great emphasis was placed on the nurses' relation and responsibility in the suppression of tuberculosis. This point was driven home that the nurses might carry back to the other nurses with whom they are associated the difficulty and importance of tuberculosis work.

MARY A. HICKEY,
Superintendent of Nurses.

THE AMERICAN DIETETIC ASSOCIATION is to hold its annual meeting on October 15, 16, and 17, at Hotel Claypool, Indianapolis, Indiana. The secretary of this organization is Breta Luther, Children's Hospital, Boston.

THE DEPARTMENT OF SUPERINTENDENCE OF THE NATIONAL EDUCATION ASSOCIATION at its recent meeting in Cleveland devoted an entire session to Physical Welfare. It is encouraging to find that organization stressing the importance of health in education and of education in health.

THE ALUMNAE ASSOCIATION OF THE ARMY SCHOOL OF NURSING has been accepted into provisional membership in the American Nurses' Association. The officers of the alumnae association are: President, Barbara M. Price; vice-president, Sidney Hood Haight; secretary, Ruth W. Hubbard, 1138 Bergen St., Brooklyn, N. Y.; treasurer, Annie M. Callender; Directors, Margaret Tracy, Harriet Fithian, Myrtle Roberts, Winifred Schruers. The annual meeting for 1923 will be held from July 12 to July 14 in San Francisco, where the western division of the Army School of Nursing is situated. The meeting is being held in the far west this year, so that in 1924 it may be held in Detroit, Michigan, immediately prior to or following the convention of the three national nursing organizations in June.

AID FOR RUSSIA.—Following a request from the American Medical Aid for Russia to coöperate with it in putting over an appeal to the nurses in America, Mrs. Henry Villard, chairman of the committee, has asked twelve nurses to serve, the majority of whom have consented: Laura R. Logan, President of the National League of Nursing Education; Elizabeth G. Fox, President National Organization for Public Health Nursing; Lillian D. Wald, Superintendent, Henry Street Settlement, New York; Martha M. Russell, Secretary National League of Nursing Education; Helen Scott Hay, former Director of Red Cross Nursing Service in Europe; Mary R. Walsh, Instructor in Practise of Nursing, Stanford University; Elnora Thomson, Social Service Dept., University of Oregon; Helen T. Holliday, Superintendent of Nurses, Baylor Hospital, Dallas, Texas; Carrie M. Hall, Superintendent of Nurses, Peter Bent Brigham Hospital, Boston; Gertrude Heatley, Secy-Treas. Pennsylvania State Nurses' Association. While the appeal does say that a fund of ten thousand dollars will be necessary to care for one thousand nurses in Russia, it

was not meant to imply that the American nurses were under any obligation to pledge this amount, or that they should feel that they were entirely responsible for raising a definite sum. It was merely to demonstrate the need.

THE UNITED STATES CIVIL SERVICE COMMISSION calls attention to the opportunities for appointment offered to persons who are qualified and who desire to enter the Government service at the new United States Veterans' Bureau Hospital for colored veterans at Tuskegee, Alabama, and erected on ground donated for the purpose by Tuskegee Normal and Industrial Institute. The capacity of this hospital is about 600 beds. It has been built for colored patients only, being the best of its kind in the world. Persons who desire to apply for any of the following-named positions should immediately request full information and the appropriate application blank, addressing "The United States Civil Service Commission, Washington, D. C." Graduate Nurses: salaries $1680 to $2500 a year. (1 Chief, 2 Assistant Chief, 15 Head, and 45 Staff positions.)

Alabama: Birmingham.—THE BIRMINGHAM BAPTIST HOSPITAL held graduating exercises for a class of ten students in May. **Selma.**—THE VAUGHAN MEMORIAL HOSPITAL held graduating exercises for a class of seven students on May 12.

Arkansas: Hot Springs.—THE LEO N. LEVI MEMORIAL HOSPITAL graduated a class of seven on May 12.

California: THE CALIFORNIA STATE NURSES' ASSOCIATION will hold its twentieth annual convention, the State League, its eighth annual convention and the State Organization for Public Health Nursing its third, in Santa Barbara, June 13-16. This is on the week preceding the National Convention of the Tuberculosis League. Delegates and visitors to the latter Convention will find the week of the State Nurses' Convention a very interesting one. Come early and meet the California nurses. **San Francisco.**—Graduating exercises for the STANFORD SCHOOL OF NURSING were held on the evening of May 9 at the Auditorium for nineteen members. Dancing followed the exercises. ST. FRANCIS HOSPITAL graduated a class of 33 on May 15; SAN FRANCISCO HOSPITAL, a class of 24 in May. **Fresno.**—THE BURNETT SANITARIUM graduated a class of 11 in May. **Long Beach.**—SEASIDE HOSPITAL graduated a class of 8 on May 12. **Los Angeles.**—THE LOS ANGELES COUNTY HOSPITAL graduated a class of 28 on May 12; THE METHODIST HOSPITAL, a class of 22 in May; THE PACIFIC HOSPITAL, a class of 8 on May 12. **Pasadena.**—THE PASADENA HOSPITAL graduated a class of 15 in May. **San Leandro.**—THE ALAMEDA COUNTY HOSPITAL graduated a class of 6 on May 12.

Colorado: Fort Collins.—THE FORT COLLINS HOSPITAL graduated a class of 3 on May 12. **Denver.**—THE CHILDREN'S HOSPITAL graduated a class of 3 on May 12; THE PARK AVENUE HOSPITAL, a class of 8 on May 9; and ST. JOSEPH'S HOSPITAL, a class of 19 on May 31.

Connecticut: THE GRADUATE NURSES' ASSOCIATION OF CONNECTICUT held a regular meeting at St. Francis Hospital, Hartford, on April 7. After the usual business meeting, Martha J. Wilkinson gave an interesting history of the legislative work in the state. In the absence of the chairman of the Legislative Committee, the report was read by Margaret Stack. Two bills were introduced in the present legislature, one to raise the fee for examination for registration from $5 to $10; the other to establish a Bureau of Public Health Nursing in the State Department of Health. Many nurses attended the hearings on these bills. THE CONNECTICUT ORGANIZATION FOR PUBLIC HEALTH NURSING held a meeting in Wallingford, May 10. **New Haven.**—THE NEW HAVEN HOSPITAL held graduating exercises for a class of sixteen on May 16. **Meriden.**—THE MERIDEN HOSPITAL held graduating exercises for a class of 6 on May 12. **Bridgeport.**—THE BRIDGEPORT HOSPITAL held graduating exercises for a class of 7 in May. THE ALUMNAE ASSOCIATION held a meeting on May 8. The cedar chest of linen was won by Helen Rudine. The chances sold brought $350 for the nurses' free room fund. A dinner will be given to the graduating class on June 5 at the Seaside Club. Tea was served at 5, to which the graduates were invited.

Delaware: Wilmington.—THE DELAWARE HOSPITAL graduated a class of 8 on May 22.

District of Columbia: The annual meeting of the GRADUATE NURSES' ASSOCIATION of the District of Columbia was held at the Nurses' Club, 1337 K Street, Washington, May 7. Annual reports were read and the following officers were elected for the ensuing year: President, Eleanor Maynard; vice-president, Gertrude Bowling; corresponding secretary, I. Malinde Havey; recording secretary, Mrs. Maud S. Aiton; treasurer, Jean Coons; Councillors, Elizabeth Fox, Margaret T. Dennison, Eleanor Hamilton, Sarah Corson, Cassie Bowen, Florence Lanham. THE LEAGUE OF NURSING EDUCATION held a meeting at Providence Hospital on March 22. Plans were made for a course of lectures for the purpose of recruiting nurses, to be given at the various schools of Washington during the month of April. There was a very full and interesting report from the committee on the Central School of Nursing, following which Miss Maynard gave a short address on registration and organization. The April meeting was held on the 30th at George Washington University. A short business session was held, after which Dr. Hunter, Pathologist of the University, lectured on Frozen Sections and Blood Analysis, showing slides of each. Dr. Charles D. Easton, who is conducting a Diebetic Clinic, lectured on Insulin Treatment. T. E. Orton of The Agriculture Department lectured on Diet in Diebetes, showing pictures of gardens and the many vegetables with a low per cent of carbohydrates, giving variety to the diebetic diet. He also advised diebetics having their own gardens, as they provide such great interest. COLUMBIA HOSPITAL FOR WOMEN graduated a class of 8 in May; THE EMERGENCY HOSPITAL a class of 11 in May; the LUCY WEBB HAYES SCHOOL, a class of 17 on May 24.

Florida: Tampa.—DISTRICT 4 met on May 7 at the Nurses' Home of the Gordon Keller Hospital. Eight new members were accepted. After the business, the members adjourned to the Tea Garden for a social hour.

Georgia: Augusta. —THE UNIVERSITY HOSPITAL graduated a class of 13 in May. **Dublin.**—THE BRIGHAM CLAXTON HOSPITAL graduated a class of 2 on May 12.

Idaho: Boise.—ST. ALPHONSUS HOSPITAL graduated a class of 9 on May 12.

Illinois: Chicago.—ST. LUKE'S ALUMNAE ASSOCIATION held its first annual dinner at the Congress Hotel on April 17. Addresses were given by Miss Collins, Miss Eldredge, Miss Fulmer, and class representatives. GRANT HOSPITAL graduated a class of 18 on May 25; THE ILLINOIS MASONIC HOSPITAL, a class of 9 on May 15; THE JEFFERSON PARK HOSPITAL, a class of 14 in May; THE PASSAVANT HOSPITAL, a class of 4 in May; THE SOUTH SHORE HOSPITAL, a class of 14 on May 9. The Illinois Training School for Nurses will graduate a class on May 22 at St. Paul's Methodist Church. A reception will follow the exercises, at the Nurses' Home. The Presbyterian Hospital held graduating exercises for a class of 62 at the Sprague Home on May 17. The address was given by Rev. Frank Fitt of Highland Park. The diplomas were presented by Albert M. Day; the pins by Mrs. Perkins B. Bass. MERCY HOSPITAL NURSES' ASSOCIATION, through the efforts of their chairman, Lenore Tobin, have raised $1,100 toward the building of a cottage for tubercular nurses. The First District Nurses' Association of Illinois is erecting the cottage on the grounds of the Naperville Sanitarium. THE GARFIELD PARK HOSPITAL ALUMNAE raised $1,000 for the same purpose by giving a dance. **Elgin.**—THE SHERMAN HOSPITAL graduated a class of 4 in May at the Woman's Club. **Galesburg.**—THE GALESBURG COTTAGE HOSPITAL graduated a class of 3 on May 15. **Pana.**—THE HUBER MEMORIAL HOSPITAL graduated a class of 5 on May 12. **Peoria.**—THE METHODIST HOSPITAL graduated a class of 16 in May.

Indiana: Indianapolis.—THE INDIANA STATE LEAGUE OF NURSING EDUCATION and the FOURTH DISTRICT ASSOCIATION held their May meetings at the Deaconess Hospital Nurses' Home in conjunction with the Institute on Maternal and Infant Hygiene, arranged by the Child Hygiene Division of the State Board of Health. The meetings were well attended by nurses from all parts of the district. National Hospital Day was observed by all hospitals in Indianapolis with special programmes. The

City Hospital and the Deaconess Hospital held reunions for mothers with babies born in the Hospitals, the hospitals were open to the public from 2 to 5 p. m. Demonstrations of nursing methods were given at the City Hospital. The Robert W. Long Hospital gave demonstrations in the teaching of nurses and in diet. The Social Service Department of the hospital held a reception. The Methodist Hospital held open house and exhibits were given of dietetics and laboratory facilities, including complete X-ray equipment. St. Vincent's Hospital held exercises for their thirteen nurses, the speakers were the Rev. Father Maurice O'Connor of the Catholic Community Center and Dr. David Ross. Sunnyside Sanatorium, the Marion County Tuberculosis Sanatorium, observed the day by dedicating three new buildings. THE ALUMNAE ASSOCIATION OF THE ST. VINCENT'S HOSPITAL entertained the graduating class May 14, with a dinner party at the Spink Arms Hotel, followed by a theater party. THE CITY HOSPITAL ALUMNAE ASSOCIATION met at the hospital May 12. Following the business meeting the Senior Class gave a play, The Young Dr. Devine. The Alumnae members then joined in the programme for Hospital Day. The next meeting will be a picnic supper and boat ride at Broad Ripple Park, July 14. **Fort Wayne.**—THE NURSES' CENTRAL DIRECTORY of District No. 1, which was opened last September, now has 105 nurses on the register. Mrs. Clara (Mosier) Foerster, class of 1921, Lutheran Hospital, is the Registrar; she is located at 2018 California Avenue. The annual commencement exercises of the LUTHERAN HOSPITAL TRAINING SCHOOL FOR NURSES were held May 16; 25 nurses received diplomas. Dr. Chas. Beall and Rev. Walter Klausing were the speakers. Diplomas were presented by Rev. H. C. Luehr; the hospital badges and a set of instruments, a gift from the Hospital Ladies' Aid Society, were presented by the superintendent, Anna M. Holtman. The graduating classes and their superintendents of the St. Joseph, Methodist, and Lutheran Hospitals were entertained at the Lutheran Hospital Nurses' Home on May 3. The regular meeting of the First District Association was held at the Methodist Hospital. The next meeting will be held in July at a place to be announced. **Mishawaka.**—ST. JOSEPH'S HOSPITAL graduated a class of 4 in May. **Richmond.**—REID MEMORIAL HOSPITAL graduated a class of 6 in May. **South Bend.**—EPWORTH HOSPITAL graduated a class of 6 in May. **Terre Haute.**—THE UNION HOSPITAL graduated a class of 3 in May.

Iowa: Atlantic.—THE ATLANTIC HOSPITAL held graduating exercises for a class of 5 in the Presbyterian Church on May 12. **Burlington.**—DISTRICT 2 held a meeting on March 24, at which Frances M. Ott of Indiana was the guest and speaker. A dinner was served in the Masonic Temple by the alumnae associations of the Burlington and Mercy Hospitals. In the evening an organ recital was enjoyed. **Creston.**—THE GREATER COMMUNITY HOSPITAL graduated a class of 2 on May 12. **Council Bluffs.**—Edith Goodner, graduate of the Jennie Edmundsen Hospital, has been appointed a head nurse in the Hand Hospital, Shenandoah. **Davenport.**—THE SIXTH DISTRICT ASSOCIATION was entertained by Mercy Hospital Alumnae on April 19. There was an attendance of forty-two. An entertainment was given by the members of the Senior class. After the business meeting a luncheon and social hour were enjoyed, followed by a tour of the hospital. MERCY HOSPITAL ALUMNAE, at their February meeting, had a most interesting address by Dr. L. H. Koonder on Nursing Ethics and one on Parliamentary Law by Anna Enright. ST. LUKE'S ALUMNAE was entertained by Mrs. Gansworth. Agnes Conway spoke of her work as county tuberculosis nurse. Craigg Anderson, who has been for two years superintendent of St. Luke's Training School, has been appointed acting superintendent of the hospital, succeeding Ann Gaseman. Miss Anderson has made a good record of efficiency and ability. **Des Moines.**—Elizabeth G. Fox, president of the National Organization for Public Health Nursing, gave an interesting after-dinner talk to a group of nurses in April. THE IOWA LUTHERAN HOSPITAL celebrated Music Week by entertaining the Seventh District Association in the beautiful new nurses' home with an interesting programme. **Fairfield.**—THE ALUMNAE ASSOCIATION OF THE JEFFERSON

COUNTY HOSPITAL has elected: President, Ethel Castile; secretary, Vera McCleary. Alta Wyatt is taking postgraduate work in Cleveland. **Grinnell.**—THE COMMUNITY HOSPITAL graduated a class of 3 in May. **Iowa City.**—DISTRICT 5 held a meeting on April 6 at the Westlawn Nurses' Home. Edna L. Foley of Chicago spoke inspiringly on Every Nurse's Duty in the Field of Preventive Medicine. A social hour followed. There were about 100 present. **Sioux City.**—THE NEW SAMARITAN HOSPITAL held graduating exercises for a class of 16 on May 10.

Kansas: Hillsboro.—THE SALEM HOSPITAL graduated a class of 7 in May. **Topeka.**—ST. FRANCIS HOSPITAL graduated a class of 6 in May. **Kansas City.**—THE BELL MEMORIAL HOSPITAL graduated a class of 2 in May. **Wichita.**—ST. FRANCIS FREE DISPENSARY graduated a class of 14 in May. **Independence.**—DISTRICT 3 met at Mt. Carmel Hospital, Pittsburgh, with a good attendance. Contributions were made for Russian Red Cross nurses and for the Delano Fund. After the business meeting, the Sisters entertained the members with a luncheon. The next meeting will be held in September at Fort Scott. THE ALUMNAE OF THE WEST SIDE HOSPITAL entertained the recent graduates with a line party to the theater and a luncheon.

Kentucky: THE KENTUCKY STATE ASSOCIATION will hold its annual meeting at Dayton, June 6, 7, 8. **Louisville.**—THE LOUISVILLE CITY HOSPITAL ALUMNAE ASSOCIATION elected officers for the year as follows: President, Julia Cunningham; vice-president, Mrs. McClelland; secretary, Agnes O'Rourke; treasurer, Jo O'Connor. After the business session, a delightful lunch was served by Mrs. Erskine. THE DEACONESS HOSPITAL graduated a class of 6 in May; THE NORTON MEMORIAL INFIRMARY a class of 9 on May 12.

Louisiana. The next examination of the LOUISIANA NURSES' BOARD OF EXAMINERS will be held in New Orleans and Shreveport, June 18, 19, 20, 1923. For further information, apply to Dr. J. S. Hebert, 27 Cusachs Building, New Orleans, La. **Alexandria.**—THE BAPTIST HOSPITAL will graduate a class of 5 on May 12. **Patterson.**—ST. MARY'S HOSPITAL will graduate a class of 6 on May 12.

Maryland: Baltimore.—THE CHURCH HOME AND INFIRMARY graduated a class of 24 in May; THE HOSPITAL FOR THE WOMEN OF MARYLAND, a class of 12 in May. THE JOHNS HOPKINS HOSPITAL held graduating exercises for a class of 59 at the Hospital on May 24. The address was given by Dorothy Stimson, Dean of Goucher College. The scholarships were awarded by Hon. Henry D. Harlan; the diplomas were presented by Dr. Winford H. Smith. The Senior scholarships were awarded to Georgia L. Hafer and Helen L. Douw. MERCY HOSPITAL graduated a class of 27 in May; SOUTH BALTIMORE HOSPITAL, a class of 2 in May. **Cumberland.**—THE WESTERN MARYLAND HOSPITAL graduated a class of 4 in May. **Easton.**—THE EMERGENCY HOSPITAL graduated a class of 6 in May. **Salisbury.**—THE PENINSULA GENERAL HOSPITAL graduated a class of 4 in May.

Massachusetts: THE MASSACHUSETTS STATE NURSES' ASSOCIATION will hold its annual meeting in Central Hall, Boston Public Library, June 16. This will consist of business meetings chiefly. Adda Eldredge, President of the American Nurses' Association, will make an address on The Value of the Educational Director. No other programme will be provided as members are being urged to attend the meetings of the National League of Nursing Education the following week. **Boston.**—THE NEW ENGLAND INDUSTRIAL NURSES' ASSOCIATION had, at their April meeting an address on Is the Industrial Nurse an Asset or a Liability to Industry? by John Garvey. Sally Johnson spoke on Legislation. At the May meeting, Ethel M. Johnson told How Massachusetts Protects Working Women and Children. THE BOSTON CITY HOSPITAL graduated a class of 20 on May 25; THE CHILDREN'S HOSPITAL, a class of 29 on May 24. **Fall River.**—THE TRUESDALE HOSPITAL graduated a class of 13 on May 12; the South Wing of the hospital was opened on that day. THE ALUMNAE ASSOCIATION OF THE FALL RIVER GENERAL HOSPITAL entertained the members of the graduating class at a banquet on April 24. The graduating exercises of the school were held in the Technical High School, for a class of 10, on May 3. The address was given by Rev. W. B. Goeghan of New Bedford. A dance followed

the exercises. THE UNION HOSPITAL graduated a class of 11 in May. **Lowell.**—THE LOWELL GENERAL HOSPITAL graduated a class of 6 in May.

Michigan: Detroit.—AN INSTITUTE FOR INSTRUCTORS AND ADMINISTRATORS will be conducted by the State League in Detroit, June 11-16. The programme includes trips to six different hospitals in the City and the time spent at each will be one-half day. At each hospital demonstrations in nursing procedures by student nurses will take place, medical lectures by the staff of each hospital, and trips through the hospitals and classes in various subjects will be available. Programmes may be secured from Maude McClaskie, Harper Hospital; Helen Pollack, Hurley Hospital, Flint, or Mrs. Louise Feist, Children's Hospital, Detroit. THE SIXTH ANNUAL COMMUNITY COMMENCEMENT of eight training schools of the city was held on May 8 at Arcadia Auditorium. Gustave D. Pope was chairman; the address was given by Marion L. Burton, President of the University of Michigan. Following this, the graduates took the Nightingale pledge administered by Mrs. Gretter. Providence Hospital had 14 graduates; St. Mary's, 14; Woman's, 13; Children's, 7; St. Joseph's Mercy, 7; Evangelical Deaconess, 3; Grace, 49; Harper, 47. The presentation of diplomas and of badges were made to the respective classes by representatives of their schools. THE MICHIGAN HEALTH EXPOSITION, to be held in Detroit June 7-16, has the backing of over 100 organizations. The State League of Nursing Education will give a health programme, one afternoon. It will consist of a talk on Public Health Nursing by Barbara H. Bartlett, and one on Exercise as a Means to Health, followed by a demonstration of the Daily Dozen exercises under the direction of Frieda Levin, Department of Recreation, Detroit Public Schools; a Playlet—A Day in a Hospital, by the student nurses of the Grace Hospital Training School; an educational film, In the Footsteps of Florence Nightingale; music by the Farrand Training School Nurses. Grace Ross of the Detroit Board of Health will act as Chairman. Every hospital in the city of Detroit will participate in the Exposition and every phase of health activity connected with the practice of legitimate medicine and surgery will be set forth. A branch of ST. BARNABAS GUILD FOR NURSES has been organized in the city with about 100 members. A special church service for nurses was held at St. Paul's Cathedral on May 6. To celebrate this, all of the training schools for nurses in the city, and all nursing organizations were invited to come in uniform to the Cathedral. Two hundred and fifty seats were reserved in the center of the church, and the different groups of nurses marched in procession behind the vested choir in the processional. THE FARRAND TRAINING SCHOOL ALUMNAE ASSOCIATION held its third annual banquet at the Statler Hotel, May 30. There were present 185 members. Edgar A. Guest, Detroit, entertained the Association for an hour or more following the banquet. Emily A. McLaughlin, Superintendent of Nurses, spoke of the Biennial Conventions of 1924 and secured an enthusiastic response when she asked for coöperation and assistance of all present. Mrs. L. E. Gretter, for twenty years, Principal of the Farrand Training School, thanked the Alumnae for a gift of flowers upon the 25th anniversary of the Visiting Nurses' Association, of which she is Superintendent. **Battle Creek.**—THE ALUMNAE ASSOCIATION OF THE BATTLE CREEK SANITARIUM AND HOSPITAL SCHOOL OF NURSING had an address at their February meeting by Miss Nowlin, Supervisor of the Day Nursery. The Association voted to take the responsibility of furnishing the medical supplies for the year. The Committee on raising the quota for the biennial convention planned a picture show for March. In addition, $50 will be given from the treasury. Mrs. L. E. Gretter of Detroit was a guest at this meeting and gave a few words of greeting. Dr. Stegman gave an interesting account of her trip abroad. **Kalamazoo.**—DISTRICT 5 has elected officers as follows: President, Henrietta Shoenbeck; vice-presidents, Gertrude Bowens, Rose Taylor; secretary, Nell R. Lemmer; treasurer, Mrs. Anna McPherson. Early in March, Sarah E. Sly was in the city conferring with the committee on the revision of the by-laws for the Bronson Hospital Alumnae Association. Miss Sly also gave a very interesting talk to the Fifth District Association. The regular meeting of the Fifth District was held on

April 4, in St. Joseph. Mary C. Trafford, of Kalamazoo, read and discussed the Public Health Nurses' Bill which is now before the Legislature. The Bronson Methodist Alumnae held their annual banquet at the Park American Hotel on May 12. A class of 10 was graduated from the hospital in May. **Saginaw.**—The Woman's Hospital graduated a class of 4 in May. **Lansing.**—The Woman's Hospital graduated a class of 7 on May 10. **Flint.**—Hurley Hospital graduated a class of 9 on May 22 at the Durant Hotel.

Minnesota: A State Meeting for Public Health Nurses was held in the Twin Cities on April 20 and 21. Frances Brink was the guest of honor at a banquet held on the evening of the 20th. **Austin.**—St. Olaf Lutheran Hospital graduated a class of 7 in May. **Duluth.**—St. Mary's Hospital graduated a class of 24 on May 12. Ten nurses from Duluth attended the regional conference on Child Hygiene, held in Virginia, Minn., April 13, under the auspices of the Range Nurses' Club. A most interesting meeting was reported. Several public health nurses attended the special meeting called by the State Public Health Section on April 20 and 21. Eunice Smith, graduate of St. Luke's Hospital, was recently elected assistant registrar of the Second District Nurses' Central Registry. Only those of the Second District can really appreciate what this means,—Progress and more Progress! Miss Cann, former chief surgical nurse at St. Luke's Hospital, has accepted a position as organizer and teacher of classes in First Aid and Home Care of the Sick in Duluth. **Faribault.**—St. Lucas' Deaconess Hospital graduated a class of 3 in May. **Mankato.**—Immanuel Hospital graduated a class of 10 on May 25. **Minneapolis.** The Alumnae Association of the University Hospital had Miss Powell as a guest at their January meeting. Officers elected at that meeting are: President, Esther Andreason; vice-president, Sally Owren; recording secretary, Alice Lough; corresponding secretary, Antoinette Proshek; treasurer, Dorothy Kurtzman. Pearl McIvor has been appointed state director of public health nurses in Missouri. The Minneapolis General graduated a class of 16 on May 12. Edith A. Barber has resigned as assistant director of nurses; she is succeeded by Irene Walsh. Frances Madigan is instructor and Helen Erickson is assistant instructor. The Eitel Hospital graduated a class of 17 on April 20, at exercises held at the Woman's Club. The address, Enthusiasm, was given by W. F. Webster. The diplomas were presented by Dr. Eitel and the pins by Mrs. Eitel. St. Andrew's Hospital graduated a class of 5 on May 12; The Swedish Hospital, a class of 28 in May. The Swedish Hospital Alumnae entertained District No. 3 at the new dormitory on April 11. Dr. F. L. Adair gave an address. A luncheon and social hour followed. There was an attendance of 300. **Red Wing.**—The Red Wing Hospital graduated a class of 2 in May. **Rochester.**—The Kahler Hospitals graduated a class of 26 in May. St. Mary's Hospital held exercises for a class of 28 on May 29. Class reunions followed the exercises. On Sunday, the 27th, there was a baccalaureate sermon; on Monday, clinics, inspection of the hospital, a tea, and in the evening, an anniversary dinner in honor of the graduates. On May 30, the Alumnae Association met and enjoyed addresses by Dr. C. H. Mayo and Irene English. The Sixth District held its annual meeting on May 1, when the following officers were elected: President, Mrs. Wilson; vice-president, Miss Sanders; secretary, E. Sheehan; treasurer, A. Gillard. **St. Paul.**—Seventy-five members of the Private Duty Section met at the City and County Hospital on May 4, guests of the Alumnae Association. Demonstrations by senior students, a trip through the hospital and the dainty refreshments were thoroughly enjoyed. The members of St. Luke's Hospital Alumnae Association raised $26,000, during the recent drive, as a contribution toward the new nurses' home. Among the gifts is one of $300 from Mr. John Templeman, of Ottawa, Canada, as a memorial to his daughter Jean, class of 1912, who lost her life during the late war. The Misses Margaret and Edith Rinell, Mounds Park Hospital, class of 1922, sailed from San Francisco on May 17 for Peking, China, where they have positions in the Hospital of the Rockefeller Institute. St. Luke's Hospital graduated a class of 20 on May 12; the St. Paul Hospital, a class of 8 on May 12. **Winona.**—The Alumnae Association of the

Winona General Hospital gave a banquet to the class of 1923 at the Social Tea Rooms on April 9.

Mississippi: Meridian. — The Mattye Hersee Hospital graduated a class of 8 on May 12.

Missouri: The annual certificates of registration for registered nurses of Missouri will be issued as usual this year. All registered nurses of Missouri who do not receive the application for this certificate are asked to communicate with the board. Many letters are returned to the office of the board, addresses not being correct. All nurses who formerly had the right to practice as registered nurses in Missouri before the law of 1921 was passed and who did not obtain the license as registered nurse under that law will have the opportunity to obtain such license this year. Such nurses are advised to write to Missouri State Board of Nurse Examiners, 620 Chemical Building, St. Louis, Mo., soon after July 1 of this year. All alumnae associations should carefully check each member and inform any that have not obtained license as registered nurse to make application. Copies of the amended law will not be available until July 15 or later. **Independence.**—The Independence Sanitarium graduated a class of 6 on May 31. **Joplin.**—St. John's Hospital graduated a class of 3 on May 12. **Kansas City.**—The General Hospital graduated a class of 10 on May 11; The Colored Division of the General, a class of 7 in May; St. Luke's Hospital, a class of 7 in May; Trinity Lutheran, a class of 7 in May. **Springfield.**—The Burge Deaconess Hospital graduated a class of 4 on May 12; the Springfield Hospital, a class of 6 in May; St. Joseph's Hospital graduated a class of 14 on May 24. **St. Louis.**—St. Luke's Alumnae Association held a meeting on April 21 at the Nurses' Home when plans were made for the school reunion and commencement. Music by the student nurses was enjoyed and a talk by Dr. Gradwohl on The Training of Technicians. The May Festival presented by the student nurses on the hospital lawn on May 1st was a great success,—the crowning of the May Queen, dances, etc. Graduating exercises were held on the hospital grounds on May 31 for a class of 11. The alumnae banquet and dance were held in the evening at the Hotel Chase. M. Elizabeth Shellabarger is director of the Public Health Nursing course at the South Side Teaching Center. Jeannette Flannagan has resigned from the staff of Municipal Nurses to become Health Supervisor for the Missouri Pacific Railway. Noyes Hospital graduated a class of 4 in May; The Missouri Baptist Sanitarium, a class of 12 on May 12; St. Louis Mullanphy Hospital, a class of 8 in May.

Montana: Billings.—St. Vincent's Hospital graduated a class of 7 on May 12. **Butte.**—The Deaconess Hospital graduated a class of 2 in May. **Great Falls.**—Columbus Hospital graduated a class of 8 in May. **Kalispell.**—The Kalispell General Hospital graduated a class of 3 on May 9.

Nebraska: Lincoln. — St. Elizabeth's Hospital graduated a class of 6 on May 12. **Norfolk.**—Campbell Hospital graduated a class of 7 on May 12. **Omaha.**—Bishop Clarkson Hospital graduated a class of 4 in May; The Presbyterian Hospital graduated a class of 6 on May 24; the Swedish Mission Hospital, a class of 9 in May.

New Hampshire: The New Hampshire State Nurses' Association will hold a meeting on June 13, at Concord. **Hanover.**—Anna C. Lockerby, formerly superintendent of the Laconia Hospital, and recently at the Worcester City Hospital, has been appointed Superintendent of the Mary Hitchcock Memorial Hospital, beginning her duties on June 1. **Whitefield.**—The secretary of the Alumnae Association of the Morrison Hospital conceived the idea of reaching the members by means of a round robin letter which has been sent by registered mail from one to another, visiting many states and giving great enjoyment. **Berlin.** — Dorothy Goodwin of the District Nursing Department has resigned to take up private nursing at her home, Gardner, Maine.

New Jersey: The New Jersey State Organization for Public Health Nursing held its annual meeting in Passaic, April 7, and elected as officers: President, Helen d'A. Stephen, Orange; vice-president, Grace Miller, Leonia; recording secretary, Flora A. Moore, Maplewood; corresponding secretary, Frances A. Dennis, East Orange; treasurer, Grace

Wells, Jersey City; director, Myrtle Taylor, Newark. The State Federation of Women's Clubs at their convention in Atlantic City, May 4, placed the name of Frances A. Dennis on their honor roll, "In grateful appreciation of her ability, untiring effort and self sacrifice in advancing educational standards for nurses in New Jersey." **Atlantic City.**—The Atlantic City Hospital graduated a class of 3 in May. **Camden.**—Cooper Hospital graduated a class of 10 on May 12. **Hackensack.**—Hackensack Hospital graduated a class of 9 in May. **Jersey City.**—Jersey City Hospital graduated a class of 11 on May 15; Christ Hospital, a class of 11 on May 24. **Morristown.**—The Morristown Memorial Hospital graduated a class of 12 in May. **Newark.**—The Presbyterian Hospital graduated a class of 11 in May; The Hospital of St. Barnabas, a class of 6 in May. **New Brunswick.**—St. Peter's General Hospital graduated a class of 7 on May 17. **Orange.**—Orange Memorial Hospital graduated a class of 11 in May. **Paterson.**—Paterson General Hospital graduated a class of 8 in May. **Passaic.**—The Passaic General Hospital graduated a class of 11 on May 12.

New Mexico: An Act to establish a Board of Examiners for Trained Nurses, and to regulate the practice of professional trained nursing in the State of New Mexica.

Be it enacted by the Legislature of the State of New Mexico:

Section 1. That a Board to be known as the Board of Nurses' Examiners for the State of New Mexico, is hereby created to consist of five members, who shall be appointed by the Governor, such appointments to be made from a list of recommended nurses submited by the State Nurses' Association. Each of the members of said Board shall be a trained nurse of at least 24 years of age, of good moral character, a graduate from training school connected with a general hospital of good standing, where not less than three years of extensive training with a systematic course of instruction is given in the wards. One of the members of said Board shall be designated to hold office for one year, two for two years, and two for three years, and each shall be a licensed nurse under the provisions of this Act.

Section 2. The members of said Board shall elect from their members a President, and a Secretary who shall also be the treasurer. Three members of this Board shall constitute a quorum. The Board is authorized to make such by-laws and rules as are necessary to govern its proceedings and to carry into effect the purposes of this Act. The Secretary shall keep in full minutes of all proceedings of said Board, and shall have custody of all records and papers belonging to the Board. The Secretary shall notify all applicants for registration of their eligibility or rejection; send notice of the time and place of meetings, and conduct the correspondence of the Board. The Secretary shall be required to keep a register of the names of all nurses duly licensed under this Act, which shall be open to public inspection. The President and Secretary shall make a Biennial report to the Governor on the second Monday immediately preceding the convening of the Legislature, together with a statement of the receipts and disbursements of said Board.

Section 3. It shall be the duty of the Board to meet not less than once a year, notice of which meeting shall be given to not less than 8 newspapers of the State and one Nursing Journal not less than one month previous to the date of said meeting. At every meeting, it shall be the duty of the Board to examine all applicants seeking a license under the provisions of this Act. Surgical, Medical and Obstetrical nursing, (Genito-urinary for male nurses instead of obstetrics), nursing of children, mental and nervous diseases, anatomy, physiology, materia medica, hygiene and dietetics, shall be subjects candidates shall be examined in to determine their fitness and ability to give efficient care to the sick. Upon filing application for examination and registration, each applicant shall deposit a fee of ten dollars, which in no case shall be returned should applicant fail in his or her examination. The applicant shall furnish evidence satisfactory to the Board that he or she is twenty-one years of age, is a graduate nurse from a standard hospital and is of good moral character.

SECTION 4. All nurses who are engaged in nursing within the State at the time of the passage of this Act, and who shall show to the satisfaction of said Board that they are of good moral character and were graduated from a training school connected with a hospital or sanitarium giving not less than two years' general training, which maintains in other respects proper standards, shall be entitled to registration without examination provided they register prior to January 1, 1924.

SECTION 5. The minimum requirements for hospital training schools shall be thirty beds with an average of twelve patients per day. Training schools for nurses shall be required to give such systematic training as will meet the requirements of the State Board of Nurses' Examiners. Candidates are entitled to a license who make 75 per cent in each subject. If applicants fall below 75 per cent in any subject, they will be given credit on all subjects passed, and will be required to appear again for examination only in those subjects in which they have failed. No person will be admitted to examination who has not previously filed an application for registration on blanks furnished by said Board. Applicants who have applied more than one month in advance of a meeting of the Board will be furnished with temporary permits authorizing them to practice until the next meeting of the Board, after which meeting such permit will be void.

SECTION 6. All fees received by the State Board of Examiners under this Act shall be paid to the Treasurer of said Board, and shall pay the same out on vouchers issued and signed by the President and Secretary of said Board upon warrants drawn by the President of the State Board of Nurses' Examiners. All moneys so received and placed in said fund shall be used by the State Board of Nurses' Examiners in defraying its expenses in carrying out the provisions of this Act.

SECTION 7. Any registered nurse from any other state, where the laws with reference to professional nursing are up to the standards of the laws of the State of New Mexico, who shall show to the satisfaction of said Board that he or she is a graduate nurse of a standard hospital and a hospital of not less than thirty beds, the standard of instruction and training of which shall meet the requirements of the State Board of Nurses' Examiners, shall receive a license to practice professional nursing in the State of New Mexico, upon payment of the registration fee of ten dollars.

SECTION 8. It shall be unlawful hereafter for any person to practice nursing within the state, as a trained nurse, or shall designate, describe or advertise himself or herself as a "Registered Nurse," or shall use the initials "R.N.," or similar abbreviations for designation, description or advertising, without having first obtained a license of registration as herein provided, and any person who shall do so, or who shall violate any of the provisions of this Act, shall be subject to a fine of not less than ten dollars nor more than five hundred dollars.

SECTION 9. All licenses of registration issued by said Board shall be signed by the President and Secretary of said Board, and have the seal affixed thereto.

SECTION 10. Every person receiving a license from said Board shall cause the same to be recorded in the County wherein said applicant resides; provided, that such certificate may be renewed annually thereafter without examination, or the performance of any duty other than the payment of an annual license fee of one dollar to the treasurer of the State Board of Nurses' Examiners and the recording of such renewal certificate in the office of the Recorder; provided further, that the County Clerk shall record such certificate upon the payment of a fee of one dollar and shall record such renewal certificates upon the payment of a fee of fifty cents.

New York: Buffalo.—DISTRICT No. 1 held its annual meeting at the Buffalo Sisters of Charity Hospital on May 9. The following officers were elected: President, Laura F. Lewis; vice-presidents, Anna Hooley, Tessa M. Klein; secretary, Ellen Garvey; treasurer, Margaret Daley; directors for three years, Anne L. Hansen, Clara Schmitz. Following the business session an interesting talk was given by Mrs. Ward Pearce on "Charities." Father Boland gave a very interesting address. Marion Fox, Homeopathic Hospital, has gone to New York to take a postgraduate course at Bellevue Hospital. Marguerite Warren, Buffalo General, has gone to Honolulu,

Hawaii, to accept a position as anesthetist at the Queen's Hospital. Martha Morningstar has resigned her position as nurse instructor at the Buffalo City Hospital. Katherine Weaver, Buffalo General, received an appointment to the nursing staff of the Buffalo Tuberculosis Association. Edna M. Abbey has been appointed Chief Nurse of the Erie County Tuberculosis Bureau. Olive Common, Memorial Hospital, Niagara Falls, has resigned her position as Welfare Nurse at Tonawanda. THE BUFFALO HOSPITAL SISTERS OF CHARITY held graduation exercises for a class of 9 on May 17. Rt. Rev. William Turner, Bishop of Buffalo, presented the diplomas. At the annual meeting of the Alumnae Association of the Hospital, the following officers were elected: President, Eleanor Cainey; secretary, Anna M. Kiefer; treasurer, Minnie Maloney. THE HOMEOPATHIC HOSPITAL graduated a class of 11 on May 17. **Clifton Springs.**—THE GENESEE VALLEY NURSES' ASSOCIATION held its April meeting on the 24th as guests of the Alumnae Association of the Clifton Springs Sanitarium. A most interesting talk on Vitamins was given, and then the guests witnessed a delightful student's gymnasium class. **Canandaigua.**—THE FREDERICK FERRIS THOMPSON HOSPITAL held graduating exercises on May 31 for a class of 8. Addresses were given by Bishop Ferris and Amy M. Hilliard. A year's subscription to the *Journal* was given each graduate by Miss Kraemer and Miss Bidmead. Elin K. Kraemer, superintendent of the hospital, has announced her resignation, to take effect in the fall. Great regret is felt by all who know how much the hospital, the school, and the city owe to her work. A new building for the graduate nurse supervisors is just being erected, the gift of Mrs. Thompson. **Rochester.**—THE NEW YORK STATE NURSES' ASSOCIATION held an Institute, May 22-25, at the Mechanics Institute. The following subjects were taken up: Principles of Teaching, Dr. Robert T. Hill, State Department of Education; Ways in Which the Care of Patients Can Be Made of Greater Educational Value to the Nurse, Gertrude Bates; The Daily Care of the Patient, Mabel E. Hoffman; Demonstration of Catheterization, Irrigation of Bladder and Installation of Medicine, Lillian A. Reed; Records for Schools of Nursing, Alice Shepard Gilman; Slides, History of Nursing, Mabel E. Miller; Problems Confronting the Inexperienced Instructor, Hazel L. Jennings; What Our Students Should Know About Nutrition, Caroline M. Luce; Teaching Bacteriology, Susie A. Watson; Schedules for Practical Experience, Eunice A. Smith. **Syracuse.**—THE ALUMNAE ASSOCIATION OF THE HOSPITAL OF THE GOOD SHEPARD held an enjoyable informal dance in the ball room of the Onondaga Hotel, April 9, for the benefit of the Endowment Fund. THE CROUSE-IRVING HOSPITAL graduated a class of 51 in May. **Auburn.**—THE AUBURN CITY HOSPITAL ALUMNAE at their April meeting made plans for putting on a motion picture for the benefit of the Association. An article from the March *Journal* was read aloud at the meeting. **Ithaca.**—THE ITHACA CITY HOSPITAL held graduating exercises for a class of 12 on May 12, in the First Methodist Church. Addresses were made by Dr. George B. Broad, Mary M. Roberts, and President Livingston Farrand. **Ogdensburg.**—THE A. BARTON HEPBURN HOSPITAL graduated a class of 18 in May. **Utica.**—THE FAXTON HOSPITAL held graduating exercises on May 12 for a class of 7. **Saranac Lake.**—THE GRADUATE NURSES' ASSOCIATION held its annual meeting on May 1. Officers elected are: President, Mary O. Smith; vice-presidents, Anna W. Pearson, Frances M. Freer; secretary, Catherine McDonnell; treasurer, Helen Denny; directors, Mrs. Arthur T. Samuel, Madeline Smith. After the meeting, the directors met and appointed a committee on Ethics for the District, Mary C. Mullen, chairman. **Plattsburg.**—THE CHAMPLAIN VALLEY HOSPITAL graduated a class of 12 in May. **Albany.**—Julia A. Littlefield has resigned her position as Superintendent of the Homeopathic Hospital after ten years of service. She will be greatly missed. **Amsterdam.**—THE CENTURY CLUB recently instituted an essay contest, the subject being The Educational Value of a Nursing Career. Emily Sullivan, sixteen years of age, submitted an essay which was purchased by a benefactor of the City Hospital and presented to the training school. It was a most excellent essay. **Ossining.**—THE OSSINING HOSPITAL

graduated a class of 3· in May. **Poughkeepsie.**—VASSAR BROTHERS HOSPITAL graduated a class of 12 on May 31. **New York City.**—THE BOARD OF DIRECTORS AND THE MEMBERS OF THE NURSING COMMITTEE of the Henry Street Settlement give enthusiastic endorsement to the selection of Miss Goodrich for the University School of Nursing at Yale, but sorrow that her important work as director of the Henry Street Nursing Service must cease. They express their gratitude and appreciation for the services that Miss Goodrich has given during the seven years of her devoted and inspiring leadership. They announce the appointment of Marguerite Wales of California as director to follow Miss Goodrich, and the appointment of Mary Gardner of Providence, R. I., as consultant director. Miss Wales is a graduate of the Vassar Camp and of the Presbyterian Hospital. BELLEVUE TRAINING SCHOOL held a meeting in honor of the fiftieth anniversary of the founding of the school, at Carnegie Hall on May 8. All the schools of the city participated in the exercises. The salutation was given by Lucy Minnigerode. Addresses were made by Annie W. Goodrich and Major General Ireland. BELLEVUE NURSES are reported as follows: Harriet Van Sickle who has been Superintendent of the Residence, has accepted a position at Sea View. Miss Bamber, class of 1899, is Director of Nursing at Grasslands, Valhalla. Marguerite Neff, class of 1921, is Superintendent of Nurses at the Jane C. Stormont Hospital, Topeka, Kas. THE ALUMNAE ASSOCIATION gave a dinner to the graduates on May 10 at Osborn Hall. THE NATIONAL ORGANIZATION FOR PUBLIC HEALTH NURSING has appointed Theresa Kraker as Assistant Director. Alta Dines succeeds Miss Crandall as Director of the Association for Improving the Condition of the Poor. Edna Palmer has been appointed Director of Public Health Nursing at Rye. Nancy E. Cadmus, who has been General Director to the Maternity Center Association since January 1, 1922, has resigned her position to take effect June 15. She will reside in Cayuga, N. Y. Hazel Corbin, who has been connected with the Association the past five years, succeeds her. Margaret S. Wilson assumed office as Superintendent of Nurses at the Post Graduate Hospital May 1. Miss Wilson had been Assistant Directress of Nurses at the School for Nurses of the Graduate School of Medicine (Medico-Chirurgical), Philadelphia. Miss Wilson was Chief Nurse and Director of Units of the Army School of Nursing at Camp Lewis and at Fort Sheridan. Helen Young, who has been Acting Director of the Presbyterian School for Nurses since Miss Maxwell's resignation, became Director of the School on April 1st. Elizabeth Gregg has been appointed Executive Secretary of the Association of Tuberculosis Clinics of Greater New York, succeeding Miss Stringer who has resigned because of illness. BROAD STREET HOSPITAL held graduating exercises on May 10, in the ball room of the Ritz Carlton, for a class of nine. The address, The Superficial How and the Fundamental Why of Nursing, was given by Mary M. Roberts, editor of the *American Journal of Nursing*. THE COMMUNITY HOSPITAL held graduating exercises for a class of 6 on May 23. THE ALUMNAE ASSOCIATION OF THE CITY HOSPITAL SCHOOL FOR NURSES has assumed the financial responsibility for the membership of the school in the Eastern Council of Nursing Education. At the annual meeting of the Association, the following officers were elected: President, Mary A. Land; vice-president, Theodora H. LeFebvre; corresponding secretary, Julia B. Shea; recording secretary, Ann Marie Hellner; treasurer, Ella M. Curran; trustees, Elizabeth A. Greener, Irene B. Yocum. Meetings are being held at the City Hospital Dispensary, 220 East 59th St. LINCOLN HOSPITAL and Home graduated a class of 23 in May. THE METROPOLITAN HOSPITAL graduated a class of 14 in May. THE MISERICORDIA HOSPITAL held graduating exercises for a class of 7 on May 12, at the hospital. Addresses were made by Dr. A. H. Schmitt, and Dr. Denis McAuliffe. The class recited the Nightingale Pledge. Diplomas were presented by John F. Brady, D.D., M.D. Senior classes of high schools and colleges were invited to be present. A banquet was tendered the graduating class and the medical board on May 16. MT. SINAI HOSPITAL is to have a new Nurses' Home. One-half of the sum necessary ($1,500,000) has already been pledged by the members of the Hospital and School Boards. THE NEW

York Nursery and Child's Hospital celebrated its 100th anniversary on April 29. The Presbyterian Hospital graduated a class of 40 on May 10 at the Madison Avenue Presbyterian Church. The Alumnae Association reports that Adele L. Faure has opened a Rest Home on the Mediterranean. Margaret Kinne is anaesthetist at the Woman's Hospital, Cleveland. Agnes E. Maynard is a supervising nurse for the New York State Health Department. Marie C. Byron is instructor at the Deaconess Hospital, Buffalo. Isabel Lount Evans, class of 1899, St. Luke's Hospital, has resigned the position with the Red Cross which she has held for five years; she is planning to take a course at Teachers College. Sea View Hospital, Staten Island, held graduating exercises for its 14 postgraduate students on May 22, at the Hospital, and at the same time a class of attendants was graduated. **Brooklyn.**—The Brooklyn Hospital graduated a class of 48 on May 10. The Hospital of the Holy Family graduated a class of 12 in May. The Alumnae Association of the Long Island College Hospital held its annual meeting on April 10, and elected: President, Mabel W. Phelps; vice-presidents, Madge R. Nevins, Rhoda McKee; recording secretary, Mary Caldwell; corresponding secretary, Kathryn G. Griffin; treasurer, Helen V. Kenny; director, Mollie A. Hoge. The graduate nurses and nurses in training of the Long Island College Hospital participated in the recent drive in March for the Million Dollar Campaign of their hospital. The two groups of nurses, under the direction of the President of the Alumnae Association, were organized into 22 teams, which consisted of 220 workers. The sum of $30,000 was raised. Wyckoff Heights Hospital graduated a class of 6 on May 10. Mary M. Roberts gave the address. St. Catherine's Hospital graduated a class of 20 on May 8. **Jamaica.**—Mary Immaculate Hospital graduated a class of 4 in May. The annual meeting of The Saint Mary Alumnae Association of Brooklyn resulted in the election of the following officers: President, Mrs. Edna Brennack; vice-president, Elizabeth Glynn; treasurer, Delia Shanahan; secretary, Helen M. Jamison. The regular reunion of the graduates was held this year at the Hotel Pennsylvania on May 9. About sixty members were present, representing members of classes from the earliest to the latest. Dinner, served to the graduates was followed by dancing to which friends were invited.

North Carolina: Asheville.—The Mission Hospital graduated eight nurses on May 1. The diplomas were presented by Charles H. Cocke, M.D., Dean; the pins, by Mrs. A. S. Wheeler, President of the Board of Directors. Fannie V. Andrews is Superintendent of the hospital. This is an up-to-date institution, and when the new wing is complete it will be the second largest in the state. There are a number of private rooms, and wards, besides seven free wards, where city and county patients are cared for. **Charlotte.**—The New Charlotte Sanitarium graduated a class of 6 on May 12; The Presbyterian Hospital, a class of 12 in May. **Raleigh.**—Mary Elizabeth Hospital graduated a class of 6 in May; Rex Hospital, a class of 4 on May 12. **Sanatorium.**—The North Carolina Sanatorium graduated a class of 9 in May. **Durham.**—Watts Hospital graduated a class of 5 in May. **Wilmington.**—James Walker Memorial Hospital graduated a class of 12 in May. **Winston-Salem.**—The City Memorial Hospital graduated a class of 7 on May 12.

North Dakota:—The North Dakota State Nurses' Association held its eleventh annual meeting on April 26 and 27 at Minot. It was well attended and proved well worth while. Minot citizens as well as its nurses did all that could be done to make it pleasant for the visitors and delegates. Miss Eldredge was present and was at her best. Miss Brink, of the National Organization for Public Health Nursing gave a number of helpful addresses. The public health nurses in the association decided to organize as a section. The State League also had a meeting, and took some part on the regular programme. The convention closed with the usual banquet, though this one proved to be a most unusual one. An elaborate musical programme had been arranged and was very much enjoyed by all the guests. The 1924 meeting will be held at Jamestown, N. D. Officers elected are: President, Sarah Sand, Fargo; vice-presidents,

Mrs. Hildor Strom Thomas of Minot and Isa Swanson of Bismarck; secretary-treasurer, Mrs. Winnifred L. Morris, Jamestown; corresponding secretary, Esther H. Teichmann, 720 South 5th Street, Fargo; directors, Wanda Kurth of Grand Forks, Mrs. Svveinbjorn Johnson of Bismarck, Virginia Rosenberger of Devils Lake, and Edith B. Pierson of Fargo. **Grand Forks.**—St. Michael's Hospital graduated a class of 6 on May 12. **Fargo.**—St. Luke's Hospital graduated a class of 20 on May 12.

Ohio: A Division of Public Health Nursing has been created as a part of the State Department of Health with V. Lota Lorimer as Director of the Division. Miss Lorimer is a graduate of Lakeside Hospital, Cleveland; she has been executive secretary of the State Association, and is treasurer of the American Nurses' Association. At the annual meeting of the Ohio State Association held at Akron, Ohio, May 2-4, inclusive, it was announced that the Ohio State League of Nursing Education dissolve its organization at the close of this fiscal year. At the meeting it was further announced that the Ohio State Association had created under its organization a Section on Nursing Education. **Cleveland.**—The Lakewood Hospital School of Nursing held its graduating exercises on April 19 at the Lakewood Methodist Church with a reception following. The Cleveland City Hospital graduated a class of 9 on May 23; Fairview Park Hospital, a class of 6 in May; Lakeside Hospital, a class of 35 in May; St. John's Hospital, a class of 16 in May; St. Luke's Hospital, a class of 17 on May 24. **Akron.**—The City Hospital graduated a class of 5 on May 11. **Canton.**—Mercy Hospital graduated a class of 11 on May 8. **Columbus.**—The White Cross Hospital Association graduated a class of 7 in May. **Elyria.**—The Elyria Memorial Hospital graduated a class of 8 in May. **Gallipolis.**—The Holzer Hospital graduated a class of 2 on May 12. **Lima.**—The Lima City Hospital graduated a class of 7 in May. **Painesville.**—The Lake County Hospital graduated a class of 9 in May. **Springfield.**—The City Hospital graduated a class of 11 in May. **Toledo.**—The Flower Hospital graduated a class of 8 on May 23; Robinwood Hospital, a class of 4 on May 15; St. Vincent's, a class of 19 on May 10; The Toledo Hospital, a class of 4 in May. **Youngstown.**—The Youngstown Hospital graduated a class of 14 in May. **Cincinnati.**—District 8 held its annual meeting in the Nurses' Home of the General Hospital on April 23. The following officers were elected: President, Marguerite Fagen; vice-presidents, Winifred Culbertson, Mildred McConnell; secretary, Edith Northup; treasurer, Leatha McGough; directors, Emma Ardill, Anna Landon, Theresa Darr. The Association gave $50 to the Relief Fund and $50 to the Jane A. Delano Fund. The Alumnae of the School of Nursing and Health were hostesses. Christ Hospital graduated a class of 22 on May 17 at the Mount Auburn Baptist Church. The address was given by Dr. J. M. Withrow. The diplomas were presented by James N. Gamble. A reception followed at the Nurses' Home. The baccalaureate services were held on May 13; class day on May 10; and the entertainment by the alumnae on May 18. Bethesda Hospital graduated a class of 18 on May 15; The Deaconess Hospital, a class of 5 on May 18; The Good Samaritan Hospital, a class of 15 in May.

Oregon: The Oregon State Association will hold its annual meeting at Eugene on June 26. **Portland.**—Girl Members of the graduating classes of all high schools were guests of the hospitals and training schools on Hospital Day, May 12, student nurses acting as hostesses. The Good Samaritan Hospital kept open house all day. In the evening graduating exercises were held at Trinity Episcopal Church for a class of 28. The address was given by President Richard F. Sholtz of Reed College. Bishop Sumner presented the diplomas. A reception followed the exercises. St. Vincent's, Emmanuel and Sellwood hospitals also kept open house. **Astoria.**—St. Mary's Hospital graduated a class of 4 in May. **Ontario.**—Holy Rosary Hospital graduated a class of 2 in May.

Pennsylvania: Allentown.—The Homeopathic State Hospital graduated a class of 10 in May. **Bellevue.**—The Alumnae Association of the Suburban General Hospital School of Nursing held its regular meeting on the evening of May 3, at the

hospital. After the routine business, an address was given by Nell Quinn, President of the Sixth District Association. **Braddock.**—The Braddock Hospital Nurses' Alumnae had as their guests on April 26, the class of 1923 at luncheon, followed by a theater party. There were fifty-five present, every class being represented. The association is holding showers each month on the regular meeting nights for the 1923 bazaar to be held in December. They wish all graduates would keep this in mind and send one article each month. They should ask for information from Mrs. Mary Turner, 523 Stewart Street, Turtle Creek. **Carlisle.**—Carlisle Hospital graduated a class of 4 in May. **Columbia.**—Columbia Hospital graduated a class of 3 in May. **Dorranceton.**—Nesbitt West Side Hospital graduated a class of 4 in May. **Easton.**—Easton Hospital graduated a class of 10 on May 12. **Johnstown.**—Conemaugh Valley Memorial Hospital graduated a class of 16 on May 11. **McKeesport.**—McKeesport Hospital graduated a class of 11 in May. **Lancaster.**—Hospital Day, May 12, was celebrated by the Lancaster General and St. Joseph's Training Schools by an entertainment at Shreiner Auditorium. A playlet was given, An Evening with Florence Nightingale; an address, The Lady with the Lamp, by Mrs. Elizabeth Schnable; and music. The evening was most enjoyable. **Philadelphia.**—The Nurses' Alumnae Association of Howard Hospital held a regular meeting on April 5 in the Nurses' Home. A contribution of $5 was sent to the Jane Delano Memorial Fund. The members of the Alumnae also contribute to the Nurses' Relief Fund. Officers elected for year 1923 are: President, Mrs. Emil C. Wagner (Carrie W. Price Wagner); vice-president, Jessie Lane; secretary, Mrs. James M. Rose (Mildred Reighard); treasurer, Mary Stafford. The Alumnae Association of the Philadelphia General Hospital Training School held its annual meeting April 2d. In the evening a banquet was given in honor of the graduating class. This was held in the Rittenhouse Hotel and was attended by 165 members of the Alumnae Association, including representatives from each class which was graduated from the Training School. Dr. Ellen C. Potter, Director of the State Department of Welfare, was a guest of honor. The Nurses' Alumnae of the Samaritan Hospital held a well attended meeting on April 24 at the Nurses' Home. Two members who have been ill for a long time, Emilie Curl and Lois Watt, were made life members. The last reports of the Endowment Committee were read and discussed, the agreement having been properly drawn up by an Attorney and submitted to the Hospital Committee, it is hoped to report the same accepted and the nurses' room fully endowed. The maintenance fund will be the next to work for and the same hearty coöperation is hoped for from members. Blanche Kline, a medical missionary in India, is home on furlough, was present and gave a very interesting address upon the work in the jungles of India. Mary Brigmann, class of 1922, is taking postgraduate course at the Hospital for Contagious Diseases. The Great Heart Hospital, (formerly Garretson Hospital), a sister hospital to the Samaritan, was opened in March as a maternity hospital. Lois Hawthorne has been transferred from Samaritan to the Great Heart in charge of the Obstetrical Department. The Mercy Hospital Alumnae Association held its annual meeting at the hospital in January. The following officers were elected: President, Mary McGill; vice-presidents, Rose Nagle, Bride Phelan; secretary, Grace Caulfield; treasurer, Mae Murphy. The association subscribes for the *Journal* for each member. The National Relief Fund and the Legislative Fund were subscribed to, 100 per cent. A graduating class of 25 received their diplomas on March 31. The graduates were entertained at a dinner given by the management of the Hospital following the exercises. The Alumnae held their annual ball on the evening of April 4 at the William Penn Ball Room, the graduating class being the guests of honor. The Alumnae of the Women's Homeopathic Hospital gave a card party and dance on April 18 at the Nurses' Home for the benefit of the Nurses' Sick Fund. Hahnemann Hospital Alumnae Association held a regular meeting on May 1. Miss Frost, from the School of Public Health and Social Service, told of the course offered. The scholarship fund to date is $1,021.40 and another applicant may make use

of it. The Entertainment Committee reported that the recent card party had brought in $300. A dinner and dance for the graduating class were given at the Philomuseum Club on May 16. The Jewish Hospital Alumnae met on April 3 and enjoyed a talk on care of contagious cases by Miss Miller. A donation of $10 has been made to the Delano Fund. Miss Krewson is chairman of the Relief Fund Committee. The Children's Hospital graduated a class of 5 in May; Howard Hospital, a class of 5 in May; The Methodist Episcopal Hospital, a class of 18 in May; Misericordia Hospital, a class of 16 in May; The University of Pennsylvania Hospital, a class of 13 in May. **Philipsburg.**—The Cottage State Hospital graduated a class of 2 on May 10. **Pittsburgh.**—Columbia Hospital graduated a class of 7 in May. The *Alumnae of the* Allegheny General Hospital devoted the April meeting to revision of by-laws and appointment, by the president, of secretaries representing every class, to assist in getting the correct address of every graduate of the school and her present occupation, for the catalogue to be published soon. All graduates are requested to send to Miss Cope, at the Hospital, their address, class, and present position, as soon as possible. The members were greatly disappointed at the frustration, twice, of their plans for entertaining the graduating class. Graduating exercises for the eighteen members of the class of 1923 were held at the First United Presbyterian Church on May 12. The address was given by Bishop Mann; the diplomas were presented by Dr. Alexander; the pins were presented by Miss Darling. A reception was held at the Nurses' Home after the exercises. St. Margaret's Memorial Hospital Alumnae gave a dance, card party and bazaar at the Nurses' Home on April 20 which was a great success both financially and from the interest manifested by directors and former patients, as well as by the members. The Alumnae of the Presbyterian Hospital met at the Nurses' Home on May 7. A delightful talk was given by Mary B. Miller, Superintendent of the Hospital. Plans were made for Alumnae Day on May 31, which was also Commencement Day, for a tea by the Alumnae at the Home. **Reading.**—The Homeopathic Hospital graduated a class of 8 in May. **Scranton.**—Moses Taylor Hospital graduated a class of 11 in May; The State Hospital, a class of 15 on May 18; The West Side Hospital, a class of 6 on May 12. **Tarentum.**—The Alleghey Valley Hospital graduated a class of 2 in May. **Washington.**—The Washington Hospital graduated a class of 7 on May 10. **Wilkes-Barre.** — The Wilkes-Barre City Hospital graduated a class of 27 in May; The Wyoming Valley Hospital, a class of 4 in May. **Williamsport.**—The Williamsport Hospital graduated a class of 17 in May.

Rhode Island: The Rhode Island State Nurses' Association held a meeting in the Medical Library, Providence, April 17. After the business meeting, five-minute talks were given on A State Association Meeting in Oregon, Louise White; Reading for Pleasure and Profit, Bertha H. Lyman; The Obligation of the Graduate Nurse to Her Profession, Edith J. L. Clapp. Addresses were given on Insulin by Alexander M. Burgess, M.D., and on Mental Hygiene and Psychiatric Nursing by Helen C. Sinclair of Waverly, Mass. **Providence.**—The Alumnae Association of Butler Hospital gave a lawn party and supper on the afternoon of May 18. In the evening, commencement was held for a class of 6 in Ray Hall of the Hospital. Thomas W. Salmon, M.D. w,as the speaker. A reception followed the exercises. The Homeopathic Hospital graduated a class of 4 on May 7, at the Plantations Club. A reception followed the exercises. The Rhode Island Hospital graduated a class of 37 on May 23. The Alumnae Association is planning to publish a paper to be known as *The Echo*. St. Joseph's Hospital held graduating exercises on May 16 for a class of 19. The Alumnae Association of the School gave a dance to the class on April 19 at the Plantations Club. The Association held its quarterly meeting on April 27. A committee was appointed to organize a Catholic Nurses' Guild in Rhode Island. The next meeting will be held at Narragansett Pier in July.

South Carolina: The South Carolina Graduate Nurses' Association held its sixteenth annual convention in Charleston, April

18, 19 and 20. The association was particularly fortunate in having as guests Clara D. Noyes, American National Red Cross, Washington, D. C., and Jane Van De Vrede, Southern Division, Atlanta, Ga. One hundred and twenty members, representing twenty-eight towns and cities in the State, registered. The nurses of the state received great inspiration and gained much advice regarding the nursing profession in its various branches and activities, from Miss Noyes and Miss Van De Vrede, and feel that they have been granted a privilege which any nursing organization might well envy. The three days sessions were well filled with many fine papers on nursing subjects and there was much general enthusiasm and discussion. The social functions of the meeting were an informal reception to Miss Noyes on the afternoon of the 18th at the beautiful Villa Margherita, South Battery, where Miss Noyes was a guest; and a luncheon at the Y. W. C. A. on the last day of the convention. The meeting adjourned at 4 p. m., on the twentieth, after accepting an invitation to Columbia for the 1924 meeting. The following officers were elected: President, F. J. Bulow, Charleston; secretary, E. Z. Loring, Baker Sanitorium, Charleston; treasurer, Mrs. B. M. Sigmund, Chester. **Sumter.**—The Tuomey Hospital held graduating exercises on May 15 for a class of 5.

South Dakota: The South Dakota State Nurses' Association will hold its annual meeting at Lake Madison, June 11-13.

Tennessee: Dyersburg. — The Baird-Dulaney Hospital held graduating exercises for a class of 2 in May. **Memphis.**—The Baptist Memorial Hospital held graduating exercises for a class of 18 in May.

Texas: The State Board of Nurse Examiners held examinations on April 26-28 at Dallas, Waco, Galveston, San Antonio, El Paso and Amarillo. The Board held a meeting at Waco on May 14. **Beaumont.**—The Hotel Dieu graduated a class of 7 on May 12. **Dallas.**—St. Paul Sanitarium graduated a class of 14 on May 31. **Galveston.**—John Sealy Hospital graduated a class of 13 on May 31. **Houston.**—The Baptist Hospital graduated a class of 10 in May; and St. Joseph's Infirmary, a class of 12 in May. **Paris.**—The Sanitarium graduated a class of 16 on May 12; St. Joseph's Infirmary, a class of 3 on May 24. **Waco.**—Central Texas Baptist Sanitarium graduated a class of 10 on May 12.

Utah: The State Nurses' Association held a meeting on April 7, at which Dr. Walter A. Kerr of the University gave an illustrated lecture on his recent trip to Europe. As Miss Dalton, President of the Association, is remaining in the east longer than she had expected, she has resigned her office and is succeeded by Claire Haines. **Salt Lake City.**—The Holy Cross Hospital graduated a class of 10 on May 24; The Latter Day Saints' Hospital, a class of 9 on May 29.

Vermont: Montpelier. — The Alumnae Association of Heaton Hospital held a meeting on April 10, with fourteen present. Individual subscriptions were taken for the Jane A. Delano Fund. **Brattleboro.**—The Brattleboro Memorial Hospital graduated a class of 4 in May. **Burlington.**—The Mary Fletcher Hospital graduated a class of 14 in May.

Virginia: The Virgniia State Board of Examiners of Nurses will hold the semi-annual examinations on June 14, 15, 16. For further particulars, refer to Ethel M. Smith, Secretary, Craigsville. **Charlottesville.**—The University of Virginia Hospital graduated a class of 17 in May. **Roanoke.**—Jefferson Hospital graduated a class of 10 in May. **Winchester.** — The Winchester Memorial Hospital graduated a class of 5 in May.

Washington: Seattle.—The Seattle General Hospital held commencement exercises for a class of twenty-six on May 9, in the First Methodist Episcopal Church. The address was made by Bishop Sumner of Portland, Oregon. The diplomas were presented by T. S. Lippy. A reception followed at the Woman's University Club. The Swedish Hospital graduated a class of 13 in May.

West Virginia: Clarksburg.—St. Mary's Hospital held graduating exercises for a class of 11 on May 22. **Wheeling.**—The Ohio Valley General Hospital held graduating exercises for a class of 14 on May 12. The Wheeling Hospital graduated a class of 6 in May.

Wisconsin:—The Board of Examiners

OF THE STATE BOARD OF HEALTH will hold an examination, June 5, 6, and 7, in Marshfield at St. Joseph's Hospital, and in Milwaukee at the City Service Rooms, 7th floor, City Hall. THE BUREAU OF NURSING EDUCATION OF THE STATE BOARD OF HEALTH has just published in pamphlet form the Rules, Requirements and Curriculum for Accredited Schools of Nursing in Wisconsin. Each topic is discussed in a simple, compact but wholly adequate fashion. The minimum number of hours, 389 for two years, and the theoretical curriculum are not included in the bulletin, pending the revisions of the Standard Curriculum. They may, however, be obtained in mimeographed form. **Kenosha.**—THE FIRST DISTRICT held its regular meeting March 6, at the Kenosha Hospital Nurses' Home. Mary Dunwiddie, State Field Supervising nurse, was the guest of the day. The organizing of a public health section was discussed. Fifteen dollars was voted for the Jane Delano Fund. The annual meeting of the KENOSHA HOSPITAL ALUMNAE ASSOCIATION was held at the home of Miss Pedley on April 17. The following officers were elected: President, Helen Duncan; vice-president, Emma Kruckman; secretary, Mrs. M. Fry; treasurer, Lois Pedley. Hazel Bowes Bauckham, class of 1919, of the Kenosha Training School, now residing in Shanghai, China, was the inspiration of a most successful Chinese party given at the nurses' home, April 19. Miss Bauckham had recently sent a pound of Chinese tea which was served in true Chinese style. The home was decorated with Chinese lanterns and with flowers. Chinese incense perfumed the atmosphere. The guests were in Chinese costume and a prize for the cleverest impersonation was won by Ester Gottliet. The honored guests of the evening were Faith Collins, recently appointed superintendent of the Kenosha Hospital, and the pupil nurses of the training school. At ten o'clock, chop suey was served. **Milwaukee.**—FOURTH AND FIFTH DISTRICT. The regular monthly meeting was held at the Health Service Building April 18. The senior classes from the various schools for nurses of the city were the guests of the evening. Adda Eldredge, president of the American Nurses' Association, spoke on Loyalty to One's Training School and Organizations. About 150 nurses were present. The annual meeting of the District was held May 8, at the Wisconsin Nurses' Club. The following is the result of the election: President, Marion Rottman; vice-presidents, Agnes Martin, Minnie Arndt; secretary, Mrs. Minnie Hall; treasurer, Helen O'Neil; directors, Catherine Sullivan, Norma Schroeder. Preceding the meeting a delicious dinner was served in the club rooms. WISCONSIN NURSES' CLUB.—The monthly meeting of the club was held, April 20. Mr. Harry Brzner spoke on Architecture. The graduating class of the Wisconsin Anti-Tuberculosis Association entertained Edith Foster, Cornelia van Kooy, Helen Kelly and Minnie Arndt at dinner in the club rooms, April 24, and on April 26 the graduating class was entertained at a card party by the residents of the club. The first series of Pyramid teas for the club fund was given on the afternoon and evening of May 3, at the home of Anna Fehlhauer. Dorothy Rood has been appointed to the staff of the Wisconsin Anti-tuberculosis Association. Miss Rood is a graduate of the Vassar training camp and the Presbyterian Hospital, New York. MOUNT SINAI HOSPITAL ALUMNAE recently gave a shower for Mrs. Frank Petzold who, before her marriage, was Irvene Leone. Dr. Richard Olding Beard addressed the graduating class of the Columbia School for Nurses May 22. THE MILWAUKEE HOSPITAL graduated a class of 18 in May. ST. JOSEPH'S HOSPITAL graduated a class of 26 in May. **Ashland.**—ELEVENTH DISTRICT.—The regular monthly meeting was held at St. Joseph's Hospital March 24. Miss Christman, Vilas County nurse, was elected treasurer to fill the unexpired term of Ethel Cording, who has been transferred to another district. After the business meeting Mr. Dexter of Northland College discussed Parliamentary Law and Sister M. Augustilla of St. Joseph's Hospital gave a paper on Laboratory Technique. Misses Thompson and Stein told some of the most interesting points gathered at the Public Health Institute recently held in Madison. THE ASHLAND GENERAL HOSPITAL graduated a class of 7 in May. ST. JOSEPH'S HOSPITAL graduated a class of 7 on May 24. **Fond du Lac.**—ST. AGNES HOSPITAL graduated a class of 12 in May.

Wyoming. THE WYOMING STATE ASSO-

CIATION will hold its annual meeting in Cheyenne, June 21 and 22.

BIRTHS

To Mrs. William Henry Carson **(Rhoda Bookheimer,** class of 1923, Howard Hospital, Philadelphia), a son, February 7.

To Mrs. Ralph A. Dungan **(Elsie Louise Gallaway,** class of 1913, Lankenau Hospital, Philadelphia), a son, Ralph Anthony, Jr., April 21.

To Mrs. John Stahl **(Bertha Ewing,** class of 1916, Allegheny General Hospital, Pittsburgh, Pa.), a daughter, March 25.

To Mrs. Ralph George **(Ruth Fair,** class of 1918, Lutheran Hospital, Fort Wayne, Ind.), a son, in April.

To Mrs. William Deane **(Anne Fanning,** class of 1917, Worcester City Hospital, Worcester, Mass.), a daughter, Margaret Cecelie, May 2.

To Mrs. Joseph Alfred Vigness **(Helen Anne Frenning,** class of 1919, St. Paul Hospital, St. Paul, Minn.), a daughter, Helen Anne, April 20.

To Mrs. Francis John Stranlina **(Cecelie Gorman,** class of 1905, Howard Hospital, Philadelphia), a son, March 22.

To **Mrs. Grace Bascom Hagan** (class of 1917, Massachusetts Homeopathic Hospital, Boston), a son, Frederick, March 8.

To Mrs. Walter Beaner **(Sophronia Holmes,** class of 1918, Allegheny General Hospital, Pittsburgh, Pa.), a daughter, Mary Jane, February 8.

To Mrs. C. H. Peterson **(Hilda Huns,** class of 1916, Swedish Hospital, Minneapolis), a son, April 3.

To Mrs. W. W. Harvey **(Jim Hurling,** class of 1921, Georgia Baptist Hospital, Atlanta, Ga.), a son and a daughter, May 2.

To Mrs. Carl Freilinger (**Marie E. Kelly,** class of 1916, St. Joseph's Hospital, St. Paul, Minn.), a son, March 17.

To Mrs. Ralph Truxell **(Malvina Larson,** class of 1920, Lutheran Hospital, Moline, Ill.), a son, Ralph Theodore, April 24.

To Mrs. Joseph Jennings **(Sophie Lesser,** class of 1919, Bridgeport Hospital, Bridgeport, Conn.), a son, April 15.

To Mrs. Harold Stephens **(Anna J. Luchsinger,** St. Joseph's Hospital, Sioux City, Ia.), a daughter, April 18.

To Mrs. Lynn Franklin **(Hazel Mills,** graduate of Jennie Edmundson Memorial Hospital, Council Bluffs, Ia.), a daughter, March 26.

To Mrs. Earl F. Hudson **(Lillian Gertrude Morgan,** class of 1921, Methodist Episcopal Hospital, Philadelphia), a daughter, Letitia Anne, March 26.

To Mrs. Axel Holmquist **(Maybelle E. Olsen,** class of 1918, McAlister School of Nursing, Waukegan, Ill.), a son, April 15.

To Mrs. Walter D. Gammill **(Esther Oman,** class of 1918, Geisinger Memorial Hospital, Danville, Pa.), a daughter, Eleanor Dempster, April 8.

To Mrs. A. S. Sanders **(Mary E. Philips,** class of 1918, Georgia Baptist Hospital, Atlanta, Ga.), a daughter, April 23.

To Mrs. Dennis S. Ryan **(Mary J. Proesel,** class of 1910, Julia F. Burnham Hospital, Champaign, Ill.), a daughter, Mary Helen, April 11.

To **Mrs. Gladys Work Ramsey** (class of 1921, Youngstown Hospital, Youngstown, O.), a son, in February.

To Mrs. Arthur LaRoe **(Angeline Reber,** class of 1918, St. Luke's Hospital, New York), a son, Thomas Arthur, March 30.

To **Mrs. Bertha Crews Rosebrock** (class of 1916, Lutheran Hospital, St. Louis, Mo.), a son, March 29.

To Mrs. James Flannigan (**Mae Sheehan,** class of 1915, Mercy Hospital, Pittsburgh, Pa.), a daughter, in April.

To **Mrs. Mary Beach Smith** (class of 1917, Broad Street Hospital, Oneida, N. Y.), a daughter, Lena Esther, March 12.

To **Mrs. Nellie O'Brien Zehe** (class of 1911, Youngstown Hospital, Youngstown, O.), a daughter, in February.

MARRIAGES

Kathryn Baker (class of 1919, Methodist Episcopal Hospital, Philadelphia), to James A. Moore, April 2. At home, Denver, Colo.

Emma Berlinsky (class of 1915, Jewish Hospital, Louisville, Ky.), to Jacob Schuckman, April 1. At home, Louisville.

Matilda Boose (class of 1922, Hahnemann Hospital, Philadelphia), to Oscar Ziegler,

M.D., March 24. At home, Wildwood Crest, N. J.

Naomi Brown (class of 1920, Hahnemann Hospital, Philadelphia), to Harvey Horn, February 23. At home, McKeesport, Pa.

Elizabeth M. Byrne (class of 1913, Hahnemann Hospital, Philadelphia), to Leon Brannen, April 17. At home, Philadelphia, Pa.

Mary L. Callahan (class of 1918, Connecticut Training School, New Haven, Conn.), to M. Frank Hope, April 23.

Audrey Lee Cosgrave (class of 1917, City Hospital, Morgantown, W. Va.), to Warren A. Berry, April 2. Miss Cosgrave was superintendent of the City Hospital for four years.

Minette Delozier (class of 1913, Mercy Hospital, Pittsburgh), to G. W. Morris, in February. At home, Pittsburgh.

Margaret Dugan (class of 1917, Louisville City Hospital, Louisville, Ky.), to James C. Winter, April 21. At home, Philadelphia, Pa.

Martha Eyres (class of 1921, Anna Jaques Hospital, Newburyport, Mass.), to Edward J. McCabe, Jr., March 17. At home, Lowell, Mass.

Alice M. Finnegan (St. Joachim's Hospital, Watertown, N. Y.), to George Latimer, April 28.

Irene Raleigh Foote (Minneapolis City Hospital, now Minneapolis General), to George W. Brasher, M.D., January 17. At home, Jackson, Tenn.

Mable Gardner of Buffalo, N. Y., to Leo D. Failey, April 19.

Gertrude Grimm (class of 1920, New York City Hospital), to Roy Hayward, February 17.

L. Beatrice Gunther (class of 1919, St. Joseph's Hospital, Far Rockaway, N. Y.), to Stanley A. Werner, February 10.

Mary Hagey (class of 1907, Jewish Hospital, Philadelphia), to John A. Hollingsworth, April 4.

Leta Marie Harbert (Jennie Edmundson Memorial Hospital, Council Bluffs, Ia.), to Otto L. Brown, May 2. At home, Council Bluffs.

Mabel Marie Hayes (class of 1922, Ford Hospital, Omaha, Nebr.), to James Parker Boettger, M.D., May 16. At home, Oberlin, Kans.

Sidney Hood (graduate of the Army School of Nursing), to C. Sidney Haight, U. S. A., on April 28. At home, Pelham Manor, N. Y.

Marie Hoppe (class of 1909, Mounds Park Hospital, St. Paul), to Leonard Stromberg, April 7. At home, Minneapolis.

Edna DeF. Horton (class of 1921, Methodist Episcopal Hospital, Brooklyn, N. Y.), to Wallace McAlpin, April 11. At home, Brooklyn, N. Y.

Teresa Kinsella (class of 1920, Mercy Hospital, Davenport, Ia.), to Robert Garman, April 2. At home, Pontiac, Ill.

Grace M. Luchsinger (St. Joseph's Hospital, Sioux City, Ia.), to Donald L. Smith, February 6. At home, Sioux City.

Katharine Lynch (class of 1913, French Hospital, New York), to J. E. Rooney, February 10. At home, New York.

Elsie McCullough, to Charles Frederick Barry, Jr., March 31. At home, Pittsburgh, Pa.

Ruby Mahaffey (class of 1916, Indianapolis City Hospital, Indianapolis, Ind.), to George M. Obergfell, May 5. At home, Indianapolis.

Jessie B. Mallory (Buffalo General Hospital), to Detloffs E. Klein, March 24.

Lillie I. Mauer (class of 1918, Woman's Homeopathic Hospital, Philadelphia, Pa.), to Harry Wood, March 22. At home, Philadelphia.

Faith Meek (class of 1921, S. U. I. Hospital, Iowa City, Ia.), to L. M. Randall, M.D., March 29. At home, Iowa City, Ia.

Anna Elizabeth Mills (class of 1912, Massachusetts Homeopathic Hospital, Boston), to Warren Lee Campbell, April 18. At home, Boston, Mass.

Helen Jeanette Nason (class of 1920, Presbyterian Hospital, New York), to Seaborn J. Lewis, February 10.

Laura Allison Orbison (class of 1922, Presbyterian Hospital, New York, to Alfred H. Washburn, M. D., February 16.

Virginia Outlaw (class of 1921, Jewish Hospital, Philadelphia), to Richard E. Young, March 10.

Dorothy Parkhurst (class of 1918, Presbyterian Hospital, New York), to Thayer Adams Smith, M.D., February 7.

Elizabeth Powers (Auburn City Hospital, Auburn, N. Y.), to Harold Bunn, April 19.

Dora Estelle Rider (class of 1919, Broad Street Hospital, Oneida, N. Y.), to Louis Ford Miller, March 3.

Clara Rossman (graduate of Jennie Edmundson Memorial Hospital, Council Bluffs, Ia.), and member of Unit K, to Stanton Smith, April 3. At home, Zanesville, O.

Hulda Ruge (class of 1922, Lutheran Hospital, Fort Wayne, Ind.), to Deforest Buckmaster, M.D., May 6. At home, Freusburg, N. Y.

Hyacinthe E. Ryan (class of 1921, Memorial Hospital, Worcester, Mass.), to Adolph G. Abramson, April 19. At home, Worcester, Mass.

Mrs. Martha Scott (class of 1892, Bellevue Hospital, New York), to Harold Shepard Sperry, April 4. At home, South Norwalk, Conn.

Olena B. Sellers (class of 1921, Jefferson County Hospital, Fairfield, Ia.), to Clarence W. Hart, February 20. At home, Cleveland, O.

Marjorie Sherwood (class of 1919, Long Island College Hospital, Brooklyn, N. Y.), to George Krenning), April 28. At home, Brooklyn.

Grace Smith (class of 1922, Allegheny General Hospital, Pittsburgh, Pa.), to Andrew Kossuth, April 10. At home, Charleroi, Pa.

Caroline Barbara Stellick (class of 1918, Asbury Hospital, Minneapolis), to K. M. Peterson, April 11. At home, Quincy, Calif.

Nettie M. Stucker (class of 1918, Jefferson County Hospital, Fairfield, Iowa), to Fred Goodlander, February 17. At home, Wabash, Ind.

Mildred Todd (class of 1922, Winona General Hospital, Winona, Minn.), to Ralph Plank, April 10. At home, Eyota, Minn.

Josephine Maude Turner (Mercy Hospital, Chicago), to Frank John Carroll, April 21.

Mabel Viola White (class of 1920, Lankenau Hospital, Philadelphia, Pa.), to William Earl Dodd, M.D., April 25. At home, Rossiter, Pa.

Inez Wiederrecht (class of 1917, Evanston Hospital, Evanston, Ill.), to Wilmot H. Campbell, April 28. At home, Chicago.

Sally Calkins Wood (Highland Hospital, Rochester, N. Y.), to Hilmar S. Raushenbush, May 7. At home, New York City.

DEATHS

Mrs. Walter Spaulding **(Eleanor Armstrong,** class of 1911, New York City Hospital), October, 1922, in Lima, Peru, of heart failure following an operation.

Mary Chambers Bailey (class of 1918, Long Island College Hospital, Brooklyn, N. Y.), at Hamilton Sanatorium, April 30, following a Caeserian operation.

Henrietta Danielson (Iowa Lutheran Hospital, Des Moines, Ia.), on April 25, after waging a battle for life in the face of terrific odds against burns which she received when she fell while carrying a jar of carbolic acid from the storeroom to the operating room. Miss Danielson had been chief surgical nurse at the Lutheran Hospital for two years, having been chosen for the place shortly after her graduation. She was very popular among her companions and great sympathy for her was felt. She had recently become a member of the American Red Cross.

Mrs. Emma Sheldon Easton (class of 1890, New York City Hospital), on February 2, at her home in Gouverneur, N. Y.

Madaline Ellicker (class of 1910, St. Joseph's Hospital, Lancaster, Pa.), on March 9, at Harrisburg City Hospital, following an operation, after an illness of five weeks. Miss Ellicker had been doing private duty in Harrisburg since her graduation. Services were held at her home in Marietta, Pa.

Verna Hunsicker (graduate of St. Luke's Homeopathic Hospital, Philadelphia), on March 2, at the Hahnemann Hospital, following an operation. Miss Hunsicker will be greatly missed not only by the members of her alumnae association, who feel profound sorrow at her death, but by many friends.

Mabel E. Johnston (class of 1906, Jamaica Hospital, Jamaica, N. Y.), suddenly, on January 11, at Cumberland Street Hospital, Brooklyn. Miss Johnston will be remembered by all who knew her for her unselfish devotion to her work and her friends.

Lulu Lyons, a member of the "T.N.T." Club of Salt Lake City, died on March 7, of influenza, in a Chicago hospital. Miss Lyons came to Utah from Virginia. She was superintendent of nurses at the Latter Day Saints Hospital for a year, but the work was a little too heavy for her, and she had resigned to take a position in a smaller hospital in the south. She was on her way east when she was taken ill. Miss Lyons was a college graduate and a woman of culture.

Mary Ethel Newland, at the American Hospital, City of Mexico, Mexico, in April. Miss Newland was a native of Sidney, Australia, and had been in Mexico a little over two years. Before coming to Mexico she was for a time at the Presbyterian Hospital, New York City, and at the Vancouver General Hospital, Vancouver, B. C. Her sudden death, after what was considered a successful operation, will be a shock to her many friends here and abroad.

Emma Otten (class of 1919, Lutheran Hospital, St. Louis, Mo.), suddenly, on April 9, at Shreveport, La. Miss Otten was night supervisor at the People's Hospital, Shreveport, at the time of her death. She was a woman of ambition and courage and her associates feel her loss.

Mrs. Emma Young (**Emma Roessler,** class of 1913, Passavant Memorial Hospital, Chicago, Ill.), on February 25, in Los Angeles, Calif., after a year's illness. Her death is a great loss to both her friends and the nursing profession.

Letitia Sanders (class of 1917, Ohio Valley General Hospital, Wheeling, W. Va.), on April 15, after one week's illness with pneumonia. The services at Follansbee throughout were marked with impressiveness on the part of hundreds who came to pay final respect to one who has rendered untold service to her town and community. The public schools were dismissed for the afternoon and all business was suspended for an hour. The municipal flag was at half mast. Prior to the services at the church every child in the public and high schools viewed the silent figure as it lay in state. Loving tributes were paid in reviewing her life's work. Following her graduation, Miss Sanders served as school nurse in Wheeling until four years ago, when she became a Red Cross nurse of Brooks County Chapter, American Red Cross. Last year Miss Sanders accepted a position as school nurse of Cross Creek District, but she always continued her coöperation with the Red Cross. Her work was that of self-sacrifice and service to humanity and the whole county joins with her bereaved family in a loss so keenly felt by all.

Josephine Schwab (class of 1915, Buffalo Emergency Hospital, after a short illness following an operation. Miss Schwab was an exceptional nurse and a wonderful woman.

Oliver E. Schwelli (class of 1898, Memorial Hospital, New London, Conn.), on April 18, in New London. Miss Schwelli was an unusually capable woman, a strong character. She will be greatly missed by her many friends and associates. Miss Schwelli has been in poor health for the past three years.

Sister Mary Angelica, Superintendent of Nurses, St. Mary's Mercy Hospital, Gary, Ind., on March 15, after an illness of four days with nephritis and complications. She entered the Order of the Poor Handmaidens of Jesus Christ, Fort Wayne, Ind., in 1892. Her first appointment was to St. Elizabeth's Hospital, Chicago; from there she was transferred to St. Joseph's Hospital, Ashland, Wis., where she served a number of years, going next to South Bend, Ind., where she did private nursing; then she was transferred to Fort Wayne where she had charge of the Surgical Department of St. Joseph's Hospital. She went to Gary, Ind., in 1914 to take charge of the surgical department and after three years in that position she was appointed Superintendent of the Nurses' Training School, where she remained up to the time of her death. Tribute was paid to her fidelity and self-sacrifice in the care of the sick and in her supervision of the Training School. Her presence radiated encouragement and confidence to those under her love and guidance, to whom she was as a true mother. Her influence will continue, spurring on others who knew her in the way of self sacrifice.

Mrs. Fullerton (**Eva M. Smith,** class of 1888, Connecticut Training School, New Haven, Conn.), at St. Petersburg, Fla., March 30. Mrs. Fullerton had lived in St. Petersburg for many years.

TOO LATE FOR CLASSIFICATION

Semi-centennial Celebration of the Connecticut Training School for Nurses, New Haven, Conn.

The Connecticut Training School of the New Haven Hospital celebrated its semi-centennial by exercises held on May 15 and 16. It is estimated that nearly 400 nurses gathered to do honor to their school. After registration on Tuesday morning, there was a reunion of classes in Gifford Memorial Chapel of the Hospital, with a three-minute report from a representative of each class. The only living member of the first class, that of 1875, Miss Bailey of Northampton, was present. One graduate came on from Colorado, and one was a missionary from India, on furlough. An informal luncheon was served by the Hospital at noon. In the afternoon there was a charming reception and tea given by Professor Henry W. Farnam. An exhibit of the four uniforms of the school, from that of hoopskirts to the present day, was of much interest. A dinner was given at the New Haven Lawn Club in the evening with Professor C. E. A. Winslow presiding. The speeches were: The Role of Nursing in the Public Health Programme, Professor Haven Emerson of Columbia University; Medicine and Nursing Education, Dr. Willard C. Rappleye, Superintendent of New Haven Hospital; An Experiment in Nursing Education, Annie W. Goodrich, Henry Street Visiting Nurse Service, New York; The University and Nursing Education, George P. Day, Treasurer Yale University, (speaking in the place of President Angell who was ill).

On Wednesday morning, in Gifford Memorial Chapel, a meeting was held, presided over by Miss A. E. Bigelow, President of the Connecticut State Association, on the general subject of nursing: The Relation of the Training School to the Private Duty Nurse, Emma L. Stowe, for ten years Superintendent of Connecticut Training School; The Value of Nursing Organizations, Alice Shepard Gilman, New York State Board of Nurse Examiners; The Value of the Nurse in the National Programme, Gertrude E. Hodgman, National Organization for Public Health Nursing; The Old Clinic and the New, Ella Phillips Crandall, American Child Health Association. At noon there was a luncheon at the New Haven Lawn Club with Mrs. Henry A. Bumstead, chairman of the Executive Committee of the Connecticut Training School presiding. Addresses were given on these subjects: The Nurse and Community Health, Mary Grace Hills, New Haven Visiting Nurse Association; Evolution of Public Health Nursing, Mary Beard, Instructive District Nurse Association, Boston; Advance of Nursing Education in Cleveland, Carolyn Gray, Western Reserve University; Future of Public Health Nursing, Mary S. Gardner, District Nurse Association, Providence, R. I.; Evolution of the Training School from a Hospital School to a University School of Nursing, M. A. Nutting, Teachers College, New York. At 3:30 p. m., there was inspection of the New Haven Hospital. Commencement exercises for the class of 1923 were held in the evening in Sprague Memorial Hall for a class of 18. Professor Farnam presided. Addresses were given by Dean Milton C. Winternitz of the Yale School of Medicine; Margaret K. Stack, Director of Public Health Nursing, State Department of Health; and Mary E. Wooley, President of Mount Holyoke College.

The Montana State Association of Graduate Nurses will hold its annual meeting at the Elks' Club, Missoula, June 18-20. Among other features of interest will be an Institute on Infancy and Maternity Welfare.

WARNINGS

A woman is going about the country, trying to borrow money, who at first called herself a Johns Hopkins graduate and, later, a Philadelphia General graduate. She has been reported from a number of cities in Ohio; Bay City, Michigan; Wheeling, West Virginia; and Pittsburgh, Pa.

A fraudulent agent is reported from California who is representing himself as an agent for the Randles Manufacturing Company, makers of nurses' uniforms. These garments are sold by mail only.

BOOK REVIEWS

THE NEW PSYCHOLOGY AND THE TEACHER. By H. Crichton Miller, M.A., M.D. Thomas Seltzer, New York. Price, $1.60.

This is a readable and helpful book. The author ventures to make use of what he finds useful in the so-called and, as he indicates, some miss-called Freudian psychology, while he maintains his independence of some of the conclusions that have been built on that hypothesis. He contributes clarifying statements of the differences in the conceptions of Freud and Jung, whose positions are confused and mingled by many writers. Particularly gratifying is his illustration of what he calls the unconscious motive, familiar under the title of the Freudian wish, in fields ordinary people would not think of calling sexual. Even though one is not ready to accept seemingly arbitrary and certainly varying though said to be universal interpretations of symbolism, there is very much of undoubted value in the practical suggestions made by this author. In connection with what is said in reference to dreams and to neuroses, it is insisted repeatedly that the amateur must not intrude into the lives of other people through this approach, but that one may be able to find and to clear up unsuspected difficulties in one's own life to the end of increased service to others. The book's practical good sense is illustrated by the insistance that there must be social value to any form of self realization that is permissible to the individual, and in the implication that if the adult generation does exist for the sake of the younger generation, that also is under obligation to order its life to the advantage of the one that shall succeed it. The book would be more accurately entitled The New Psychiatry, but unless one demands that a book shall be at all points satisfactory, this one will more than repay the two or three hours pleasantly spent in reading it.

DORA M. BARNES
Ann Arbor, Michigan

NURSING IN DISEASES OF THE EYE, EAR, NOSE, AND THROAT. By the Committee on Nursing of the Manhattan Eye, Ear, and Throat Hospital. New Third Edition. W. B. Saunders Company, Philadelphia. Price, $2.25.

Nursing in Diseases of the Eye, Ear, Nose and Throat is very thoroughly given in this book which consists of five parts.

In the first part, the germ theory is discussed, followed by chapters on antiseptics, disinfection of rooms and clothing, sterilization, preparation of surgical dressings, operating room technic, the nurse's duties at operations and in the management of troublesome children, the ideal nurse and her conduct in the sick room, and the feeding and care of infants. These subjects are covered quite completely and in a manner easily understood.

The second part is about the eye. Starting with its anatomy and physiology, it gives the remedies used in its treatment and describes the methods of eversion of the lids and treatment of contagious diseases of the eye. This section is concluded by a chapter on eye instruments and appliances. This portion

of the book is excellent, especially the clear description of the anatomy with many beautiful illustrations and pictures of eye instruments.

The third part gives the anatomy and physiology of the ear with some fine illustrations and then describes the methods of examination and the diseases of the auricle, external auditory meatus, the middle and internal ear. As in the section on the eye, many instruments are shown.

The fourth and fifth sections, both well illustrated, describe the nose with its accessory sinuses and their diseases, also the pharynx and larynx, anatomy, physiology, diseases and operations are well covered.

This is an excellent book for the instructor of nurses, of especial importance is considered the many fine illustrations which would very much aid the student in understanding these facts and the pictures of instruments and dressing trays.

EDWARD M. TALBOTT, M.D.
San Francisco

FEEDING, DIET, AND THE GENERAL CARE OF CHILDREN. A book for mothers and trained nurses. By Albert J. Bell, A.B., M.D. F. A. Davis Company, Philadelphia. Price, $2.00.

If we suffer from ennui at the ordinary run of books so diffusely written on the care of children, we may turn for relief to the compact manual of Dr. Bell. This new book has been exceedingly well arranged for reference and carries the information in brief, pointed directions. Although some controversial questions are stated rather dogmatically, the book on the whole represents the consensus of opinion of a considerable group of pediatrists.

Dr. Bell stands squarely for breast feeding at regular intervals of four hours, if at all possible. He takes up in detail nursing difficulties and gives practical suggestions for their solution.

It is questionable whether it is wise to give to the mother such specific and detailed directions in regard to feeding formulas as Dr. Bell has outlined. His formulas may be misunderstood by the mother to rigidly apply to the infants at the specified months, whereas, as a matter of fact, we know that the feeding of even normal children should be determined by the physician who should follow the development of the baby from week to week.

It is a relief to find a brief statement of the diseases of childhood without laboring our attention on details.

Dr. Bell has brought the book strictly up-to-date in his discussion of vitamins and dental prophylaxis.

On the whole, this is a valuable reference manual for the mother and nurse, although it is not written in a style which encourages consecutive reading.

RICHARD A. BOLT, M.D.,
Washington, D. C.

RECIPES FOR INSTITUTIONS. Collected by the Chicago Dietetic Association, Inc. 153 pages. The Macmillan Company, New York. Price, $1.50.

A compact little book of recipes contributed by some seventy dietitians, all of whom are members of the American Dietetic Association, actively engaged in Institutional Cafeteria, or Tea Room work. A wide range of foods is covered and a few recipes for diabetics and nephritics are included.

THE BOOK OF HOME NURSING. A practical guide for the treatment of sickness in the home. By Frances Weed Campbell, R.N. E. P. Dutton & Company, New York. 271 pages. Price, $2.00.

This is a valuable book for the young wife or mother of a family to have. Problems in nursing, simple to deal with if you know how, and exceedingly difficult if you do not, are dealt with here. How to care for a case of sunburn, how to make broth for a patient, how to make a bed properly, all these things are described in a simple, clear way, although the writer has a tendency to repeat herself at times, which is confusing. The arrangement of the book is not good; it is not in logical order. The chapters could easily be shifted, and this would help to make less confusion in reading. There are several slips on the technical side, such as on page 166, in telling about someone overcome by gas, no mention is made of turning off the gas, after the rescuer opens the window.

On page 182, every remedy is given for keeping lice out of the hair except the most important one of all,—how often to wash the hair. Clean hair never has lice. If Mrs. Campbell would put her book in the hands of some one who makes writing a profession, who realizes the importance of a clear, vivid style, if she has the next edition more carefully edited, the result would be a book that every household should have in its library. As it is, we consider it a book, excellent enough to be better.

MRS. DEBORAH CALDWELL ALLEE, R.N.
New York.

NURSING TECHNIC. By Mary C. Wheeler, R.N. Second Edition. Revised. J. B. Lippincott Company, Philadelphia. Price, $1.75.

A practical nursing procedure well done is an art. To outline clearly, concisely, and logically, each step is another art. This small book does this and will be a material help to instructor and student alike in nursing technic.

The entire book is in outline form, carefully arranged so as to place the maximum amount of emphasis on the main topics. The simplest technic is used and very practical valuable suggestions are given. The patient's viewpoint is suggested by a concrete phrase or forceful word. The text would be a faithful aid to any instructor to remind her of the points in each procedure, to prove to her that involved procedures are wasted time, and to help her standardize nursing technic. For the student, this book suggests further fields of study and helps her to visualize what she is about to do. One might wish that a sanitary tray were used instead of the time honored "nurse basket" and that each patient had his own comb. The patient's symptoms, objective and subjective, are carefully given; the essentials of charting are so plain and forceful that we are tempted to practice our printing again. The rules for giving medicine are worth studying and knowing. The addition of a reference list of supplementary reading and new and helpful illustrations greatly adds to this edition.

Miss Wheeler contributed a valuable book to our nursing book shelf, and she has increased its value in this edition. She has given a simple, practical manual

to our schools, which should aid materially in the work of standardizing nursing procedures.

MARY E. NORCROSS, R.N.,
Boston.

SOCIAL WORK. An Outline of its Professional Aspects. A pamphlet of 31 pages. American Association of Social Workers. 130 East 22nd Street, New York. Price, 25 cents.

Out of a ferment of activities, ideals and traditions, the profession of social work is gradually emerging. This pamphlet presents a compact and clear-cut analysis of social work as the Social Worker sees it under the heading of: 1. Social Case Work; 2. Social Group Work; 3. Community Organization; 4. Institutional Work; 5. Social Research; 6. Specialities Based in Social Work.

A BRIEF MANUAL OF GAMES FOR ORGANIZED PLAY is a pamphlet containing directions for about seventy games. It should prove useful to many nurses who care for children in groups and may be obtained at five cents a copy from the Children's Bureau, Washington, D. C.

PORTRAITS OF EDITH CAVELL. Portraits of Miss Cavell in uniform may now be obtained by writing to the Secretary of the American Nurses' Association, 370 7th Avenue, New York. The price of the photograph, which is reproduced from a painting, is five dollars. It is hoped that an arrangement may be made whereby a smaller and less expensive reproduction may be made available. Proceeds from the pictures go to the support of the Edith Cavell Homes of Rest for Nurses. The Secretary states that it is increasingly difficult to secure the funds necessary to support the Homes adequately.

The Chicago Tuberculosis Institute, 8 South Dearborn Street, now has for sale small photographs in tooled leather frames of the London monument to Edith Cavell. These may be had in sepia or in the dark print framed in brown or black for one dollar each.

The proceeds are to go to a fund which is being raised to build a nurses' cottage to care for tuberculous nurses on the grounds of the Edward Sanatorium, which is under the supervision of the Institute.

HEALTH SONGS. A pamphlet containing a dozen clever health songs, compiled by the Iowa Tuberculosis Association, Des Moines, Iowa, for the use of Modern Health Crusaders. Many grown-ups, as well as children, would do well to memorize "Mary's Cold," which may be sung to "Yankee Doodle."

Mary had a little cold which settled in her head,
But she was very careful and did not let it spread,
She sneezed into her handkerchief, she coughed into it too,
She breathed fresh air into her lungs—she knew just what to do;
So Mary stopped the little cold which started in her head,
And no one caught it from her or had to go to bed.

INFORMATION SOUGHT

Charles Wege, 2614 Greenview Avenue, Chicago, wishes information of his wife (Ella Hoban), a nurse, who was in Escanaba, Michigan, last July, but who has not been heard from since August, 1922.

OFFICIAL DIRECTORY

International Council of Nurses.—Secretary, Christine Reiman, Kronprinsessegade 50, Copenhagen, Denmark.

The American Journal of Nursing Company.—Headquarters, 370 Seventh Avenue, New York. Business Office, 19 West Main Street, Rochester, N. Y. President, Sarah E. Sly, Birmingham, Mich. Secretary, Elsie M. Lawler, Johns Hopkins Hospital, Baltimore, Md.

The American Nurses' Association.—Headquarters, 370 Seventh Avenue, New York. President, Adda Eldredge, Bureau of Nursing Education, Board of Health, Madison, Wis. Secretary, Agnes G. Deans, 370 Seventh Avenue, New York. Treasurer, V. Lota Lorimer, 141 South Third Street, Columbus, Ohio. Sections: **Private Duty,** Chairman, Frances M. Ott, 119 South Shore Drive, Elkhart, Ind. **Mental Hygiene,** Chairman, May Kennedy, Chicago State Hospital, Chicago, Ill. **Legislation,** Chairman, Roberta M. West, Room 150, 34 S. 17th Street, Philadelphia, Pa. **Relief Fund Committee,** Chairman, Elizabeth E. Golding, 317 West 45th Street, New York, N. Y. Treasurer, V. Lota Lorimer, 141 South Third Street, Columbus, O.

The National League of Nursing Education.—Headquarters, 370 Seventh Avenue, New York. President, Laura R. Logan, General Hospital, Cincinnati, O. Secretary, Martha M. Russell, 317 West 45th Street, New York. Treasurer, Bena M. Henderson, Children's Memorial Hospital, Chicago, Ill. Executive Secretary, Effie J. Taylor, 370 Seventh Avenue, New York.

The National Organization for Public Health Nursing.—President, Elizabeth G. Fox, 3800 14th Street, N. W., Washington, D. C. Director, Anne Stevens, 370 Seventh Avenue, New York.

Isabel Hampton Robb Memorial Fund Committee.—Chairman, Elsie M. Lawler, Johns Hopkins Hospital, Baltimore, Md. Treasurer, Mary M. Riddle, 223 Newbury Street, Boston, Mass.

New England Division, American Nurses' Association.—President, Mary M. Riddle, 223 Newbury St., Boston, Mass. Acting secretary, Esther Dart, Stillman Infirmary, Cambridge, Mass.

Nursing Service, American Red Cross.—Director, Clara D. Noyes, American Red Cross, Washington, D. C.

Army Nurse Corps, U. S. A.—Superintendent, Major Julia C. Stimson, Office of the Surgeon General, Army Corps Division, War Department, 19th and B Streets, Washington, D. C.

Navy Nurse Corps, U. S. N.—Superintendent, J. Beatrice Bowman, Bureau of Medicine and Surgery, Department of the Navy, Washington, D. C.

U. S. Public Health Service Nurse Corps.—Superintendent, Lucy Minnegerode, Office of the Surgeon General, U. S. Public Health Service, Washington, D. C.

Nursing Service, U. S. Veterans' Bureau.—Superintendent, Mrs. Mary A. Hickey, Hospital Section, U. S. Veterans' Bureau, Washington, D. C.

Department of Nursing and Health, Teachers College, New York.—Director, M. Adelaide Nutting, Teachers College, Columbia University.

STATE ORGANIZATIONS OF NURSES

Alabama.—President, Bertha Clement, 2019 Avenue F., Birmingham. Secretary, Ruth Davis, Selma. State League, President, DeWitt Dillard, Mobile Infirmary, Mobile. President examining board, Helen MacLean, 1808 North 7th Ave., Birmingham. Secretary, Linna H. Denny, 1808 North 7th Avenue, Birmingham.

Arizona.—President, Rose Benenato, 221 East Polk Street, Phoenix. Secretary, Mrs. Regina Hardy, 826 East Second Street, Tucson. President examining board, Edith P. Snowden, Phoenix. Secretary, Gertrude F. Russell, State House, Phoenix.

Arkansas.—President * * * Secretary, Blanche Tomaszewska, 815 Laurel St., Pine Bluff. President examining board, M. D. Ogden, M.D., Little Rock. Secretary-treasurer, Mrs. James D. Moncure, Route 4, Box 200, Little Rock.

California.—President, Mrs. E. B. Conzelmann, State Hospital, Stockton. Secretary, Mrs. J. H. Taylor, Route A. Galt. State League President, Lina L. Davis, Pasadena Hospital, Pasadena. Secretary, Evelyn Wood, San Francisco Hospital, San Francisco. Director, Bureau of Registration of Nurses, Anna C. Jamme, 724 Wells Fargo Building, San Francisco.

Colorado.—President, Jessie D. Stewart, 220 E. Yampa St., Colorado Springs. Secretary, Mrs. Mae M. Carpenter, 1027 Fillmore St., Denver. State League President, Mrs. Gertrude Loutzenheiser, Children's Hospital, Denver. Secretary, Loretto Mulherin, St. Joseph's Hospital, Denver. President examining board, Blanche I. Lewis, 1116 East Boulder Street, Colorado Springs. Secretary, Louise Perrin, State House, Denver.

Connecticut. — President, A. Elizabeth Bigelow, 69 East Main Street, Meriden. Secretary, Kathryn E. Sherman, 220 Farmington Avenue, Hartford. State League President, Sarah E. Hyde, Middlesex Hospital, Middletown. Secretary, Amelia M. Jones, Middlesex Hospital, Middletown. President examining board, Martha P. Wilkinson, 34 Charter Oak Avenue, Hartford. Secretary, Mrs. Winifred A. Hart, 109 Rocton Avenue, Bridgeport.

Delaware.—President, Marie T. Lockwood, Ford Building, Wilmington. Secretary, Amy E. Wood, 213 Seventh Street, Wilmington. President examining board, Harold L. Springer, M.D., 1013 Washington Street, Wilmington. Secretary, Mary A. Moran, 1313 Clayton Street, Wilmington.

District of Columbia.—President, Eleanor Maynard, 2520 14th Street, N. W., Washington. Secretary, I. Malinde Havey, 3800 14th St., N. W., Washington. District League President, Minnie Goodnow, Children's Hospital, Washington. Secretary, Anne H. Raffin, Emergency Hospital, Washington. President examining board, Mary G. Wolford, 1337 K Street, N. W., Washington. Secretary-treasurer, Mary E. Graham, 1337 K Street, N. W., Washington.

Florida. — President, Theresa P. Fremd, Orange General Hospital, Orlando. Secretary, Elizabeth Steil, Riverside Hospital, Jacksonville. President examining board, Anna L. Felting, Box 196, Miami. Secretary-treasurer, Mrs. Louisa B. Benham, Hawthorne.

Georgia.—President, Mrs. Mae M. Jones, State Sanatorium, Millidgeville. Secretary, Chloe M. Jackson, 602 Chamber of Commerce, Atlanta. State League President, Mrs. Eva S. Tupman, Macon City Hospital, Macon. Secretary, Jean Harrell, Baptist Hospital, Atlanta. President examining board, Jessie M. Candlish, 20 Ponce de Leon Ave., Atlanta. Secretary-treasurer, Jane Van De Vrede, 464 North Boulevard, Atlanta.

Idaho.—President, Barbara Williams, St. Luke's Hospital, Boise. Secretary, Louise W. Gerrish, St. Luke's Hospital, Boise. Department of Law Enforcement, Bureau of Licenses, Examiner, Napina Hanley, State Capitol, Boise.

Illinois.—President, Mabel Dunlap, 1531½ Third Avenue, Moline. Secretary, May Kennedy, Chicago State Hospital, Chicago. State League President, Mary H. Cutler, 1750 Congress St., Chicago. Secretary, Dora C. Saunby, Michael Reese Hospital, Chicago. Superintendent of Registration, Addison M. Shelton, State Capitol, Springfield.

Indiana. — President, Ina Gaskill, State Board of Health, Indianapolis. Secretary, Eugenia Kennedy, St. Vincent's Hospital, Indianapolis. President State League, Mary M. Peterson, Robert W. Long Hospital, Indianapolis. Secretary, Lizzie L. Goeppinger, Protestant Deaconess Hospital, Indianapolis. President examining board, Elizabeth E. Springer, Huntington County Hospital, Indianapolis. Secretary, Ida J. McCaslin, 501 East Noble Street, Lebanon.

Iowa. — President, Amy Beers, Jefferson County Hospital, Fairfield. Secretary, Nelle Morris, The Summit, D-1, Iowa City. President examining board, C. F. Launder, M.D., Garwin. Secretary, Rodney P. Fagan, M.D., Des Moines.

Kansas. — President, Ethel L. Hastings, Bethany Hospital, Kansas City. Secretary, Caroline E. Barkemeyer, Halstead. President examining board, Sister Catherine Voth, Newton. Secretary-treasurer, Sister Mary Helena, St. Luke's Hospital, El Dorado.

Kentucky.—President, Josephine Meyers, Newport. Corresponding secretary, Gertrude Bethel, 700 Francis Building, Louisville. State League President, Anne R. Manuel, Norton Infirmary, Louisville. Secretary, Lillian E. Rice, St. Mary and Elizabeth Hospital, Louisville. President examining board, Sophia F. Steinhauer, Speers Memorial Hospital, Dayton. Secretary, Flora E. Keen, Somerset.

Louisiana.—President, Mrs. Lydia Breaux, 521 S. Hennessy St., New Orleans. Secretary, Mrs. Clara McDonald, 1624 Marigny St., New Orleans. President examining board, J. T. Crebbin, M.D., 1207 Maison Blanche, New Orleans. Secretary, J. S. Hebert, M.D., 27 Cusachs Building, New Orleans.

Maine. — President, Mrs. Lou S. Horne, 122 Emery St., Portland. Secretary, Louise Hopkins, 246 Essex Street, Bangor. President examining board, Margaret M. Dearness, Maine General Hospital, Portland. Secretary-treasurer, Rachel A. Metcalfe, Central Maine General Hospital, Lewiston.

Maryland,—President, Elsie M. Lawler, Johns Hopkins Hospital, Baltimore. Secretary, Sarah F. Martin, 1211 Cathedral Street, Baltimore. State League President, Maude Gardner, Hospital for the Women of Maryland, Baltimore. Secretary, Charlotte M. Snow. President examining board, Helen C. Bartlett, 604 Reservoir Street, Baltimore. Secretary and treasurer, Mary Cary Packard, 1211 Cathedral Street, Baltimore.

Massachusetts. — President, Carrie M. Hall, Peter Bent Brigham Hospital, Boston. Corresponding secretary, Mrs. Anna R. Ross, 636 Beacon St., Boston. President State League, Sally Johnson, Massachusetts General Hospital, Boston. President examining board, Mary M. Riddle, 223 Newbury St., Boston. Secretary, Samuel H. Caulderwood, M.D., State House, Boston.

MEAD'S

Mead's Infant Feeding Service

To Physicians

MEAD'S DEXTRI-MALTOSE NO. 1, with modified cow's milk—for the average baby.
MEAD'S DEXTRI-MALTOSE NO. 3, with modified cow's milk—for the constipated baby.
MEAD'S CASEC for fermentative diarrhoeas.
BABY SCALES of precision.

The following articles secure greater co-operation from mothers:

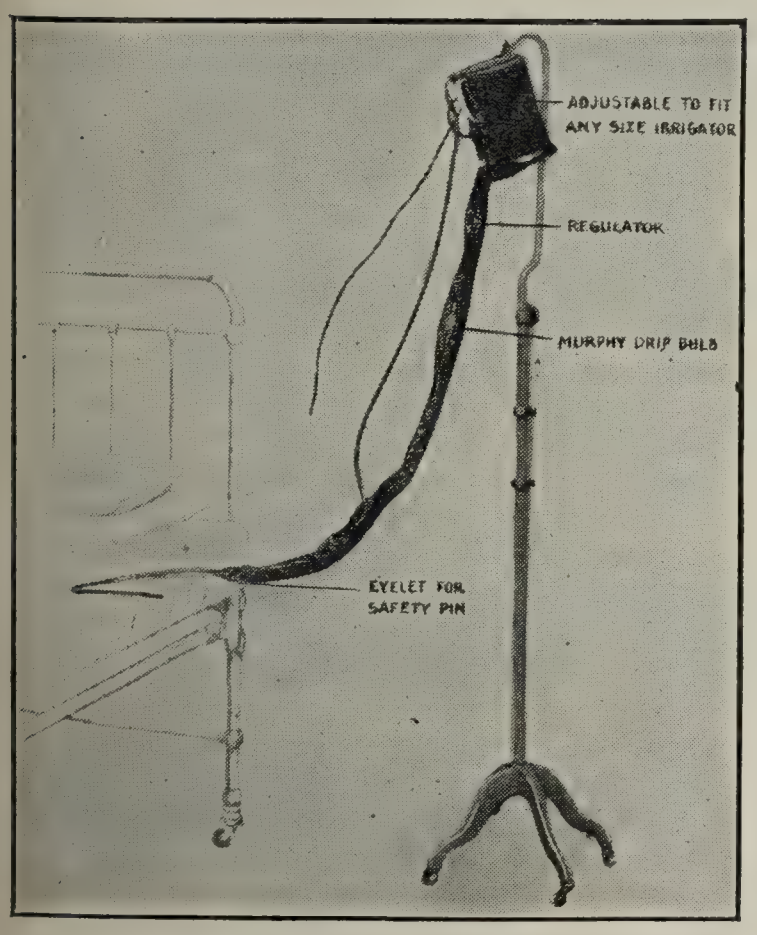
Special Breast Feeding Pamphlet
Formula Blanks
Adjustable Slide Feeding Tables
File Index Cabinet of Corrective Diets
Diets for Older Children
Instructions for Expectant Mothers
Weight Charts
Growth Chart

Please check off literature you wish sent to you and we will gladly forward it at once, together with samples.

THE DOCTOR'S WAY IS MEAD'S WAY

Mead Johnson & Company — **Evansville, Indiana**

The Duchesne Saline Heating Pad



Made by a Nurse—For Nurses

Saves Hours of Hard Work When Giving

INTRAVENOUS INFUSION
HYPODERMOCLYSIS
and
PROCTOCLYSIS

Delivers solution at exact temperature for any length of time.

BE SURE TO SEE IT AT
Swampscott Convention Exhibit

Ask Us or Your Dealer for Details

Price, $15.00 net

The Whitney Company, 143 Liberty St., New York City

Michigan. — President, Mrs. Barbara H. Bartlett, 329 Science Bldg., Ann Arbor. General secretary, Sarah E. Sly, Birmingham. State League President, Maud McClaskie, Harper Hospital, Detroit. Secretary, Helen M. Pollock, Flint. President examining board, Richard M. Olin, M.D., Lansing. Secretary, Mrs. Helen de Spelder Moore, 206 State Office Building, Lansing.

Minnesota. — President, Irene English, Northern Pacific Hospital, St. Paul. Secretary, Dora Cornelisen, Old State Capitol, St. Paul. President State League, Caroline Rankiellour, 3915 Eleventh Ave. S., Minneapolis. Secretary, Pearl L. Rexford, Northwestern Hospital, Minneapolis. President examining board, Jennette M. McLaren, M.D., 805 Lowry Building, St. Paul. Secretary, Dora Cornelisen, Old State Capitol, St. Paul.

Mississippi.—President, Mrs. B. M. Hopper, Mattye Hersey Hospital, Meridian. Secretary, Mrs. James A. Cameron, 511 Bay Street, Hattiesburg. President examining board, Dr. J. H. Fox, Jackson. Secretary-treasurer, Ernestine Bryson, Houston.

Missouri. — President, M a n c e Taylor, Parker Memorial Hospital, Columbia. Secretary, Bertha Love, Parker Memorial Hospital, Columbia. State League President, Eleanor Keeley, Columbia. Secretary, Glory H. Ragland, 3908 Olive Street, St. Louis. President examining board, Mary G. Burman, Children's Mercy Hospital, Kansas City. Educational director-secretary, Harriet L. P. Friend, 620 Chemical Building, St. Louis.

Montana.—President, Mrs. Clara Barrington, Ford Building, Great Falls. Secretary, F. L. Kerlee, 514 Eighth Ave., Helena. President examining board, E. Augusta Ariss, Deaconess Hospital, Great Falls. Secretary-treasurer, Frances Friederichs, Box 928, Helena.

Nebraska.—President, Lulu F. Abbot, 847 North 26th Street, Lincoln. Secretary, Cora E. Higgins, 2100 South St., Lincoln. State League President, Charlotte Burgess, University Hospital, Omaha. Secretary, Bertha A. Bryant, Grand Island Hospital, Grand Island. Bureau of Examining Board, secretary, H. H. Antles, Department of Public Welfare, State House, Lincoln.

Nevada.—President, A. Craven, Reno Hospital, Reno. Secretary, M. A. Ross, 243 West 3d St., Reno.

New Hampshire. — President, Anna C. Lockerby, Laconia Hospital, Laconia. Secretary, Mrs. Florence M. Knowles, Portsmouth. President examining board, Mae Morrison, Whitefield. Secretary, Ednah Cameron, 8 North State Street, Concord.

New Jersey.—President, Virginia Chetwood, 50 Hudson Street, Hackensack. Secretary, Marie Louis, Muhlenberg Hospital, Plainfield. State League President, Florence Dakin, 468 Ellison St., Paterson. Secretary, Marie Louis, Muhlenberg Hospital, Plainfield. President examining board, Mary J. Stone, Room 302, McFadden Building, Hackensack. Secretary-treasurer, Elizabeth J. Higbid, Room 302, McFadden Building, Hackensack.

New Mexico.—President, Mrs. Blanche A. Montgomery, Women's and Children's Hospital, Albuquerque. Secretary, Mary Priest Wight, Presbyterian Sanatorium, Albuquerque.

New York.—President, Mrs. Anne L. Hansen, 181 Franklin Street, Buffalo. Secretary, Ella F. Sinsebox, 443 Linwood Avenue, Buffalo. State League President, Amy M. Hilliard, Samaritan Hospital, Troy, N. Y. Secretary, Helen Young, Presbyterian Hospital, New York. President examining board, Lydia E. Anderson, 461 Washington Avenue, Brooklyn. Secretary, Alice Shepard Gilman, State Education Building, Albany.

North Carolina. — President, P e a r l e Weaver, Hendersonville. Secretary, Harriet M. Lisowski, Mary Elizabeth Hospital, Raleigh. State League President, Mary P. Laxton, Biltmore Hospital, Biltmore. Secretary, Gilbert Muse, High Point. President examining board, Mary P. Laxton, Biltmore. Secretary-treasurer, Dorothy Hayden, Greensboro.

North Dakota. — President, Sarah Sand, Osgood Flats, Fargo. Corresponding secretary, Esther Teichmann, 720 Fifth Street South, Fargo. President examining board, Ethel Stanford, 703 Fourth Street, South, Fargo. Secretary, Mildred Clark, General Hospital, Devils Lake.

Ohio.—President, Grace E. Allison, Lakeside Hospital, Cleveland. Secretary, Grace Bentley, 1200 Ethel Avenue, Lakewood. State League President, Blanche Pfefferkorn, Cincinnati General Hospital, Cincinnati. Secretary, E. Muriel Anscombe, Mt. Sinai Hospital, Cleveland. Chief examiner, Caroline V. McKee, Hartman Hotel Building, Columbus. Secretary, Dr. H. M. Platter, Hartman Hotel Building, Columbus.

Oklahoma.—President, Olive Salmon, Pawhuska. Secretary, Virginia Tolbert, University Hospital, Oklahoma City. State League President, Lena A. Griep, Oklahoma Hospital, Tulsa. Secretary, Candace Montfort, University Hospital, Oklahoma City. President examining board, Mrs. Idora Rose Scroggs, 324 West Grey Street, Norman. Secretary-treasurer, Olive Salmon, 204 Triangle Building, Pawhuska.

Oregon. — President, Grace Phelps, 616 Lovejoy Street, Portland. Secretary, Margaret A. Tynan, St. Vincent's Hospital, Portland. President examining board, Jane V. Doyle, 660 Johnson St., Portland. Secretary-treasurer, Mrs. O. E. Osborne, 512 Oakdale Avenue, Medford.

No one appreciates a pure talcum like the nurse

SQUIBB'S Talcum was produced at the request of physicians for a pure, impalpably fine, non-irritating talcum. It is made from selected Italian talc, as the experience of the Squibb Laboratories has shown that no other talc equals the Italian in purity.

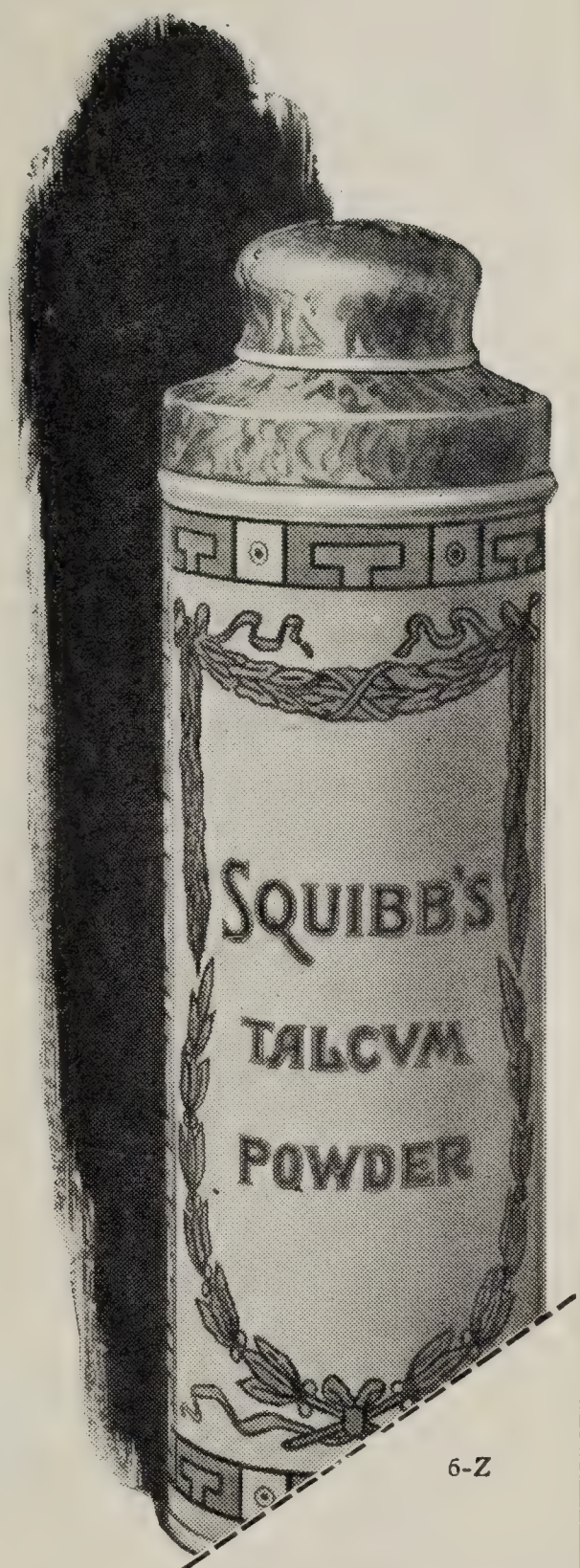
After further purification by Squibb, the talcum is bolted through silk to insure its freedom from every trace of grit. A small quantity of Squibb's Boric Acid is then added for its antiseptic, soothing and healing properties.

You will find Squibb's Unscented Talcum the ideal powder for use as a soothing, non-irritating protective for tender skins.

Squibb's Talcum is also exquisitely scented with Violet or Carnation—both odors prepared in the Squibb Laboratories.

When you need talcum for yourself, or at the bedside, you want the best—specify Squibb's.

You probably are already familiar with Squibb's Talcum. But if you are not, we shall be pleased to send any one in the profession a full-sized can with our compliments. Kindly use the attached coupon.



6-Z

SQUIBB

THE "PRICELESS INGREDIENT" OF EVERY PRODUCT IS THE HONOR AND INTEGRITY OF ITS MAKER

E. R. SQUIBB & SONS
80 Beekman St., New York

Please send me a free, full-size can of Squibb's Talcum. Violet. Carnation. Unscented.

(Check the odor you prefer)

Name .....

Address .....

City and State .....

Copyright 1923, E. R. Squibb & Sons

Pennsylvania. — President, Margaret A. Dunlop, Pennsylvania Hospital, Philadelphia. Secretary-treasurer, Gertrude Heatley, South Side Hospital, Pittsburgh. State League President, Mrs. Helene Herrmann, 1818 Lombard St., Philadelphia. Secretary, Susan Heitzenrater, Punxsutawney Hospital, Punxsutawney. President examining board, Albert M. Blackburn, M.D., 34 South 17th Street, Philadelphia. Secretary-treasurer, Roberta M. West, Room 150, 34 S. 17th Street, Philadelphia.

Rhode Island. — President, Amy Allison, Rhode Island Hospital, Providence. Corresponding secretary, Edith Barnard, 425 Broadway, Providence. State League President, Ellen M. Selby, Memorial Hospital, Pawtucket. Secretary, Elizabeth F. Sherman, 85 Tobey St., Providence. President examining board, Henry C. Hall, M.D., Butler Hospital, Providence. Secretary-treasurer, Lucy C. Ayres, Woonsocket Hospital, Woonsocket.

South Carolina. — President, Frances J. Bulow, 40 Coming Street, Charleston. Secretary, E. Z. Loring, Baker Sanatorium. Secretary, board of nurse examiners, A. Earl Boozer, M.D., Columbia.

South Dakota.—President, Ellen McArdle, Aberdeen. Corresponding secretary, Carrie E. Clift, Rapid City. President examining board, Clara S. Ingvalson, Flandreau. Secretary-treasurer, Mrs. Elizabeth Dryborough, Rapid City.

Tennessee. — President, Mrs. Dorsey T. Gould, 1305 Edgewood place, Nashville. Secretary, Annie Feltus, 809 Madison Avenue, Memphis. President examining board, Willie M. McInnis, University of Tennessee, Memphis. Secretary-treasurer, Dr. Reese Patterson, Knoxville.

Texas.—President, Helen Holliday, Baylor Hospital, Dallas. Secretary-treasurer, A. Louise Dietrich, 1001 E. Nevada Street, El Paso. State League President, Miss Lasky, Baptist Hospital, Waco. Secretary, L. Jane Duffy, University of Texas, Austin. President examining board, Helen T. Holliday, Baylor Hospital, Dallas. Secretary, Eula Whitehouse, 707 West 16th Street, Waco.

Utah.—President, Claire Haines, Salt Lake City. Secretary, Jane Rawlinson, 704 W. North Temple St., Salt Lake City. Department of Registration, Capitol Building, Salt Lake City.

Vermont. — Acting president, Anastacia Corry, 16 Colchester Ave., Burlington. Secretary, Mrs. Rose A. Lawler, Springfield. President examining board, Donley C. Hawley, M.D., Burlington. Secretary, Mrs. J. M. Allen, 50 Eastern Avenue, St. Johnsbury.

Virginia.—President, L. L. Odom, Sarah Leigh Hospital, Norfolk. Secretary, Blanche Webb, King's Daughters' Home, Norfolk. State League President, Virginia Thacker, Lewis-Gale Hospital, Roanoke. Secretary, Martha Baylor, St. Luke's Hospital, Richmond. President examining board, Virginia Thacker, Lewis-Gale Hospital, Roanoke. Secretary-treasurer, Ethel Smith, Craigsville.

Washington.—President, Mrs. W. M. McKinney, 5302 14th Street, N. E., Seattle. Secretary, Katherine Major, King County Hospital, Seattle. State League President, Evelyn H. Hall, Seattle General Hospital, Seattle. Secretary, Johanna Burns, American Red Cross, Spokane. Director of Licenses, Fred J. Dibble, Olympia.

West Virginia. — President, Mrs. Susan Cook, Lock Box 457, Wheeling; home address, Bridgeport, Ohio. Secretary-treasurer, Mrs. R. J. Bullard, Lock Box 457, Wheeling; home address, 510 Catawba Street, Martin's Ferry, Ohio. President examining board, Frank LeMoyne Hupp, M.D., Wheeling. Secretary, Jessie A. Clarke, Ohio Valley General Hospital, Wheeling.

Wisconsin. — President, Agnes W. Reid, Bradley Memorial Hospital, Madison. Secretary, Erna Kowalke, 85 Oneida St., Milwaukee. State League President, Marion Rottman, Mount Sinai Hospital, Milwaukee. Secretary, Cornelia van Kooy, 558 Jefferson St., Milwaukee. Director, Bureau of Nursing Education, Adda Eldredge, State Board of Health, Madison.

Wyoming. — President, Ida Mae Stanley, Wyoming General Hospital, Rock Springs. Secretary, Mrs. Clyde W. Peterson, 2004 Maxwell Street, Cheyenne. President examining board, S. J. McKenzie, St. John's Hospital, Cheyenne. Secretary, Mrs. H. C. Olson, 605 East 21st Street, Cheyenne.

TERRITORIAL ASSOCIATION

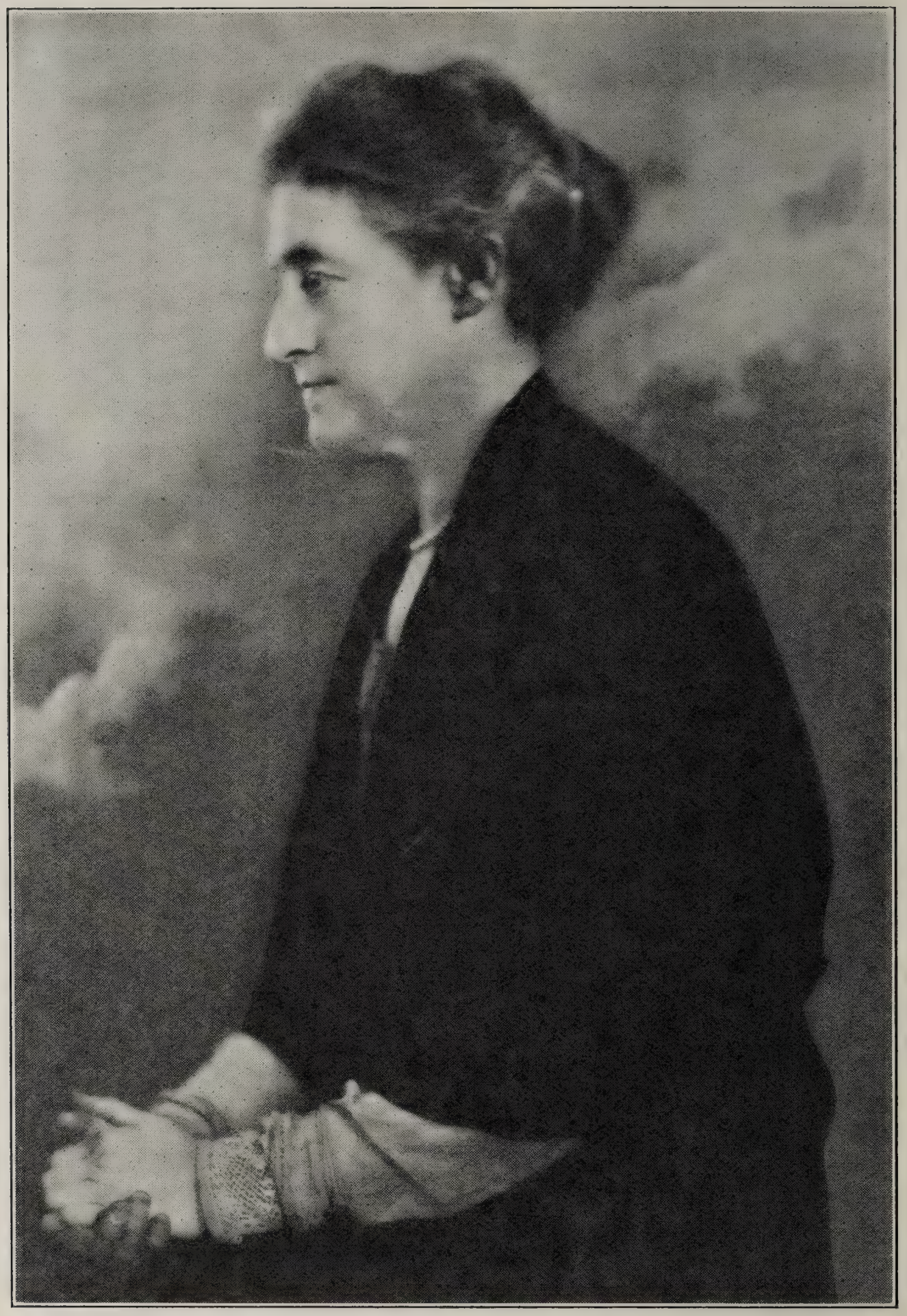
Hawaii. — President, Alice M. Yates, 1250 Manumea Avenue, Honolulu. Secretary, Harriet B. Delamere, Queen's Hospital, Honolulu.

WHERE TO SEND MATERIAL FOR THE JOURNAL

Send all news items, notices and reports of meetings, subscriptions, changes of address, advertisements, and all business correspondence to the Rochester Office, 19 West Main Street, Rochester, N. Y.

Send articles for publication, books for review, and editorial correspondence to the New York office, 370 Seventh Avenue, New York.

HE LIBRARY
OF THE
UNIVERSITY OF ILLINOIS



ANNIE W. GOODRICH

Photograph by Bachrach

THE AMERICAN
JOURNAL OF NURSING

VOL. XXIII JULY, 1923 No. 10

RESUME OF THE HISTORY OF THE CONNECTICUT TRAINING SCHOOL FOR NURSES [1]

BY MARGARET K. STACK, R.N.

THE familiar saying, "Great things from small beginnings grow," is nowhere better exemplified than in the growth and the development of the Connecticut Training School for Nurses.

In our early hospitals, Bellevue of New York, Blockley and the Pennsylvania in Philadelphia, the nursing was done either by the inmates, prisoners, or paupers. Conditions were indescribable. Realizing the necessity for trained nurses, Dr. Valentine Seaman opened a class for nurses at the New York Hospital in 1789. But the plan did not appeal to other institutions, and for almost the next hundred years the only skilled nursing was that of the religious orders—the Sisters of Charity, the Deaconesses, and others.

"IT is perhaps well to state once for all, the school is thankful they are able to relieve suffering in the Hospital, but the school does not exist primarily for this purpose but for the training of nurses for the public."—Annual Report, 1881.

It was as late as 1861 that the Woman's Hospital of Philadelphia gave training to a limited number of nurses, although it had no organized training school.

In 1872 the New Haven Hospital was in a period of transition passing out of its primitive condition, which had been that of a more or less comfortable boarding house for chronic cases, with only an occasional acute case, into the position of a well ordered institution.

The great need for nurses seems to have impressed the Hospital Society, and at their annual meeting of 1872, they discussed the subject and appointed a committee "to inquire and report on the practicability of making the hospital available as a training school for nurses."

Before the committee had time to report to the Hospital Society, Charles Thompson, of this city, who in his own family had suffered from the ignorance of the old fashioned nurse, and who was familiar with the European system of training schools, consulted Dr. Francis Bacon and Dr. William L. Bradley as to the desirability of attempting to establish a training school for nurses in New Haven.

Because of Mr. Thompson's interest and knowledge he was asked, after his

[1] Read at the Commencement Exercises, the Connecticut Training School for Nurses, Sprague Memorial Hall, New Haven, Conn., May 16, 1923.

conference with the doctors mentioned above, to draw up a plan embodying his ideas as to the training of nurses. This plan was submitted to the committee and read at the following meeting of the General Hospital Society.

After careful consideration the Directors of the Hospital Society decided that it was not expedient for them to undertake the direct organization and management of a training school for nurses but recommended the adoption of two resolutions:

1. Stating therein their sympathy with the project.

2. That if a Society for the training of nurses were organized, they recommended that the directors of the General Hospital Society of Connecticut afford to the training school such facilities for the instruction of nurses as could be given at the Hospital, consistent with its proper management and general interest.

Following the adoption of these resolutions, forty ladies and gentlemen associated themselves for the purpose of organizing the Connecticut Training School for Nurses, the charter for which was granted by the legislature June 12, 1873.

The New England Hospital for Women received its charter ten years previously and is recorded by some historians as the first Training School for Nurses in this country; Bellevue Hospital which received its charter a few months after the Connecticut Training School, succeeded in getting its school in operation before the Connecticut Training School and is therefore next to the oldest; the Connecticut Training School is next, the third Training School for Nurses to be started in this country.

Now that the Connecticut Training School was organized and chartered, the Board of Directors was confronted with the problem of securing pupil nurses. This problem was solved by the use of circulars printed in large type and bright colors, and by newspaper articles. The circulars were distributed at the railroad stations. Copies were sent to rural postmasters, asking their coöperation by hanging them in conspicuous places, and in eighteen towns circulars were distributed by the Ladies' Missionary Society. Articles were written for all the leading newspapers in the state and these were extensively copied by the smaller rural papers.

The publicity was effective. Applications for admission were received from twenty-one women from whom six were selected, the number to which the Hospital limited the Training School at that time. Two applicants having been detained on account of illness, the school opened on October 6, 1873, with four pupils and a head nurse, who was secured from the Woman's Hospital in Philadelphia. At this time there were 72 patients in the Hospital, but by December 31, the average for the quarter had risen to 110. It was two years later before the Training School was allowed nine nurses.

Many public spirited and influential citizens in New Haven and elsewhere were interested in its organization and development. Among these, the name of Mrs. Frances Bacon stands out most conspicuously, for to her perhaps more than to any one individual, belongs much of the success of the Training School. She gave of her time and thought most generously and to the close of her life was devoted to its welfare.



THE EVOLUTION OF THE UNIFORM OF THE CONNECTICUT TRAINING SCHOOL FOR NURSES
Left to right: 1875—1890—1895—1906—1923

While definite gains in its development were made from year to year, in reviewing tonight the history of the Connecticut Training School, time allows only the briefest mention of a few of these.

The first visiting nursing done in this city and probably in the state was started by the Training School in 1888 when it furnished free of charge, a nurse for the sick poor of New Haven. Due to the lack of funds this service had to be withdrawn two years later.

It was at an early date that the New Haven Manual of Nursing was compiled and published by the Board of Directors of the Training School, and being the first of its kind in this country, it met with much success. In 1913, the Connecticut Training School was still receiving royalties from its sale.

The School was started on its road to success and was being asked to supply superintendents of nurses to other hospitals. It had established itself in the confidence of the people and the necessary financial help was forthcoming which made possible new buildings and better facilities for the nursing staff and pupil nurses.

Another advance was the affiliation made with other hospitals whereby the pupil nurses might get training which was not available in New Haven at that time.

From the very early date of 1874, externe work was the practice of the Training School. This consisted of sending Senior nurses for the last six or eight months of their training on private cases outside the Hospital. The payment for their services went to the Training School. Fortunately, this practice was discontinued in 1905 and by

discontinuing it, the Connecticut Training School became eligible to register with the Regents in New York State.

The School and its graduates were instrumental in starting the Graduate Nurses' Association of Connecticut, and through this association, helped greatly in the passage of the State Registration Law for Nurses, thereby placing Connecticut among the first of the states to have such a law.

Another forward step was taken in 1906 when the Training School began sending its pupils for six weeks' experience with the Visiting Nurse Association which had been formed a short time previously.

About this time the course of training was lengthened to three years, which was double the length of the course with which the school started.

In looking through the records and reports of the Training School one cannot but be impressed with the breadth and clarity of vision, and the spirit of service of the directors through all the years, but particularly through the first years which were so trying.

The report of 1881 says:

> The work was so hard many nurses broke down and were obliged to give up their profession. The members of the Training School Committee went on the wards and helped at this time. The Board of Managers feel the Hospital cannot go on successfully without the school, and the community cannot dispense with the services of the nurses here trained. If there were no school we should have to hire nurses and the lowest rate for which they could be engaged for this harrassing work would be $15.00 monthly.

A quotation from the night nurse's report is of interest: "Each ward visited ten times, medicines given at stated times for six patients, positions changed, fomenting of eyes, gargles given, fresh making of one patient's bed seven times, making and applying poultices for twenty-one patients, restraint of delirious patients." Two nurses, only, were on duty for all the wards at night—one saying, of this night just recorded: "The wards were unusually quiet."

This paragraph was written in the 1881 yearly report:

> It is perhaps well to state once for all, the school is thankful they are able to relieve suffering in the Hospital, but the school does not exist primarily for this purpose, but for the training of nurses for the public; the only school in this country or in Europe which is not supported by the Hospital which it serves.

This paragraph is of particular interest today, for many hospitals seem to have forgotten that the primary object of a nurse training school is to train nurses for the public.

From the Report of 1882:

> The "New Profession for Women" is now being brought to favorable notice of the public. This is essentially a woman's profession. The question is not whether with a man's education a woman can do a man's work, but whether with the education received in a Training School for Nurses she can do a work which will assist physicians, comfort the sick, relieve the weary members of a household. The requisites for all branches of nursing are good health, self control and courage.

Says a later report:

> Age is opportunity no less than youth itself, though in another dress. Institutions may live a narrow stunted life. This school of ours is not yet really venerable, but we would have it ever keep the heart of youth. We would have it a living power, working along broad lines of thought. We would have it both wisely conservative and wisely progressive, holding fast the best traditions of the past, keeping in touch with the present, and

ever ready to be a learner. So may this child of our affection grow in knowledge and in usefulness as it grows in years.

The child did grow in knowledge and in usefulness and with each year of its growth brought added responsibility to its parents, the Directors.

No history of the Connecticut Training School, however brief, would be complete unless special mention were made of the Board of Directors who gave not only their time and thought, but who were able for thirty-three years to direct and finance the Training School without assistance from the Hospital.

The spirit of service which caused the Connecticut Training School to develop has been transmitted through the past fifty years to its 926 graduates. Space does not permit telling the various fields in which they are serving, but when the calls have come, whether they were for war service or work at home in time of peace, the graduates have answered promptly and always with credit to themselves and to their Alma Mater.

Tonight, on our fiftieth anniversary, with hearts filled with justifiable pride in its development, the graduates of the Connecticut Training School feel an immense debt of gratitude to the "wise conservatives and wise progressives" who have so guided the Training School that today it is in a position to be the recipient of a gift that will make it one of the foremost nurse training schools in the country.

Our fondest hopes are more than realized.

Truly it can be said that the Connecticut Training School has lived up to its motto, "Semper Paratus."

"WITHOUT VISION THE PEOPLE PERISH"

By Emma van Cleve Skillman, R.N.

JUST one year ago, when I was aglow with the joy of finishing my training, a graduate of four years' standing smiled indulgently at my enthusiasm and prophesied, "You will be disillusioned before you have nursed a year." Thereupon I resolved to take stock of my ideals after one year, to find out whether this were true.

Private nursing was recommended as a good foundation for a nurse's career, so I chose that field as a testing ground for my theories. Within a week I was hard at work on my first case. I had decided to practice in the mountains, and it was well I did, for Nature was my best ballast.

After being up with my patient all night, as well as a large part of the preceding day, the song of the red-eyed vireo, saluting the dawn, counteracted a deal of weariness. At other times much strength was gained by lifting my eyes to the hills.

At each home where I was on duty during the busy year, I found three things: a special need; a peculiar opportunity; and an inspiration. The need varied from advising a mother about her children's diet (she served pork at every meal) to diverting a patient's mind from the irritation of ivy poison. The opportunities were numberless. A young mother was taught how to care for her

baby; a boy, whose health hung in the balance, was subtly counselled to be discreet; an ailing neighbor was visited and persuaded to call a doctor. As for inspiration,—that fountain which was prophesied to fail ere this, I am convinced that it is a necessity. For without inspiration, vision, or some inward stirring, nursing is a mercenary occupation, instead of a noble profession. For what work can grow, or who can develop, without that life-giving stimulus?

Things certainly did go wrong with me several times, usually when I was tired. A little sleep, a little fresh air, and mental readjustment soon cleared the sky. I found that I must carefully guard my ideals, like any other treasure, if I would keep them safe. They were almost wrecked by one long and difficult case, which also taxed my physical strength almost to the breaking point. During the month which I had to take off to recuperate, I laid down for myself a few rules:

1—To conserve physical strength; for only those who have health can build it up in others.

2—To give abundantly in thought and effort, but to find a source to draw upon for new ideas and interests, that the demand may not exceed the supply.

3—To maintain the middle ground with patients; never intimate; never disinterested.

How much a nurse can learn from her patients! Sometimes ideas for homely conveniences and comforts; sometimes things of mental or spiritual worth are gained. One of my patients in particular has been a most helpful teacher. I had been preceded by fourteen other nurses, and as she was a student of human nature, she had observed their points of weakness and strength. I asked her to tell me the five most important things for a nurse to remember. It took her several days to decide the matter. This was the result:

1—Be pliable.

2—Grow, study, and keep abreast of the nursing times.

3—Seek outside interests, so as to avoid a rut.

4—Radiate health.

5—Retain one's vision.

Her insistence that a nurse be pliable (though certainly not without backbone) seemed very important to her, for, she asked: "Why should not the nurse adjust her little ways to the patient, so that the patient may save her strength to get well?"

Surely St. Paul could have been counselling nurses when he said: "Be all things to all men." Who has greater opportunities? Who should guard more carefully her high ideals?

When a small child or infant objects to keeping necessary heat over the chest the difficulty may be overcome by wrapping a hot water bag in white flannel and tying it in such a way as to make it resemble a doll, rabbit or other favorite. A small amount of painting to resemble features also helps.

Rose Edna Rogers, Berkeley, Calif.

A STUDY OF SICK DAYS IN STUDENT NURSES' RECORDS

By Mary C. Wheeler, R.N., B. A.

ONE of the struggles in a School of Nursing is to keep the student physically fit. Like many other persons, students of nursing are fundamentally endowed with a willingness to "take a chance" and although they may have had excellent grades in recitations and examinations in Hygiene and Sanitation, the commonsense plan of the living of it is, preferably, good for the other person.

The comparative annual reports of days off duty on account of sickness are very valuable as an index of the health of the students and therefore of the efficiency of the nursing service, from that point of view.

In 1918 and 1919 the problem of sickness was very acute, owing to the epidemic of influenza. From that time on we have been working toward better health standards. Our reports show figures, as follows:

Year	Daily average number of persons on duty	Total number of sick days	Proportion
1918	415	3907	1 day in 39
1919	361	2461	1 day in 53
1920	328.8	1560	1 day in 77
1921	349	1273	1 day in 100
1922	386	998	1 day in 141

These figures did not carry absent days following sick days, but did cover all types of workers in our nursing service; namely, Graduate nurses, student nurses, including affiliated students from other schools and postgraduate students, clerks in ward offices, attendants, orderlies.

The question then came: How many sick days did the students, without the aid of affiliated and postgraduate students, contribute to these totals? It is always noticeable that when the windows go down the number of sick days climbs up. For the purpose of covering the greatest number of sick days during the year, I have chosen the months between August and April.

Year	Month	Number of student sick days	Number of student days on duty	Proportion
1920	Sept.	39	3624	1:93
	Oct.	55	3576	1:65
	Nov.	85	3469	1:41
	Dec.	98	3178	1:32½
1921	Jan.	149½	3180	1:21½
	Feb.	120	2785	1:23
	Mar.	150½	3054	1:20
	Sept.	81½	2611	1:32

Year	Month	Number of student sick days	Number of student days on duty	Proportion
	Oct.	75	2824	1:37
	Nov.	140½	2908	1:21
	Dec.	139½	2790	1:20
1922	Jan.	172	2815	1:19
	Feb.	105½	2665	1:25
	Mar.	137½	2614	1:19
	Sept.	21½	2574	1:119
	Oct.	64	2646	1:41
	Nov.	56	2343	1:42
	Dec.	70½	2506	1:35
1923	Jan.	165½	3029	1:18

Summary, on a Basis of 30 Months

	1918	1921	1922	1923
Sick days, Preliminary term	90	140	25	56½
Absent days, Preliminary term	0	289½	20	59
Sick days, Remainder of course	495	541½	330	314
Absent days, Remainder of course	246	685	595	286
Total sick days	585	681½	355	370½
Total absent days, covered by 80 students in 120 months	246	974½	615	345
		1656	970	715½

In our problem the hospital wards are filled with bed patients and provide all kinds of illness humans are heir to. There are but few graduate nurses and no students on special duty. The student nurse has, therefore, the opportunity of caring for the patients during all serious conditions.

What have we done to help lessen sick days?

Classes and lectures in personal hygiene and in sanitation are regularly given with the use of charts and posters. We have tried to develop a motive power from within, and in many instances have dismally failed.

The Nurses' Home is kept clean. The beds have comfortable mattresses and sufficient bed-clothing.

Three well planned meals are provided each day; cocoa with cracker or a small cake is arranged for each morning, except Sunday, between 10 and 10:30; a similar arrangement is made between 9 and 10 p. m., to serve the night nurses going on duty at 9:30 and for those who have been on duty from 6:30 to 9:30; a hot meal is served at midnight; a cup of coffee and bread and butter is arranged for the night nurses between 4 and 4:30 a. m.

In the dining room at the Nurses' Home, the table napkins are placed in individual boxes and are not left on the tables. The students never wear their aprons in the dining room; aprons worn on duty are left in the hospital and are transferred directly to the laundry by the janitor. This keeps the soiled aprons from being placed on beds and also keeps them out of the closets.

Each student, soon after entering, is

physically examined by the attending physician in charge of the Infirmary. This tends to maintain a like standard of physical fitness. Students who are ill go directly to the Infirmary which is located in the Nurses' Home and is in charge of a graduate nurse. Dispensary calls are made by the students and minor ailments are attended to, thus assisting in the prevention of more serious conditions.

A weight slip is automatically handed to the office by each student on the first of each month and this is charted. Many times the student, when on night duty, loses weight, either because she does not sleep well or does not eat well. Two days off after night duty does not insure us against her return to the Infirmary within a few days. We have tried the plan, since August, 1921, of arranging that she have four days off duty after a month of night duty and a proportionate number of free days when on a shorter night duty. That is, we allow her the same time off night duty as she would have had, had she been on day duty. She is to sleep the first day and often has permission to spend the other days at home or with friends, outside the Home. This arrangement gives her a chance to regain her normal weight and she is more likely to remain on duty and to enjoy her training. It seems far better to plan for days off duty than to have them forced upon the service and it is much better practical psychology. These off night-duty days may be curtailed in case the student has not remained in her room during specified hours when on night duty.

The intensive class work has been tried, in 6-week periods, assigning the students on duty from four to five and one-half hours on week days and eight hours on Sunday. The balance of the time is allowed for class and study. During this period for intensive work, the students are free from night duty. This neither wastes the teacher's nor student's time and health, uses the classrooms almost continuously and students need not be excused from their theory because of the pressure in the wards.

The great West Side of Chicago does not offer much open air space in this busy medical center. A tennis court is available; an assembly hall is large enough for parties and dancing; in summer, students may take their lunches from the Home and enjoy the parks and the lake.

Vacations have been extended to four weeks, given twice during the course; the first one is preferably given before the first year has been ended. The second vacation is not saved up until the end so that the student may be able to finish her course earlier; it is given as a health measure and must be used to replace expended capital. By the end of the third week of vacation, the student is rested and begins to get restless; by the end of the fourth week, she is anxious to return.

A minimum number of late permissions after 10 p. m. is automatically given and others may be arranged for by stating the case to the proper officer of the Student Self Government Association.

We should try to have the students as physically well as possible during their training; they should leave the institution in much better health and with a higher degree of endurance than when they entered. Professionally,

however, a nurse is a much better nurse if she knows how a perfectly good headache or backache or an ache-all-over feels and how a temperature warms one. As a patient, she learns many things of value and, therefore, as a part of her liberal education, we may ask her to provide a few sick days in her career, preferably before she enters training, especially if they are to be tempestuous ones; but in any case, to be sick enough at some time to develop tolerance, forethought and sympathy for those for whom she is to care.

A SATISFACTORY WARD FOOD SERVICE

By Rachel McConnell, R.N.

THE opportunities of a ward supervisor to assist in working out a plan for better food service on wards are unlimited. This thought came to me on my daily rounds when consulting with each patient as to the care and treatment he was receiving. Invariably I found, as I questioned, that there was a predominating feature to my inquiries,—that of having food presented which was not eaten but returned as waste to the kitchen.

As I pondered on the matter, three distinct problems became obvious; namely,

1. To eliminate the dissatisfaction of ward patients in having food presented to them that they do not eat, and to organize a plan whereby all complaints receive definite consideration, thereby improving the morale of the sick, and making them realize that they receive care and thought as individuals, and not as a group.
2. To serve hot meals to patients with a minimum amount of labor.
3. To diminish daily waste from wards.

It seemed that a solution to the first problem would be to appoint a diet nurse on each ward, whose duties, under the supervision of the nurse in charge, would be:

1. To make out a daily diet list, and enter on it the name of the patient, diet as ordered by doctor, bed number, and remarks.
2. To consult the patient as to "likes" and "dislikes" and enter such under the heading "Remarks," thereby enabling the patient to have food he enjoys and save food which would otherwise be returned as waste.
3. To receive criticisms from patients after meals and to enter a majority of complaints on a weekly menu chart made by the Dietitian, always remembering that if one or two patients do not care for a particular dish, they may be satisfied with another choice, or a second helping of a desired dish, and that if a majority complain, the cause should be investigated in the central kitchen.

The establishing of weekly menus for wards with blank space for remarks is also of vital importance, as they form a strong link between wards and diet kitchen. These menus should be distributed to all wards at the beginning of each week, to enable the diet nurse to

enter the various criticisms received, and be collected at the end of the week, after which a summary is made of all the criticisms, thereby enabling the Dietitian to see exactly what food had been enjoyed during the week and assisting her in ordering for the following one.

The second problem might be solved by the following method:

1. Install insulated food conveyors to keep food hot, which would minimize labor and waste of gas in ward kitchens, caused by re-heating food which is delivered from a Central Kitchen; also have a tray truck in each ward on which to place trays set up, and dishes taken directly from heater, to be wheeled from one end of the ward to the other as diets are served, thus minimizing steps made by those carrying trays.
2. Serve diets on wards directly from the food conveyor, and present trays to patients immediately on being served.

The solving of the first two problems eliminates the third, as the waste that is ever present in wards disappears to a considerable extent by the serving of hot food to patients and by not presenting food which they do not eat.

The solution as related has been adopted at the Hartford Hospital and has proved satisfactory, both as a stimulus to the appetites and general condition of patients, and to the elimination of considerable waste from ward kitchens.

Note.—The accompanying cut shows the tray carrier with the trays set up and the food truck which has shelves for covers and hot dishes. Two people serve, while two carry trays, one on each side of the ward. The nurse serving is the diet nurse. She has the diet list placed on the tray carrier at her right, while the tray which is being served is placed at her left.



Food Service in the Wards of the Hartford Hospital

Note also the admirable system of screening

WARD 2 — WARD MENUS, WEEK OF JANUARY 15 TO 21, 1923

	Breakfast	Dinner	Supper	Remarks
Monday	Cereal and milk Hashed brown potatoes Bread Butter Coffee	Potato soup Roast beef Mashed potatoes Carrots Tea	Meat pies Cherries Bread Butter Cocoa	B. All patients enjoyed breakfast D. Patients did not care for potato soup S. Patients thought supper exceptionally good
Tuesday	Cereal and milk Bacon Bread Butter Coffee	Barley broth Lamb stew Roast brown potatoes Fruit jelly Tea	Creamed dried beef on toast Italian prunes Bread Butter Cocoa	B. All patients enjoyed bacon D. Majority of patients enjoyed dinner S. Patients enjoyed creamed dried beef
Wednesday	Cereal and milk Eggs Bread Butter Coffee	Cream of tomato soup Roast lamb Mashed potatoes Spinach Tea	Potato salad Peaches Sponge cake Bread Butter Cocoa	B. Breakfast enjoyed by all patients D. Very few patients cared for spinach S. Patients exceptionally well pleased with supper
Thursday	Cereal and milk Potato cakes Bread Butter Coffee	Celery soup Hamburg steak Hashed brown potatoes Chocolate cornstarch Tea	Creamed lamb on toast Pears Bread Butter Cocoa	B. Breakfast enjoyed D. Patients did not enjoy hamburg steak S. Enjoyed by all patients
Friday	Cereal and milk Fish hash Bread Butter Coffee	Clam chowder Fish Mashed potatoes Creamed parsnips Tea	Scalloped corn Apple sauce Cheese Bread Butter Cocoa	B. Patients did not care for fish hash D. Dinner enjoyed by majority of patients S. Scalloped corn especially enjoyed
Saturday	Cereal and milk Creamed dried beef on toast Bread Butter Coffee	Corn soup Beef stew with carrots Boiled potatoes Apple bread pudding Tea	Cold meat Catsup Plums Bread Butter Cocoa	B. Enjoyed by all patients D. Very much enjoyed S. Majority of patients did not care for cold meat
Sunday	Cereal and milk Eggs Bread Butter Coffee	Bean soup Chicken Mashed potatoes Creamed peas Cranberry sauce Tea	Macaroni with cheese Ice cream Cake Bread Butter Cocoa	B. Breakfast enjoyed by all patients D. Patients were well pleased with dinner S. Majority of patients did not care for macaroni

SUMMARY OF REMARKS ON WARD MENUS FOR WEEK OF JANUARY 15 TO 21, 1923

Ward	Breakfasts	Dinners	Suppers
2	Bacon very much enjoyed Fish hash not enjoyed	Potato soup not enjoyed Hamburg steak not enjoyed	Majority of patients did not care for cold meat and macaroni
3	Satisfactory	Fish not popular	Macaroni not enjoyed Scalloped corn not enjoyed
4	Fish hash not enjoyed	Hamburg steak too dry Apple bread pudding enjoyed	Satisfactory
5	Fish hash not enjoyed	Satisfactory	Scalloped corn not enjoyed
6	Fish hash dry and tasteless	Satisfactory	Satisfactory
7	Fish hash not enjoyed	Potato soup too thick	Satisfactory
8	Hashed brown potatoes too greasy	Lamb stew not enjoyed	Macaroni not enjoyed
10	Majority of patients did not enjoy fish hash	Potato soup not enjoyed	Scalloped corn not enjoyed
12	Satisfactory	Satisfactory	Scalloped corn not enjoyed

Diet List made by the diet nurse, under the supervision of the head nurse, showing remarks concerning each patient in a 24-bed ward. (The top portion of the page, only, is reproduced.)

Ward 3 — Diet List — Date—Jan. 24th, 1923.

Bed No.	Patient's Name	Remarks	House	Soft	Liquid	Bed No.	Patient's Name	Remarks	House	Soft	Liquid
1	Mr. Abbey	Spec. Diet, Low protein				13	Mr. Desmond		1		
2	Mr. Williams	No coffee	1			14	Mr. Baldwin		1		
3	Mr. Powers			1		15	Mr. Mahoney	Omit cheese	1		

NURSES NEEDED FOR INDIA

The Woman's Board of Missions, 503 Congregational House, 14 Beacon Street, Boston, is greatly in need of two nurses for hospitals in India, one at Wai, western India, and the other in Madura, southern India. Women are needed of earnest Christian character and first class professional qualifications, those who can take charge of training classes of Indian nurses, preferably those who have had experience in teaching since graduation.

The current Quarterly of the Chinese Nurses, the official magazine of the Nurses' Association of China, is unusually interesting. The outline of a pageant, the Origin and Development of the Nurses' Association of China throws much light on the development of nursing in that far distant country where "the first mission hospital in the world was opened in 1835" and which saw its first trained nurse in 1884. By January first, 1923, seventy-five registered training schools had been established and three hundred and ninety-eight nurses granted diplomas.

THE CARE OF THE FEET

By Margaret A. Pepoon, D.S.C., R.N.

FROM the time we receive our caps 'till the diplomas are awarded, we are constantly told how the public depends upon us, and bitter experience later confirms the teaching. Yet I do not believe I ever realized how much weight a nurse's word carries until after I began practicing chiropody and noted how frequently the excuse given by a patient for using some foolish method of treatment was: "A 'trained' nurse told me to do so and so."

I know how annoying it is to be expected to know everything and how trying, when caring for a serious case, to be interrupted with requests for advice for small foot ills. I realize too how much simpler it is to prescribe an old lady's remedy or something one has read in the newspaper than to explain that a nurse is not a foot specialist and that the afflicted one would better consult a chiropodist.

But please think twice before you outline some form of treatment that has lain in your mind since childhood and remember, not only that chiropody is a specialty that no general practitioner understands, but that it is a brand new science and if your information, no matter how scientific, is not up to the minute, it is not of value.

In selecting a chiropodist, it is wise to find out whether or not he is a legitimate practitioner and also the thoroughness of his training. The latter is difficult to ascertain because the less adequate the training, as a rule, the more diplomas will be displayed on the walls. A former editor of our leading podiatry journal enjoys a joke on himself. He once published the story of a woman who, while sitting in his chair looking at his diplomas, remarked: "Doctor Green, who sent me to you, has only one diploma. You have ten, but he never began to hurt me as much as you do."

Unless a diploma is from an accredited institution, it is not worth the paper it is written on. Most states now require a chiropodist to take a course of instruction and to obtain a certificate from a state board in order to practice. Such a certificate may usually be seen on the office wall of a legitimate practitioner.

If people would bathe their feet once a day, on cool days, and twice a day in hot weather, I believe few chiropodists would be needed. Cold water is best. If cold cannot be used, for any reason, have it lukewarm; hot water should be used very seldom. Thorough and careful drying is important, especially between the toes. You may think these details trivial, but they would save endless suffering. Many a soft corn between the toes has been caused by hasty drying with a damp bath-towel instead of with a thin, dry, soft cloth. Frequent change of both shoes and stockings is desirable. Shoes should either be alternated or thoroughly aired at night; hose, if worn a second day, should be hung to air at night. They should be changed at noon in hot weather.

Stockings should be longer than the foot, pulled out at the toes, without

knots, seams or darns over tender places. If you have not learned how, or if you have not the time to darn properly, do not wear mended hose. The best stockings are spliced over the middle of the toes and have no seams or knots. These can be obtained in all fabrics now, by spending a little time in looking for them. White is easier on the feet than colors.

Pumps should never be worn except when sitting down. Oxfords are cooler than high boots. The only trouble with them is that at present it is difficult to find them made of soft leather. Canvas is cooler than leather, but some very tender feet cannot endure its rigidity. Heavy soles are usually best for walking, but the occasional person cannot wear them. Commonsense, observation, and experience are the best teachers in regard to shoes. Plenty of length, plenty of width, especially in the toes, and low heels for all; heavy soles for a tendency to form callosities on the bottom of the foot; soft uppers and sometimes hand-turned soles for tender toes and bunions; tight lacing over the instep, leaving the top of the boot loose.

The care of the nails is usually a hurry-up job. It should be a slow, careful process. Plenty of time, a good light and a comfortable position should be secured. The toe-nails should receive more careful attention than the finger-nails, as they are subjected to greater dangers from poor ventilation and pressure. They should be cut square or slightly rounding, whichever the individual case requires, and should never be trimmed at the corners nor at the sides by the inexperienced. Should care of this kind be needed, in order to make them comfortable, consult a chiropodist and learn how to take care of the nails properly, as no rules can be laid down for such treatment, each individual nail needing its own kind of care. Nails should never be cleaned with the same instrument which is used for the hands. A separate orange stick or nail file should be employed and this should be thoroughly cleaned each time.

There are about twenty ailments which are found in the toe-nail, its bed, fold, and matrix, all of which are erroneously called ingrown nails. Any trouble of this nature should be examined by a podiatrist at once, as there are no other foot ills which so quickly develop into chronic and often painful and incurable troubles.

Corn medicines are all modifications of the same principle, a caustic put up in collodion, wax, or ointment. The effect is to cause a burn more or less severe. This burning of the superficial callosity never removes a real corn. Careful examination reveals the corn still deeply imbedded in the tissues. Temporary relief is secured in some cases, but usually the flesh is left so tender from the burn that the corn grows faster than after removal with a knife. But in many cases, instead of getting any relief at all from the use of the medicine, the corn is made very much worse and often infection occurs as a result. To put it concisely, corn medicines are a failure because a caustic which is strong enough to destroy a corn is a dangerous thing to use on the feet. To substitute it for the knife is like blinding a surgeon and removing his reason before he begins operating. The medicine acts without mind or sight, attacking the parts where there is the least resistance: i. e., the

good, soft flesh and leaving the corn intact. The best rule for the use of corn remedies is to avoid them all.

Corns between the toes may often be prevented by using powder and a thin, smooth piece of some soft material such as cotton, wool, linen cloth, or tissue paper. For outside corns, keep all tender or prominent points free from the pressure of knots, seams or darns and, if not too tender, use sandpaper or pumice-stone followed by cream.

The term bunion is popularly applied to many different affections of a certain joint, all of which may be treated with good results. The original cause of these troubles was supposed, for many years, to be ill-fitting shoes, but very recent X-ray examinations and dissections point to the probability that a wedge-shaped bone growth, probably a reversion to tree-climbing ancestors, causes a change in the direction of the bones of the inner side of the foot.

Many skin eruptions are seen on the feet. A very common one is due to excessive moisture. I have my patients treat this at home under my direction. Most of the others are only symptoms and are referred to a physician for general constitutional treatment.

For chilblains, the most important thing is prevention. If subject to it try to raise the general body tone and keep the feet warm by cold baths, massage, cashmere hose, high boots, etc., especially during the first cool weather, which is the critical time. If you contract it, consult your chiropodist at once unless you have a remedy which you are sure will help you.

Papilloma, a skin tumor, is most painful. It is generally supposed to be a corn and is neglected until it is deep enough to require considerable treatment to eradicate. It usually grows on the bottom of the foot, but may come anywhere. We generally find it rather soft and whitish with darker spots. It is important to have your podiatrist treat it as early as possible .

I beg you, if you have not already ruined your feet, as many nurses do in training, to begin at once to have them cared for. Those who hold positions in training schools owe it to their pupils to compel them to wear proper shoes and to visit a chiropodist regularly if foot trouble exists.

I had never been on my feet a single day when I began my probation month. Brought up in the country, I hardly knew what "chiropody" meant. Running up and down the long wards in unsuitable shoes caused trouble the first week. My senior nurse noticed my gait and insisted upon my spending my first "afternoon off" with a chiropodist and a shoe salesman whom she recommended. The result was that I wore proper shoes and had my feet cared for all the years I walked on them and never developed "nurses' feet." I shall always bless that nurse.

SAFETY FIRST

When a thermometer is not in use it is well to keep it in a case filled with alcohol. The addition of a drop of aromatic spirits of ammonia will destroy the odor which some patients think they detect.

Rose Edna Rogers, Berkeley, Calif.

SOMETHING NEW IN NURSING

By Anne How, R.N.

THE care of the mentally deficient has received so little attention from the nursing profession that the problem would seem to be "Something new in nursing." Yet this problem of mental deficiency, in its social aspect, is one of the most far-reaching and important of present-day life. Statistics show that in 1890, there were about 4,000 feebleminded persons under care in institutions in the United States. In 1920, the number had increased to 40,519, and it is a well-known fact that a comparatively small proportion of these people are being cared for in institutions. One of the results of the medical examinations incident to the late war was the startling disclosure of the large percentage of young men who were disqualified for military service because of mental deficiency. Nearly one-third of the more than 72,000 men rejected by the examiners for mental or nervous disorders were mental defectives. These statistics indicate the broad scope of the problem.

During the past few years, general studies have been made which have aroused public sentiment relative to the care of the feebleminded, and because of this awakening, new institutions for the care of this class of people are being planned and constructed. In 1921, there were five states which had failed to make any separate institutional provision for their feebleminded: namely, West Virginia, New Mexico, Arizona, Nevada, and Utah.

These statements show the tremendous need for corrective measures and institutional development along these lines. The approach to the problem, from a nursing point of view, is from its nature varied, because it appeals to and demands the coöperation of nurses doing social service work, public health work, industrial, and school nursing. That the problem is a social one and has a distinct bearing on the life of the community, has been shown by the statistics quoted above, and these indicate also its public health aspect.

The actual work with the individual child, his training and development is, needless to say, one of mental hygiene. No school nurse needs to be told of the value that a definite knowledge of these children brings to her. Many cities have special or ungraded classes for these defectives, but in very few cities is there any follow-up work with the pupils when they have left the school. The defective child will always be a defective, and should not be left at the most dangerous period of his life (from a social point of view) without supervision.

To prepare nurses for work with mental defectives in the public health field and also to equip them for filling executive positions in institutions for the care and development of the feebleminded, the Department of Public Welfare of New York City offers a three months' course of training at the New York City Children's Hospital and Schools on Randall's Island. This course will consist of approximately fifty lectures with practical work in the schools of the institution, both vocational and academic, in the Psychological Laboratory, and in

the wards of the hospital. Among the subjects included in the Lecture Course are: Types and classification of mental deficiency; Social manifestations and results of feeblemindedness and epilepsy; History and development of care for the mentally deficient; Methods of testing, Group testing, Personality studies, etc.; Principles and methods of education; Social service, after-care and field work; Hygiene and sanitation in institutions; Institutional organization and management; Causes, phenomena, and treatment of epilepsy; Physiology and anatomy of brain and nervous system; Occupational therapy; Physical training.

During the course, the nurses will live in the Nurses' Home, which is attractive and homelike; full maintenance, including laundry, will be furnished, and an allowance will be given. The city is conveniently reached from the Island, so that out-of-town students taking the course will have the opportunity of seeing things of interest in New York.

There will be two groups yearly, formed October 1st and February 1st, beginning this year. Only graduates from nursing schools of recognized standing will be admitted. In states where there is registration, the applicant must be registered in her own state.

This course, we believe, will fill a very real need, and we feel that there will be a response in the profession when it is realized how great is the need, and how great also the opportunity for service. Dr. V. V. Anderson, of the National Committee for Mental Hygiene, in the summary of an article, Education of Mental Defectives, says:

> The immediate needs of the situation may be stated as follows: greatly increased institutional provision; proper equipment of every institution for adequate and purposeful training of all children capable of profiting by such training; proper provision for parole under careful supervision of all mental defectives who can be handled satisfactorily in the community.

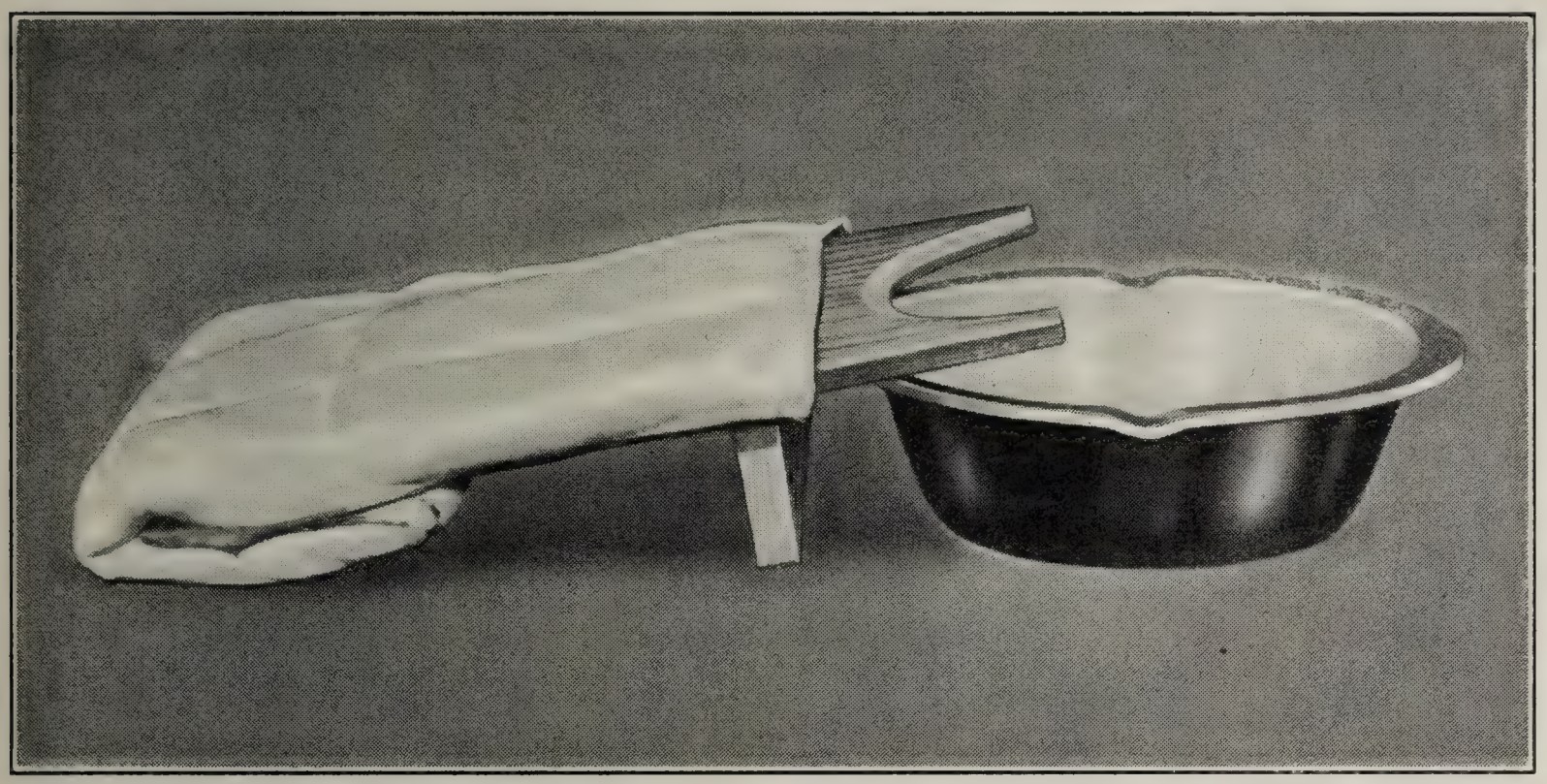
Other authorities on the subject have stated similar facts. Dr. Anderson says also that physicians and teachers need special training in order to do this work, and we feel it is equally important that nurses who wish to enter this field should have like opportunity for training and preparation.

The New York City Children's Hospital has a census of approximately 1300 and is devoted entirely to the care of the feebleminded of all types. Of this number about 500 attend school, either vocational or academic. All children are tested in the Psychological Laboratory when they are admitted to the institution and from time to time thereafter. In the wards they may be studied under every-day living conditions, so there will be no lack of opportunity for preparation to carry on the follow-up work which is so stressed by all those who are interested in this problem. Included in the course with the work in the schools, in the Psychological Laboratory, and in the wards, will be opportunity for preparation for executive work.

WANTED

The address of Nellie Means, by John J. Dwyer, Attorney at Law, 44 Wall Street, New York. She has had a legacy left her.

AN IMPROVISED BED PAN



The improvised bed pan shown above was made by a Finn at the suggestion of Ina Atkin, Public Health Nurse for the Cleveland-Cliff Iron Co., Negaunee, Michigan. The model for the photograph was made by M. S. Brown.

THE NURSE'S VOICE AND MANNER OF SPEECH

By E. F. Bartholomew, Ph.D., L.H.D.

FEW people realize the importance of a good speaking voice in the equipment of a successful nurse. Every other qualification is subjected to the strictest scrutiny, but strangely enough the voice is not thought to have any place in her training. The fact, however, is that a soft, gentle, sweet, and melodious voice is the most valuable asset in the nurse's equipment for service in the sick chamber. We should not forget that the nurse has to do with persons whose nerves are morbidly sensitive as the result of disease, pain, and suffering. Many a physician who is an expert in his particular line, has failed to achieve the highest success in his calling simply because of his slovenly and unfortunate manner of speech. This is something in the physician or attendant that patients, as a rule, do not like to talk about, and yet they feel it keenly, and it plays an important role in the healing art. An authority on the subject reports the case of a young nurse who had been thoroughly trained in all the requirements of the profession, and who entered upon her calling with every prospect of a brilliant career, but who was discharged from her first case. Soon afterwards she lost her second case in a similar way. When a friend of the young woman made inquiry as to the reasons for her dismissal, the physicians who were in charge of the respective cases answered in almost identical words:

"Why, that voice of hers is enough to drive any patient crazy." That was a significant testimony. Do we realize how irritating it must be to a sick person who is worn with pain and suffering, or who is depressed in spirit, to be compelled to listen to tones of voice which are harsh, shrill, grating, like the sounds that come from the filing of a saw? On the other hand, how restful and soothing and quieting are the tones of a soft, low, musical voice!

The human voice is a wonderful musical instrument, capable of expressing every variety of mood and every shade of thought and emotion. The leading characteristics of the tones it produces are pitch, intensity, and timbre or tone quality.

Each of these elements enters vitally into the making of a good speaking voice, and should receive the utmost attention. The pitch of vocal tone depends on the number of vibrations in a second of time. The natural limits of audibility are from 16 to about 40,000 vibrations, but the normal adult voice has a range of from 100 to about 300 vibrations; in moments of excitement this upper limit may be greatly increased. This means that the agreeable voice should not be high-keyed, neither should it be too low. The most pleasing tones are those made in the middle registers. Not only should the pitch be right as to its key, but there should be a pleasing modulation in pitch, as also in inflection and volume. There should be a variety of tones in common speech, just as there is in vocal music. A varied, lively, cheerful, rippling voice is the instinctive mode of expressing mental alertness. Browning's lines in The Flight of the Duchess express the ideal:

> Her voice changes like a bird's;
> There grew more of the music and less of the words.

The voice should move with its natural rhythmic pulsations. The law of rhythm is nowhere else so strikingly conspicuous as it is in the manner of using the voice in uttering words. Avoid the painfully monotonous, sing-song mode of speech. The whining and affected voice also is always offensive. The good-goody mode of speaking is suggestive of hollowness and insincerity.

In the matter of intensity or loudness, the same care should be taken as in pitch. Your manner of speech should not be loud and boisterous. A loud and harsh voice is indicative of coarseness and lack of culture. The modulations of the voice express the changing states of mind far better than words can, and reveal the true personality behind the voice. Vocal expression is a distinct language, a language more personal, more subjective, more emotional, more spontaneous, than that of written words. The nurse's speech should not be studied and conscious, but simply natural. George Eliot's beautiful remark is pertinent to the subject:

> What furniture can give such finish to a room as a tender woman's face? And is there any harmony of tints that has such stirrings as the sweet modulations of her voice?

What possibilities of healing efficacy may not reside in the nurse's voice, what capacity for heavenly music to inspire hope, courage, strength and perseverance, what mystic influences to start into flow the fountains of health!

> Her silver voice
> Is the rich music of a summer bird,
> Heard in the still night, with its passionate cadence.

Oh, there is something in that voice that reaches
The innermost recesses of the spirit.

If anywhere there is a place where the beauty, the melody, the soft sweet tones of which our English language is capable, should be heard, surely that place is the sick room, and if any one needs to be master of those tones, that person is the nurse who is called to minister at the altar of human welfare. How true it is what the wise man says,

Words fitly spoken are like apples of gold in pictures of silver.

This refers not only to the *choice* of words, but even more to the manner of speaking them. The emphasis is on "fitly spoken" that is, when they are properly uttered, properly voiced, pronounced, intoned, accented and enunciated. Shakespeare's line,

Her voice was ever soft, gentle, and low,

gives the three royal qualities of the ideal voice for the sick chamber. These combined with distinctness of utterance, correctness of pronunciation, and rhythmical flow of words, constitute that "celestial melody" of which Longfellow writes in his Masque of Pandora.

The quality of the nurse's voice is to some extent a gift of nature; but whatever it may be, it can be indefinitely improved. If she is born with a thin, piping, pinched, rasping voice, she suffers, indeed, a serious handicap, but there is no cause for discouragement, for by persistent effort, and unyielding perseverance she can overcome all such obstacles. The first requisite for acquiring a good voice is to free the muscles connected with the speech organs from all unnecessary tension. Many people form the vicious habit of keeping their speech organs at a high degree of tension. This is precious energy wasted, and more than wasted, for it entails a positive injury to those delicate organs, which is proved by the fact that such a practice is frequently accompanied by sore throat and huskiness of voice. The fact is that the normal use of the voice muscles requires only a moderate degree of tension. Another requisite is a minimum of conscious effort. If you consciously strive to produce pure and excellent tones, you will probably fail, for the purest tones are spontaneous and flow easily and smoothly. It is a fact of our nature that we seldom perform any act well, when we go about it in a conscious manner.

Many people fall into exceedingly bad habits in the use of their voices. There is, for example, the all-too-familiar "nasal tone," or "speaking through the nose," as it is called. This is one of the most exasperating tones that one can hear; it irritates one's nerves to the point of distraction. Another bad voice is what has been called the buzz-saw voice, shrill, sharp, rasping. Such a voice is intolerable even to a person in health, how much more to an invalid! Then, too, the whispering style of talking is exceedingly bad and should be carefully avoided. The ordinary sounds which one hears in whispers are the hissing s's which in themselves are unpleasant, and they are associated with secrecy. The patient is apt to imagine that the whispered conversation is about himself, and this has a disquieting effect on his mind.

Indistinctness of utterance is a serious fault. The nurse should speak her words so that they can be distinctly

heard without straining the ear. There is much careless, slovenly pronunciation and enunciation even of the commonest words in our language. Not only this, but the words are frequently run together and final consonants are suppressed so as to make a strange and unusual combination which is exceedingly confusing and disagreeable. Listening to such speech is painful. When our language is correctly spoken and rightly intoned it has a musical quality and is pleasing to the ear. We all know how pleasing and restful it is to listen to reading or speaking that does not keep one on the edge half the time lest he miss the meaning of what is said. It irritates us and spoils our devotional frame of mind when the preacher reads the Scriptures and the Service badly, and delivers the sermon so that we must strain the ear to hear what he says. If these things are true of persons in health, how much more true are they of those whose nerves are racked by disease and pain!

The ability to use speech in the most approved manner is an art, one of the finest of the arts, which must be acquired by months and years of earnest study and practice. One must learn to control the voice and also the body, to coördinate sounds with movements and gestures in order to realize the latent possibilities of one's personality. We know not what mysterious powers are within us until we see them brought out by tone of voice and movement of muscles. Is it not worth while for the nurse to put forth the most earnest effort to make her speech agreeable and effective? There is no excellence without great labor. But the labor it costs to cultivate the voice is abundantly rewarded by results which are most gratifying and beneficial.

The argument of this paper justifies the conclusion that regular, systematic voice culture should be required in all our hospital training schools for nurses. It has been reported that in some hospitals voice culture is a regular part of the curriculum, to what extent I do not know, but certainly it is "a consummation devoutly to be wished." Every hospital training school throughout the land should offer facilities for the very best equipment of its graduate nurses, and should require a full course in voice culture as a condition for graduation and official registration.

The Indiana State Board of Examiners of Nurses is to be commended for including in its questions at a recent examination, "What are the necessary preliminary steps in order to become a member of the American Nurses' Association"? The chairman of the Revision Committee for eight and a half years, Miss Sly, will rejoice over this especially, and we hope that the other States may decide to follow Indiana's example.

EDITORIALS

The National Conference of Social Work at Washington

It was a fiftieth anniversary fitly celebrated. Overwhelming in size and in scope, since the social achievements of fifty years were recapitulated, it was national in name but international in character, as many other countries sent distinguished representatives. Those of special note were the outstanding personalities of Dr. Ludwig Rajchman, Director of the Health Section of the League of Nations, and Dr. Rene Sand, Secretary General of the League of Red Cross Societies.

Homer Folks, in his presidential address, summed up social progress to date and indicated the trend of future work as follows:

> The cure of sickness, and poverty, and the reform of criminals, has been found to be, as a rule, uncertain, incomplete, temporary, expensive and long. The prevention of these evils has been proven to be relatively certain, complete, permanent, cheap, and quick.

The outstanding fact that in the half century the average length of American life has been increased fifteen years was a telling argument.

It was fitting that such a gathering should also be addressed on opening night by Secretary of State Hughes, for we know of no organization with greater capacity for promoting such friendship as Mr. Hughes had in mind when he said:

> If those who are keenly desirous of enduring peace will descend to the contemplation of realities, it will be seen there is only one way to the goal—a long and difficult way—that is, by the cultivation of the spirit of friendship and good will among people, through which alone the sources of danger can be dried up.

Each day was devoted to a single broad subject as Health, Industry, Law and Government, the Church, the Home, the School, and Public Opinion. As Health was linked up with many of the other subjects, the gratifyingly large number of nurses present was inevitably tossed on the horns of the dilemma caused by overlapping meetings. On health day, no less than eight meetings convened in the morning, while eleven Kindred Groups held meetings in the afternoon.

Dr. Allen Freeman, speaking on the Growth of the Social Point of View in Medical and Health Education, reminded his audience graciously, but with the force of careful thought and profound conviction, that the various groups must get away from the conception of their own specialties as something so abstruse and so sacrosanct as to be beyond the comprehension of other groups. Dr. Freeman believes we do well if we have competent use of the technic of our own specialty, but we can strengthen our own contribution to society by familiarizing ourselves with the aims and general principles of the other groups and by making our own aims clear to them. The point was well made and thoughtfully accepted. How could it have been otherwise when one of the expressed aims of the Conference was, "to determine how the ideals of social welfare, slowly evolved from long years of experience in dealing with end results of social maladjustment, may further permeate and influence the outstanding institutions of society and thereby reduce to a minimum the necessity for relief and for correction."

In brilliant fashion Katherine Tucker discussed the growing socialization of nursing, referring specifically to the increasing use by our schools for nurses of the outlines of the Standard Curriculum, outlines that were prepared in the hope of "interesting the nurse from the first in people, rather than in abstract processes and problems." The fear expressed by certain nurses and social workers that either may become absorbed by the other Miss Tucker disposed of by stating:

> There are still enough special skills belonging to each so there is no danger of complete identification. The way has opened up for showing the adventuring spirit and learning processes together, each benefiting by the other's knowledge and equipment.

Dr. Walter Brown whimsically but accurately expressed the ideal of all health workers. Said Dr. Brown:

> Old age should be the principal cause of death—everybody should be like the "one hoss shay" which, after a century of life, went to pieces all at once.

More and more are the many interested groups coming to see that only by programmes based on coöperative effort can "the spectre of avoidable death, preventable illness, unnecessary pain and needless misery that have dogged man's footsteps from the infancy of the race be successfully controlled and diminished and finally overcome." The conference was a magnificent expression of the growing coöperation "of those who are keenly desirous of enduring peace."

The New England Division Meeting

WE attended the third biennial convention of the New England Division of the American Nurses' Association and found it a rare privilege to meet with some two hundred fellow nurses in Burlington, Vermont. Burlington is a beautiful little city, girdled by the Green Mountains, the girdle clasped by the gem-like waters of Lake Champlain. No lovelier sight could have been presented to jaded city eyes than those mountains clothed in the feathery leafage and wealth of blossoms of early spring.

It was an earnest group of women who gathered there and thoughtful were the discussions of the many problems, particularly those of legislation, of education, and of public health in their relation to nursing. The keynote of the meeting was well sounded by Miss Riddle in her presidential address when she said:

> We are here to consider our problems, to renew the old friendships and make new acquaintances, to play a little as well as learn a little, and generally so to equip ourselves with new courage in our work and zeal for it that we may return to it with anticipation of pleasure in it—in the service which though deft by much education of the hand, may by the cunning of the same hand, with the intelligence of the mind and desire of the heart retain that human touch which makes the world our kin.

In papers and discussions the high clear note of *service* was sounded over and over again.

It was quite possible for every delegate and guest "to play a little" as delightful arrangements had been made for afternoon tea, evening reception, and motor trips. And so friendships were strengthened and new acquaintanceships begun. Those who attended could not fail to be stimulated by that fellowship of nurses that causes us to seek the companionship and the support of our kind in all our undertakings.

The meeting was in every way a credit

to the state in which it met, a state which is small in area and in population but mighty by virtue of its possession of a sturdy spirit as indestructible as the marble of its hills. It was our first Division meeting but we are convinced of the worth of these conferences which are broader in scope than state meetings without being hampered by a certain inevitable unwieldliness that now characterizes our national meetings.

The Semi-centennial at New Haven

SINCE May 15th to meet an alumna of the Connecticut School for Nurses has meant meeting a happy nurse! Justly prideful are the graduates of that school of the achievements of the past and the glorious promise of the future. The two-day celebration of the school's golden jubilee was happily planned and brilliantly executed. Alumnae flocked "home" to participate. The addresses of alumnae and a group of distinguished guests combined to sound a veritable "Forward march."

Miss Nutting, in her discussion of The Evolution of Nursing from the Hospital to the University stated that this evolution had not really come about and that there is little likelihood of a real evolution for many years to come, inasmuch as less than one per cent of our schools of nursing has any university connection. Furthermore, many hospitals are still utilizing their students for the benefit of the hospital, as shown by the large number of institutions that still adhere to the nine-hour day and the twelve-hour night. For purposes of discussion Miss Nutting divided the fifty years of nursing in this country into three fairly well defined periods of from fifteen to eighteen years each. The first period was one of pure service from which the hospitals benefitted enormously. The second, Miss Nutting called the period of association, this having been the period in which nurses came to appreciate their interdependence and organized the American Nurses' Association and launched our professional magazine, the *Journal*. The present period was described as one of genuine educational and professional advance, having tremendous potentialities for further development.

Miss Goodrich, Dean-elect of the new school for nurses, which will take its place on the Yale Campus along with the other schools of that great university, spoke in her most winsome fashion of the possibilities of the new era in nursing.

The eighteen fortunate nurses whose Commencement exercises formed a fitting finale to the celebration must truly feel that they are entering a profession of world wide opportunity.

Unique Scholarships for Teaching Supervisors

THE awarding of scholarships to nurses who are ambitious and who have demonstrated their ability to profit by advanced study, is a sound means of stimulating and improving special phases of nursing and health service. In setting aside a sum of ten thousand dollars, to be used in sums of from $200 to $1,000, as scholarships for furthering the cause of child health, the American Child Health Association hopes to meet, in part at least, the clamorous demand for more well qualified nurses for the rapidly developing field of child health.

The aims and plans of procedure of

the Committee responsible for the awards are briefly stated on another page of this *Journal*. It is deeply significant that the scholarships are not to be used solely in the field of public health itself. Says the Committee:

> It has seemed to be the consensus of opinion among both nursing educators and leaders in public health nursing, that public health organizations should make a sincere effort to bring back from the practical experience gained in the field such suggestions to superintendents and instructors in the schools of nursing as will help them to prepare the students more adequately for some of the definite problems that they will meet, if they choose to do public health nursing.

Many scholarships are now awarded yearly under many auspices. So far as we are aware, this is the first time a specific effort has been made to put the spirit of the public health movement into the schools in order that health workers, rather than agents of cure only, might emerge.

In making scholarships available to nurses who have already demonstrated interest and ability in obstetric and pediatric nursing, the committee is planning with far vision and generous spirit, for the results will not be immediate. By returning to well equipped schools, such instructors will be in a position to imbue whole classes of student nurses with the ideals of child health, ideals rooted in the belief not only that every child has a right to be well born, but that he also has a right to normal development. Such instructors may be expected to send out nurses who really know the normal which is the objective in all health work. These ideals can become realities only by the utilization, by many many more nurses, of the best of our present-day knowledge of the technic of good obstetrics, infant feeding, the normal development of the child, nutrition, child psychology, and the diseases of infancy and childhood.

We congratulate the committee on the breadth of its view of nursing education and on its coöperative spirit. We strongly urge qualified nurses to make immediate application, as awards will be made at an early date. Those responsible for this movement should be so stimulated by the number and quality of the applicants that still further sums may be made available for similar advanced study.

Stay on Your Job

THE May *Bulletin* of the Illinois State Association carries a pithy and timely editorial on the subject of staying on the job. "He who is really interested in a piece of work stays by it until it is properly developed or until it is definitely evident, either that it cannot be made worth while or that it requires another personality to make it so," says the writer of the editorial.

Right there is the crux of a really serious situation! A tragically large number of nurses accept positions without careful analysis of one or both of the important factors in the situation; first, the strong and the weak points of the position; and second, their own qualifications for it.

Even the most gifted cannot do just anything or everything, but few are as frank as the distinguished executive who replied, when asked to do a piece of first-aid work: "I have to admit I'm a clumsy nurse," a condition natural enough after years of disuse of the kind of skill first aid demands.

The nurse accepting a position in a

new field should be very sure she possesses the stamina demanded of a pioneer. She who accepts one in an old organization would do well to remember that tactlessness is comparable to the seven deadly sins if an organization is over rich in tradition. "He who is really interested in a piece of work stays by it." It should be axiomatic that a good nurse will not accept a position which does not really rouse her interest—the interest that comes from building and developing. If there is one thing in this world a patient, or an institution, or an organization does *not* want, it is the bored, uninterested, and therefore unprogressive nurse.

A thoughtful analysis of the position offered is the due of both organization and nurse. Far better decline, and thus force a further search for the right person, than accept that for which your conscience intimates you are not fitted. Some of the untenable situations might be cleared up if those who reject them were more candid in their reasons for not accepting. Such candor need not be ungracious. Once having accepted, it should be the part of good sportsmanship and of professional pride to "Stay on the job" until a real demonstration of the worth of the job itself and of one's contribution to it is assured.

The fact that there are so many avenues customarily open to nurses, fortunate though it is in some ways, is a menace to the morale of the profession as a whole. It is amazingly easy for a nurse to drift from place to place in the serene expectation of finding occupation. There would be an infinitely happier relation between executives and workers, between communities and nurses, between those serving and those served, if every nurse, before accepting a position, insisted on really comprehensive answers to the two questions, "What have I to give to the job?" and then, and only then, "What has the job to give to me?"

China and Ohio

CHINA and Ohio, Orient and Occident, East and West! The words call up many a contrast, many a paradox; but it is a likeness and not a difference we wish to discuss here. Many magazines pass over our desk each month. It was with joy we beheld, in the space of one morning, the report of the Committee on Nurse Education in the *Ohio State Medical Journal* and an editorial in the *Quarterly Journal for Chinese Nurses.*

The report of the Ohio Committee is concise, unbiased and thoughtful. It makes frank analysis of the defects in nursing education and the so-called shortage of nurses and recommends careful study of the constructive Rockefeller report. Furthermore the report states that "the medical profession should join with the nursing profession to see that the standard of preliminary education is gradually changed so that all of the training schools would require a high school education from its applicants for admission" for, says the report, the nurse cannot get the best training, such as that demanded in the best interests of the family and the community, unless she has sufficient preliminary education to understand it.

The Journal for Chinese Nurses, published in English and Chinese, jubilantly announces that the China Medical Missionary Association has accepted the

nursing standards of the Nurses' Association of China as its standards. This Association, now made up very largely of American and British nurses, but with an ever-growing number of Chinese members, has been asked to participate in the work of some of the important committees of the Medical Association and also has representation on the Council of Public Health. Nursing is young in China, very few years have elapsed since a word for *nurse* was first coined in the language of that ancient country and only within the past year has an ideograph for *service* been incorporated in its writing.

East and West, the interest in health is growing. The demands upon physicians and nurses increase by leaps and bounds. It will be a happy day for the two professions and for society when physicians everywhere accept nurses as co-workers, as helpmeets rather than handmaidens. The cause of health will be better served when medicine and nursing march hand in hand as these reports indicate they are doing in Ohio, —and in far-off China.

WHO'S WHO IN THE NURSING WORLD

XXIII. GENEVIEVE COOKE, R.N.

BIRTHPLACE: Dutch Flat, California,—a pioneer gold mining town in the High Sierra. PARENTAGE: English. PRELIMINARY EDUCATION: Common school. PROFESSIONAL EDUCATION: Class of 1888, California Woman's Hospital, San Francisco. 1900-1901, Anatomy and dissection, Cooper Medical College, San Francisco, (now Stanford); 1901, Harvard summer school, Physical Training; Lateral curvature clinic, Children's Hospital, Boston; 1903, Course in massage, Dr. Douglas Graham, Boston. POSITIONS HELD: Private nursing, 13 years; Visiting instructor in massage, Children's Hospital, Lane (now Stanford), St. Francis, and University of California hospitals, San Francisco. Founder and for nine years editor and business manager of *Pacific Coast Journal of Nursing*. OFFICES HELD: Delegate from the California Branch of the Guild of St. Barnabas to the International Congress of Nurses, Buffalo, 1901; first delegate from the California State Nurses' Association to the A.N.A. Convention, Detroit, 1906; Representative from California State Nurses' Association to the International Congress of Nurses, Paris, 1907, and read a paper at that Congress; Member of the State Legislative Committee during the time of securing registration; First vice-president, A.N.A., 1907-1909; Member of the Board of Directors of the *American Journal of Nursing*, 1910-1912; President American Nurses' Association, 1913-1915; Member of National League of Nursing Education and California State League. A founder of the San Francisco County Association and of California State Association and for many years a member of the Council. An honorary member of Washington State Association.

A portrait of Miss Cooke was published in the *Journal* for June, 1915.

DEPARTMENT OF NURSING EDUCATION

LAURA R. LOGAN, R.N., DEPARTMENT EDITOR

THE INTERPRETATION OF THE "EQUIVALENT" [1]

BY JOSEPHINE E. THURLOW, R.N.

THERE is probably no question in nursing school work on which there is a greater difference of opinion than, What shall constitute an equivalent of one or more years of high school education?

It is necessary, however, first to consider of what we want an equivalent, and this carries us into the field of general education where we meet a multitude of problems constantly before the admitting officers of our secondary schools and colleges: How should a high school course be defined? How should one year of high school work be defined? How can high school educational qualifications be evaluated?

It is common knowledge that the high schools of the United States are not standardized, even those which are state controlled. We have both quality and quantity and some hardly worth the name of high school. Some colleges in the south give a degree of Bachelor of Science which may be only of high school value, or may vary from one to three years of college, as that term is commonly understood.

A basis for the evaluation of high or secondary school education which has been quite generally accepted is the Carnegie Unit. This offers the most satisfactory solution to us at present as we, in schools of nursing, must consider a large number of applications from students educated in foreign countries.

According to the Carnegie Standard, a college education properly begins after the completion of a four-year high school course. A high school education properly begins after the completion of an eight-year grammar school course.

In South Carolina, some parts of Massachusetts, and doubtless in many other places, the high school diploma signifies but three years' education following grammar school. North, east, and midwest generally require four years for a high school course.

A good high school course must not be too brief. In the usual high school year of 36 to 40 weeks, a subject taught five times a week, of not less than 45 minutes to the period, constitutes one Carnegie Unit.

Subjects, such as American History, given three times a week for the school year, are estimated as one-half unit. Generally four subjects a week every day in the week are required, but accepted equivalents are specified. Fifteen units are demanded in general by colleges, occasionally sixteen units of high school education, called officially, Carnegie Units. Commercial subjects, manual training, drawing, music, elocution, morals or doctrines, as a rule fail to acquire the prestige of the preliminary college courses. Home economics is somewhat removed from this group as it is now given a higher rating. Theoretical music, or harmony, is not included in this latter group but is generally given credit with subjects included

[1] Read at the third convention of the New England Division, Burlington, Vt., May 23, 1923.

in college preparatory courses. Commercial courses in general, when presented outside of their own field, are evaluated at one-half of college preparatory or scientific courses.

A word about points, credits, and units may be apropos.

With the Carnegie Unit as an accepted common standard in the field of education, all others may be checked up by comparison, for example, in Massachusetts, the Board of Education requires four units of high school work as the equivalent of one year of high school and fifteen units constitute the completion of the four-year high school course. A unit is defined as representing a year's study in any subject in a secondary school, so planned as to constitute approximately one quarter of a full year of work. To count as a unit, the recitation periods shall aggregate approximately 120 sixty-minute hours. Subjects not requiring preparation, and time occupied by shop or laboratory work, count one-half as much as time in recitation. Commercial schools do not qualify for college entrance, as most colleges require subjects not included in the commercial curriculum. Training in music is not ordinarily given credit unless the work includes music theory taken under competent instructors and when the work is of satisfactory grade .

In New York State, the Regents require eighteen points to the high school year, seventy-two points being required for the completion of a four-year high school course. Four to four and one-half points, depending on the subject, constitute a Carnegie Unit. Subject matter is evaluated approximately on the same educational basis for college entrance as given for Massachusetts standards.

Schools of nursing need to observe a liberal interpretation, as high schools give so many options and the rural and urban courses show marked variations.

A recent survey of ninth grades demonstrated that to any given number of courses, fifty per cent or more of the students carried different programmes and the largest group combining on any one programme seldom reached ten per cent of the total number of students in the class.

There is published a booklet on "Principles of Standardization for High Schools," which may be read to advantage by those concerned with this problem.

Closely associated with the difficulties in establishing equivalents of our American high schools is the necessity of rating the education or the equivalent education of the large number of applicants from Canada, Newfoundland, and to some extent more distant countries.

In Massachusetts, the Board of Registration has accumulated considerable recent information regarding the Canadian schools which we needed in order to give fair consideration to the equivalent education so frequently offered. Some of these data being germane to the subject, I have made a few brief notes on them.

The common school, similar to our grammar school, has eight grades in Nova Scotia and Ontario. The high school has four grades, nine to twelve inclusive. In other provinces, the grammar school possesses the original significance of this classification and carries three grades higher than the American grammar school. In these

provinces there are no high schools; students are admitted from grammar school to normal school or to collegiate institutes. Superior schools carry ten grades. Ungraded schools in isolated districts usually complete the eighth grade and have advanced students working separately.

The eleventh grade which so frequently is accepted by American schools of nursing as equivalent to graduating from an American high school of the first class, is not entitled to this rating. When checked up by the Carnegie Unit System, or any other method, it is equivalent only to three years of high school either in the United States or Canada, excepting those schools previously referred to which grant a diploma for three years of high school work and do not qualify for admission to colleges without first having made up the deficiency of one year. Canadian high school courses include a greater number of subjects, but less of each; and they are therefore given a year for year equivalent by our colleges.

The Canadian Normal College diploma does not signify always an amount of preliminary work equal to that required by the normal schools of the United States which require four years of high school education of fifteen or sixteen Carnegie Units.

In Canada, the regular period of training in Normal College is one full year following grade eleven or twelve, while in order to meet the exigencies of the country schools, they admit classes of junior students who have completed only grade nine or ten. Students with less than university or academic rank must attend Normal College one full year to obtain a permanent teaching certificate. There are five classes of diplomas:

Diploma of Academic Rank (for university graduates) less than one year attendance permitted,

Superior First Rank following grade twelve (one year attendance) Grade A certificate,

First Rank following grade eleven (one year attendance) Grade B certificate.

Second Rank following grade ten (one year attendance) Grade C certificate, and

Third Rank following grade nine (one year attendance) Grade D certificate.

Thus the applicant, in seeking admission to a school of nursing, may state that she is a graduate of the Provincial Normal College and when the nursing school records are checked up by the Board of Registration it is found that these students listed as high school graduates or equivalent may possess but two or three years of secondary education.

Another group frequently noted on our applications for registration examinations is the so-called "advanced or seat pupil." This student is found in the Canadian country schools in localities not easily accessible to high schools. After completing grade eight, the pupil continues to study by herself subjects of the high school grades nine and ten, occasionally attempting grade eleven, aided by the teacher when convenient or when difficulties arise.

We have been advised by the Department of Education that it is the teacher only who can be expected to give a certificate of the standing of such a student in any given year and each succeeding teacher can find information of previous

years in the register which must be preserved according to law. The student is permitted upon request, and when approved by the local teacher, to take the Government examinations and establish a better rating. There is, therefore, no necessity for equivocation or excuses on the part of the applicant for being unable to present definite evidence of preliminary education received in Canada.

A study of foreign school systems, made by the New York State Board of Education is available upon request, although first hand information is more accurate when considering the individual student. Every recognized school in any country, apparently, is able to furnish records showing the hours and weeks devoted to each subject, and from this the unit equivalent can be established.

After determining the content of education to be required, let us consider the equivalent which may be accepted and decide where the responsibility for evaluating the educational credentials should rest.

If a law or regulation reads, "one year high school or its equivalent," the questions arise, whether we are permitted to accept such education as high schools in our own states would reject, as an equivalent, or when registered as an accredited school in any other state, are we not under additional obligations to meet the differences in requirements in that state as well?

It is necessary to consider carefully the value of the numerous equivalents offered, the most common of which are: evening school, institute courses, correspondence courses, private instruction, self education, short business course, good home, travel, children's nurse, attendants' course, Red Cross Nursing course, and courses without examination.

According to the opinion of Professor Upton, Provost of Teachers College, "experience cannot be given credit as we have no way of measuring it accurately or adequately."

On the other hand, a democratic system of education overlooks no groups, neither does it undervalue any of the particular kinds of education to be found under such designations as habituation, training in skills, the expansion of knowledge, the development of ideals and the like.

Instruction alone is not education. Education means development through self-directed activity; and this to a greater or less extent, the educational equivalent may demonstrate. Consider the student who seeks knowledge through self-directed effort possibly at the sacrifice of time and pleasure, through the only resources available to her; namely, evening school, institute courses, correspondence course, private instruction, and self education.

The most valuable point as far as we are concerned is the self-activity or moral fibre of the student who will overcome unfavorable circumstances to increase her knowledge and who strives for a higher ideal as she sees it. As to the actual educational value, a diploma from evening high school is granted for fewer subjects and is not of same credit as regular high school courses unless the student can offer a similar number of units.

Institute courses are generally entitled to credits acquired by examination. Correspondence courses should not be given credit in subjects requiring laboratory work.

Private instruction may be given by a qualified teacher. Self education is possible to the average or at any rate the super-average student who is capable by herself of the fair mastery of a text book.

In many states applicants falling in the three last groups are granted examinations by an entrance examiner appointed by a State Board to establish their acquired education, and, if successful in securing the required units, they are admitted to the nursing school.

Correspondence courses when given by recognized schools, such as Chicago University Extension Department, and to a more limited extent by Columbia University Extension Department, private instruction, if followed by an examination taken at a recognized high school, and backed up by the high school, are entitled to receive equal credit in points or units. In all instances of this nature the responsibility for certificate of students' education must be placed on the principal of the high school. Short business courses of six months, if followed by a year of successful experience, will result in a mental development of the right type of young women fully equal to one year of high school.

A good home may develop refinement but, unless supported by a sound training in the domestic arts, offers little of educational value. The student from the rural district, and occasionally the town applicant, may have learned responsibility, economy, how to keep a home together and to exercise a watchful care over others, that would place many a college graduate at a disadvantage under similar circumstances. It would seem but fair to grant one and possibly two units for such experience if the evidence is dependable. In an instance of this kind, the local clergyman is a fairly good source of information; he is less likely to be affected by political, financial, or family relations in expressing an opinion. This equivalent is also very easily tested during the preliminary training. In many of the smaller hospitals, which in number constitute the large majority, there is the opportunity to try out the student in cooking the mid-night meal for the night nurses, for a length of time sufficient to demonstrate ability claimed.

Travel has little or no educational value unless taken under educational auspices, the time may be so occupied with various duties that there is little opportunity for observation.

Attendants' courses and Home Nursing courses offer too little mental exertion in our own field and less in other educational resources to admit of more than one-eighth to one-quarter of a unit credit, if any, that is, five to ten weeks.

The determination of an educational equivalent should rest upon an entrance examiner, where possible, otherwise the Board of Examiners, as the body in closest touch with the testing of the ability of students of all schools to apply to practical purposes the completed training, and having available the statistics showing the foundation, methods, and results of the different schools. This centralized direction makes for better standardization and impartial judgment, especially in the matter of equivalents. Many conscientious nursing school executives are more exacting in considering equivalents than thorough in evaluating the one year of high school work, while hospitals which commercialize the nursing school resources

to the limit, accept almost anything as an educational equivalent; e. g., factory machine work.

Included in the information collected for consideration by the Massachusetts Board of Examiners in revising our requirements, there are some definite outlines of the specifications for equivalent education of one to four years of high school. I have selected a few to show what has been done in constructive work, offering a short cut to those who are working along similar lines, but who through force of circumstances, political opposition, inability to secure financial appropriations and other difficulties are compelled to make haste slowly.

In tabulating the information for the use of our Massachusetts Board of Registration the outstanding feature is the absence of marked variations in values. When considered as a whole, there is a fair average of standards throughout. Many which require a higher educational entrance, require no examination to have been passed in the last year of high school, or before entrance to the nursing school, to test the thoroughness of the applicant's education, i. e., the student may have remained in high school one or more years, and may have left because unable to pass examinations, and in reality merely offers a specified length of time in which she has been subjected to the application of knowledge, but no effort is made to ascertain whether this treatment failed or not.

Others require less preliminary education, but insist that examination ratings must be made which are accepted by the Board of Education of the state in which the student attended school.

Many schools which require examinations to be completed with passing mark, offer a smaller amount of class work during the nursing school period.

There are, however, several outstanding states which, while recognizing the one year high school minimum, if supported by actual school credits or its equivalent, insist upon an amount of instruction sufficient to enable the student to understand the principles of each subject taught, which results in an intelligent application of the knowledge to practical uses.

We have something of interest and assistance to which we may look forward in a paper prepared by Miss Richardson of Teachers College, Columbia University, on the subject of equivalents of high school for college credits in relation to the nursing profession. It is expected that this paper will be published in the *Journal* in the near future and I am told that it is well worth waiting for; it deals with the subject of equivalents very ably and carefully describes how deficiencies may be remedied.

From Miss Jammé of California:

When we first made our definite entrance requirements, we endeavored to work out an equivalent for high school, and took as a basis a certain number of points for formal education and for occupation.

I am enclosing a copy of the form which we have used for this purpose. We find that almost every student presents a different problem, and we can only handle it individually.

I am more and more inclined toward the intelligence test, or an entrance examination, to determine a student's mental capability for grasping the study of nursing. Even a student who presents credits for full high school work is not always capable. One of our schools in San Francisco has had its students

given mental tests, and it has been quite interesting to follow up the results.

I am inclined to think that a one-year commercial course, either in a secondary school or outside, might equal in value at least one-half of a school year, depending, of course, on the student.

EQUIVALENT FOR HIGH SCHOOL

	Points which may be secured	
	Maximum	Minimum Rating
Personal development	25	
(to be deducted for under age or over age)		
Education		
Grammar	15	
High school one year	25	
High school two years	50	
High school three years	75	
Business college, 6 mos. or more	25	
General appearance		
Personal neatness	5	
Personality	10	
Apparent mentality	10	
Occupation		
Domestic service	40	15
Salesmanship	35	10
Clerical work	25	10
Millinery and dressmaking	10	
Practical nursing	50	
Telegraph operator	25	
Nursery maid	40	
Interior decorating	10	
Doctor's assistant	50	15
Waitress	5	
Travel, one year	25	
Personal letter	15	
Other points	15	

100 points required.

From Miss Gilman of New York:

First, all equivalents must be based on eight years of grammar school work plus either one full year of business college, which includes business English, typewriting, shorthand, spelling and commercial arithmetic, plus one year of responsible business experience, or the completion of four major subjects, preferably English, biology, algebra or chemistry, and history.

There are certain cases where applicants present very definite information regarding travel and cultural training which is accepted as an equivalent of one year of high school work.

We accept only seven years of grammar school plus two years of collegiate institute as an equivalent to one year of high school when passing on applicants from the Provinces of Canada.

From Miss McKee of Ohio:

All education in this state is evaluated by an Entrance Examiner who is Professor of Mathematics at the Ohio State University, Columbus. The medical, nurse's, and all limited practitioner's certificates are evaluated by the same person. No credit is given unless the education has been obtained in a school that has been standardized by the Department of Education.

We have first, second, and third grade high schools.

Ohio requires four units of a first grade high school to be eligible for an accredited school of nursing. This is evaluated and certificate issued before entrance into the hospital.

A business or commercial course will be allowed two units. There are no equivalents. The Entrance Examiner gives an examination at this office if no high school records are forthcoming. We take no information from the hands of the applicant. This is obtained direct from the principal of the school.

Preliminary examinations for all who cannot present acceptable credentials from approved schools and who do not wish to enter an approved school for a time sufficient to make up the required units, will be set in the office of the State Medical Board.

(A list of subjects which may be offered for examinations is furnished to applicants.)

From Miss Eldredge of Wisconsin:

I am sending you a copy of the equivalent of one year of high school established by the Equivalency Board of the Extension Department of the Milwaukee Public Schools, Wisconsin, for the Department of Nursing.

There are certain educational factors which one has to take into consideration. If we have had a woman who is thirty years of

age, who has had a good common school education, who has done a great deal of reading which she can give us some details about, if she can write a good letter, and has been occupied in some useful way that has tended to develop her, we have been in the habit of accepting this. But all equivalents are accepted with the understanding that the student must make good during the preliminary work.

If high school work is submitted, the applicant must have had at least four credits, and those four credits mean secondary studies in which they have had five recitations per week for forty-five minutes each day, over a period of not less than thirty-six weeks.

We have been in the habit of accepting a full commercial course as a high school course. In fact, we have accepted any of the courses offered in the accredited high schools of the state.

Milwaukee Public Schools Extension Department

Requirements to Establish One Year High School Equivalency

1. A thorough understanding of first year English:
   - (1) Write a sentence containing a clause, and a phrase, and be able to analyze each word.
   - (2) Write a friendly letter of 150 words.
   - (3) Write a description, narrative, and exposition.
   - (4) Interpret one of four poems.
   - (5) Summarize four prose selections.
   - (6) Practical knowledge of the common rules of spelling, capitalization, paragraphing, and punctuation.
2. An optional understanding of one of the following:
   - (1) Arithmetic:
     - (a) Decimals
     - (b) Percentage
     - (c) Fractions
     - (d) Measuration
   - (2) Algebra:
     - (a) Through fractions.
3. An optional understanding of two of the following as taught in any accredited high school:
   - (1) General Science
   - (2) Ancient History
   - (3) Domestic Science
   - (4) Penmanship, Spelling and Business Forms
   - (5) Typewriting
   - (6) Shorthand
   - (7) Civics and Citizenship
   - (8) Foreign Language:
     - (a) Spanish
     - (b) French
     - (c) German
     - (d) Latin

All candidates must file a statement of examinations desired at least ten days before the time of examination.

A certificate from any accredited high school which shows that any of the required credits have been made will be accepted in the place of an examination.

Examining Board: A. C. Shong, Principal, West Division High School; G. J. Balzer, Principal, Washington High School; W. F. Radke, Instructor, South Division High School.

From Miss Burgess of Teachers College, Columbia University:

While for entrance to all colleges, equivalents must be interpreted in exact educational units, I am still inclined to believe that there are equivalents which we shall be obliged to accept in our nursing schools for some time to come which could not be interpreted in exact educational units, and the greatest possible discrimination must be used in regard to such equivalents.

The minute, however, that we get away from exact equivalents we are facing a multitude of difficulties which are so involved that it is very difficult to lay down any exact regulations.

Note.—The writer is indebted to the following sources for much of the information given: Lecture notes taken in classes at Teachers College; correspondence with Boards of Registration of Nurses throughout the United States, with Boards of Education, particularly in Massachusetts and New York states, and with the Minister of Education and many Superintendents of Education throughout Canada, and not least among these, to our well known leaders in the nursing profession as quoted in the address.

DEPARTMENT OF RED CROSS NURSING

CLARA D. NOYES, R.N., DEPARTMENT EDITOR
Director, Nursing Service, American Red Cross

THE unveiling of a monument to Alexander Hamilton, the first Secretary of the Treasury, while an important occasion in itself is of particular interest to the nursing profession. The monument was unveiled by Eleanor E. Hamilton, a great, great granddaughter of the famous statesman, a graduate of the School of Nursing of the S. R. Smith Infirmary at Staten Island, New York, and a member of the District of Columbia Committee on Red Cross Nursing Service. She is now Superintendent of the School of Nursing at Columbia Hospital, Washington, D.C.

Perhaps the readers of the *Journal* will recall that Louisa Lee Schuyler was also a great grand-daughter of this distinguished statesman, and that Miss Schuyler's contribution to nursing has been of a conspicuous character. She it was who nationalized the work of the Sanitary Commission of the Civil War. She grasped the seriousness of the New York Dependent Problem and organized the New York State Charity Aid Association in 1872. She was instrumental in the appointment of a sub-committee of of that Association which made a survey of the hospitals, including Bellevue, revealing conditions of a deplorable nature. Realizing that this situation could not be improved without an entire change in the system of nursing, she brought the School of Nursing at Bellevue into existence in May, 1873. This claims the distinction of being the first school in America to be organized on the Nightingale basis, inasmuch as it was a separate organization, in a building of its own, with suitable class rooms, with a nurse superintendent directing the activities of the school, and a definite curriculum. In 1915, the degree of Doctor of Laws was conferred upon Miss Schuyler by Columbia University, she being the second woman to receive this degree from this University. The main reason given by the University for conferring this distinction, was the fact that through her instrumentality she had been the means of giving to this country a modern system of nursing. That Miss Schuyler, herself, held nursing in high regard is demonstrated from the following quotation from an article written by her at about that time:

> There is no name more revered than that of Florence Nightingale. In the nursing profession that reverence shows itself by a personal devotion which makes her the patron saint of those earnest young women who look to her as their inspirer and guide. Well may they place her portrait on the walls of their Nurses' Home, well may they treasure her words of counsel and long, in some measure, to be worthy of her ideals. For her absolute devotion to their interests knew no bounds. Hers was no sentimental interest. She had created for them a profession, but she demanded of them hard work and high standards, work done from pure disinterested motives, faithful above all to the welfare of their patients. Those of us who have not the honor of belonging to either the medical or nursing professions, have no less felt the inspiration of that noble life and character and have sought to make our work more worthy of her.

Present Status of American Nurses' Memorial, Florence Nightingale School, Bordeaux, France

Julia C. Stimson, who has recently returned from France, where she was sent by the American Committee for Devastated France, at the request of the sub-committee on nursing, for the purpose of making a preliminary study in connection with the proposed School of Nursing to be established in Paris under the auspices of this Committee, found time to visit the Nightingale School at Bordeaux.

The nurses of America who contributed so generously toward the Memorial School will be interested to know that she reports the School as a model and possessing all the necessary facilities for the conduct of a modern school as well as affording suitable accommodations for the student nurses, but probably inadequate as far as housing facilities are concerned. The nurses will be surprised, perhaps, to hear that this is the case. It, therefore, seems important to present the situation as it exists and the reasons therefore, to the readers of this Department.

At the time Dr. Hamilton made her first appeal, she felt that 250,000 francs would be adequate. At that time this amount represented $50,000. However, when the $50,000 was collected the value of the franc had depreciated, so that a sum of something over 800,000 francs were purchased by the money given by the American nurses. Some of us felt that this would probably erect the building as originally intended. Following the war, however, came great increases in the price of labor and building material, and as a consequence it was not possible to complete the building in its original form,—that is, a cross-section with two wings. The Committee felt at the time that it was better to complete all the class rooms, lecture halls, and service departments, building as many bedrooms as could be secured. This was done, so that while the School has all the facilities as indicated above housed in one wing, and the front building, one wing is still unbuilt. It may be inadequate as far as quarters for the faculty and school are concerned, when the new hospital is completed.

Notes

Florence M. Johnson, a familiar figure to Red Cross nurses, has recently been appointed Acting Director of the New York County Chapter. She will continue to direct the Nursing Service of the Chapter as well as the general activities.

Telegraphic news from the Pacific Coast notifies us of a serious street car accident to Sophie V. Kiel, Chief Nurse in the Navy Nurse Corps, now stationed at Mare Island. Full details have not as yet reached us, but we understand her condition is grave. Miss Kiel is well known to Red Cross nurses; she was associated with the Red Cross Nursing Office at 44 East 23rd Street, New York City, during the war, and was assigned to the Navy through the American Red Cross.

Sallie Krick, an American Red Cross Nurse, sailed on June 15 for Haiti, as Assistant in the School of Nursing, connected with the Municipal Hospital, under the Haitian government. She will replace Miss Simons, who is returning to this country.

An Emergency Room was operated at National Headquarters, American Red Cross, to give first aid treatment to those who might need it during the Shriners' Convention, June 4-9. The following nurses were on duty: Elizabeth Nelson, Dorothy Winters and Mary Kern, all of Baltimore, Md.

DEPARTMENT OF PUBLIC HEALTH NURSING

A. M. Carr, R.N., Department Editor
National Organization for Public Health Nursing

Ten Thousand Dollars for Nurses' Scholarships

THE announcement that $10,000 is to be used for nurse scholarships by the American Child Health Association must be received by all nurses with eager appreciation. So much has been said of the need for more adequate training in the field of child health, and so few opportunities have been offered in proportion to the needs, that an enthusiastic response is expected, not only from the public health nurse, but from the instructors of pediatrics and obstetrics in schools of nursing.

The plan for awarding these scholarships, the requirements to be expected of applicants, and the results to be hoped for, have been given thoughtful consideration by the Committee on Scholarships, which consists of Anne A. Stevens, Chairman, Ella Phillips Crandall, Annie W. Goodrich, Gertrude E. Hodgman, Harriet L. Leete, and Marie L. Rose.

The requirements for applicants are to be as follows:

1. Academic standing acceptable to institution to which student may be assigned.

2. Eligibility for membership in National League of Nursing Education or National Organization for Public Health Nursing.

3. Effectiveness as a worker, and the possessor of a pleasing and favorable personality.

4. An appreciation of health standards and a sense of responsibility in maintaining her own health; or special training or experience in some phase of child care.

The aim of the Committee is to have as a result of this appreciation:

1. More field nurses in rural districts and in cities, with preparation for child health work in its various phases; material including prenatal care, infant, pre-school and school care.

2. More child health specialists with a general knowledge of public health nursing and an ability to teach and supervise.

3. More administrators, teachers and supervisors in schools of nursing and in public health nursing organizations, with a broad knowledge of child care.

4. More educational facilities for child care.

The scholarships, which will range from $200 to $1000, will be awarded for the school year of 1923-1924 and for the summer courses in 1924. Nurses who can meet the requirements and desire to prepare themselves for better child health work, should apply to Winifred Rand, Chairman of the Committee on Awards of Nurse Scholarships, American Child Health Association, 370 Seventh Avenue, New York City.

In Honor of Pasteur

To be the bearer of a testimonial of tribute from New York City's Health Department to the French Department of Health, on the occasion of the Pasteur centenary observance in France, is the fitting task which has been

assigned to Elizabeth Gregg of New York, herself a worker in the cause of public health and in the ranks of nursing all her life.

Miss Gregg was the representative of the New York City Department of Health in the New York group of the Good Will Delegation which sailed May 23rd on *La France* to spend a month in France under the auspices of the American Committee for Devastated France. She was nominated for this post of honor by Senator Royal S. Copeland, formerly Health Commissioner of New York.

Miss Gregg has been associated with the Department of Health in New York City for twenty years. She was until recently superintendent of nurses in the Bureau of Preventable Diseases. She is a member of the National Organization for Public Health Nursing, the National League of Nursing Education, and of a number of local organizations devoted to nursing and social service purposes. She is also a Director of the New York Tuberculosis Association. Among her special interests at this moment are the nutritional clinics for under-nourished children, and she is an active worker in behalf of a constitutional amendment on child labor.

The testimonial which Miss Gregg will deliver on behalf of the Department of Health of the greatest American city to the people of France, as an appreciation of one of the greatest of all leaders in the field of health advance, reads as follows:

> The Department of Health of the City of New York is happy to transmit to the French people through its Good Will Delegate, Miss Elizabeth Gregg, Superintendent of Nurses, its appreciation of the contribution which France has made to Science and Medicine in the work of Louis Pasteur and to honor the memory of this son of France whose centennial we celebrate and whose genius and character have contributed so much to the progress and happiness of the world.

The memorial is inscribed in illuminated letters on parchment, and is signed by Dr. Frank J. Monoghan, Commissioner of Health; Alonzo Blauvelt, Deputy Commissioner, and Dr. William H. Park, Director of the Bureau of Laboratories.

Miss Gregg has recently become secretary of the Association of Tuberculosis Clinics.

A New Public Health Nursing Poster



To answer a widespread demand throughout the country for attractive poster material which the individual

public health nurse or public health nursing association may use to carry to the people of a community health messages or special health week or clinic announcements, a new poster has just been prepared by the National Organization for Public Health Nursing.

A 12-inch reproduction of the drawing of the Public Health Nurse that appears on the preceding page has been printed on white poster stock, 15 x 20½ inches.

No word of text is printed on the poster so that any local health message may easily be hand-printed or press-printed thereon.

Any who are desirous of purchasing these posters may procure them for 10 cents a copy from the N.O.P.H.N., 370 Seventh Avenue, New York City.

OUR CONTRIBUTORS

Margaret K. Stack, R.N., is a graduate of the Connecticut Training School of which she writes, and is Chief of the Division of Public Health Nursing in the State Department of Health. She is President of the Connecticut Organization for Public Health Nursing; Vice-chairman of the Provisional Section on Public Health Nursing of the American Public Health Association; and Chairman of the Health Section of the Connecticut Federation of Women's Clubs.

Emma Van Cleve Skillman, R.N., a graduate of the Presbyterian Training School, Philadelphia, tells her own story of her work.

Mary C. Wheeler, R.N., B.A., is Superintendent of Nurses, Illinois Training School, Chicago. (See Who's Who in the *Journal* for October, 1922.)

Rachel McConnell, R.N., is Assistant to the Principal and General Supervisor of Wards, Hartford Hospital, Hartford, Conn. She graduated in 1914 from the Montreal General Hospital; served in France with the Canadian Army, and received the Royal Red Cross decoration.

Margaret A. Pepoon, R.N., D.S.C., is a graduate of the Chicago Polyclinic Training School for Nurses, and of the California College of Chiropody. She has been a Head Nurse in Agatha Hospital, Clinton, Iowa; Superintendent of Nurses, St. Joseph's Hospital, San Diego. She is now practicing as a foot specialist in San Diego.

Mrs. Anne How, R.N., is Superintendent of Nurses at the New York City Children's Hospital. She graduated from Butler Hospital, Providence, R. I., in 1912, and took an affiliated course at Fordham Hospital, New York. Since then she has held the following positions: Charge Nurse at Phipps Clinic, John Hopkins Hospital; Assistant Superintendent of Nurses at Pennsylvania Hospital for Insane, Philadelphia; Supervisor, Cincinnati General Hospital; Superintendent of Nurses, Manhattan State Hospital.

E. F. Bartholomew, Ph.D., D.D., L.H.D., is Professor of English Literature and Philosophy at Augustana College, Rock Island, Ill.

Josephine E. Thurlow, R.N., is a member of the Massachusetts Board of Registration for Nurses and Superintendent of the Cambridge Hospital, Cambridge, Massachusetts.

Mrs. Mary Goodyear Earle, R.N., M.A., is a graduate of Roosevelt Hospital, New York, in 1907. She has taken several courses at Teachers College. During the war, she taught Home Nursing at the Red Cross Teaching Center in New York, and she has taught Psychology in the French Hospital. At present she is on the staff of New York University, Extramural Division, teaching Personal and Household Hygiene and Home Nursing and First Aid.

HOSPITAL AND TRAINING SCHOOL ADMINISTRATION

ALICE SHEPARD GILMAN, R.N., DEPARTMENT EDITOR

INTELLIGENCE TESTING OF PROBATIONERS IS IT COMING?

BY MARY GOODYEAR EARLE, R.N., M.A.

THE scientific testing of the minds of people, like other aids and evidences of civilization, has undoubtedly come to stay, and when large corporations such as the United States Rubber Corporation, the Westinghouse Electric Co., and numerous other industrial and commercial concerns have found it an invaluable further means of determining the future usefulness of a man or woman to the business, the indications are that time, money and efficiency are conserved thereby. "Big Business" does not indulge over-much in luxuries.

Considering the amazing results of mental testing in the United States Army during the war, the real worth in saving of time and money to both institution and individual is no longer seriously to be doubted; although it still remains to convince conservative executives and supervisors of training schools that this subject is well worth their investigation and trial. We cannot continue to put new wine into old bottles, and if we are to maintain our efficiency in the face of the rapid march of human events, it is necessary that we use the most efficient and up-to-date methods in order to get the best results. It is no longer considered fair to the individual to retain her for a year or two in a training school and then dismiss her for inefficiency, nor on the other hand is it fair to a reputable profession to graduate an incompetent student. In other words, the old-fashioned and expensive method of trial and error in the trying out of probationers, needs to be supplemented by some measure more certain, and in some instances less time-consuming. Until this is done, training school superintendents will continue to accept students who lack the degree of intelligence necessary to do good and efficient practical as well as theoretical work in the care of the sick in hospitals. No superintendent, however far-seeing, can always estimate correctly in the face of attractive traits of character and personality, the general intelligence of her probationers. Psychological experiments have proven that we are invariably partial to the people we like and to those who like us and vice versa; yet not one of us would hesitate to admit that some intelligence is necessary in the making of a good nurse. To quote from Army Mental Tests by Yerkes and Yoakum,

> It may well be emphasized that the psychological examination furnishes for immediate use a rating which in validity compares not unfavorably with ratings furnished by officers after months of acquaintatnce. * * * In using the psychological results there is a tendency to overlook the fact that they give evidence concerning but one quality important in a good soldier,

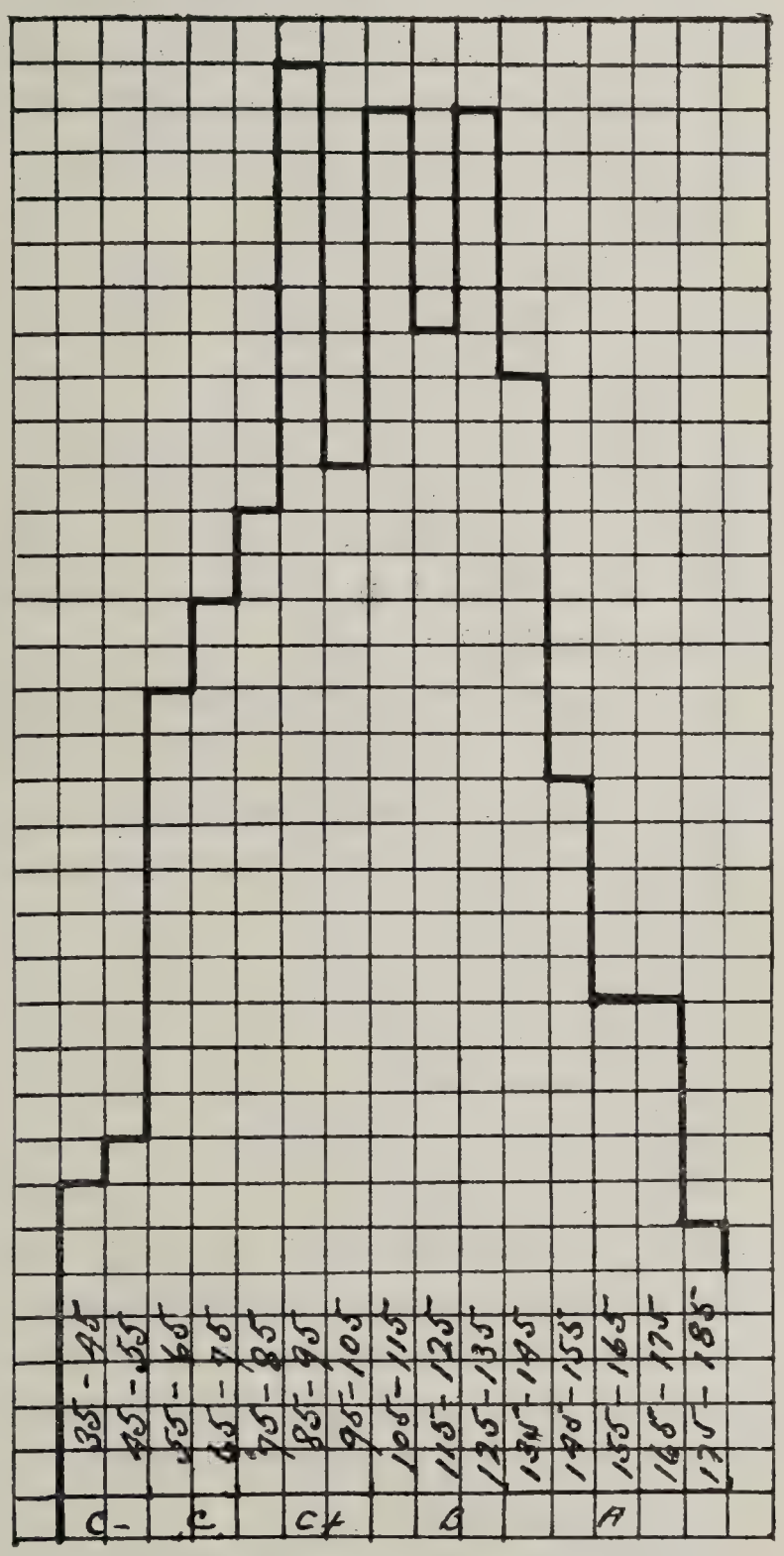
and that is general intelligence. In other words, intelligence testing cannot be made at this time, to take the place of all other criteria and where a student is

thoroughly satisfactory from several standpoints no test of her intelligence should be used *to her prejudice*. We cannot as yet, measure zeal, nor enthusiasm, nor fervor, and these qualities may loom large in a few people of only average intelligence. After all, to "make good" in life is what counts and if this be the result achieved, no adverse test of general intelligence is valid. So the ideal way is to use the test to aid and abet the wise judgment in the early elimination of undesirable material and to assist this judgment in the choice of the more intelligent for the positions of leadership and responsibility. It would, perhaps, be well worth the charge of a small fee to the prospective probationer, for her to learn definitely within a few weeks after entering the hospital, for reasons known or unknown to her, that she was considered unsuited to the work. The real injustice to her lies not in charging her with the cost of testing her, but in keeping her three or four months to find out whether she is worth training.

A study made a year ago in the mental testing of students, in seven large hospitals in New York City, is of interest in this connection. The Army Alpha Group intelligence test was chosen as being best suited to the preliminary try-out in the field here. The results of these tests were highly gratifying and made an even more favorable showing than the tests of Army nurses reported on page 829 of volume 15 of the Memoirs of the National Academy of Science on Psychological Examining in the United States Army. In the list of occupations on that page, the middle 50 per cent of Army nurses ranked next to the highest of the C+ group. Our showing was considerably better than that. A graph is given here for the group as a whole. The scores would indicate that a more rigorous exclusion might be made at the lower end of the scale where the poor ratings are to be found, in order that the groups may be more homogeneous. One might well consider eliminating those making an Alpha grade of below 75, equivalent to

GRAPH OF ARMY ALPHA INTELLIGENCE TEST OF 212 STUDENT NURSES

Scale 1 case to a block



a C grade on this scale, provided always, that the results in this test were corroborated by other subjective and objective measures as reliable. This might simplify some of the difficulties in the curriculum and training.

It is undoubtedly true that you cannot force a person to work above the level of his intelligence any more than water can run up hill and this is probably the reason why some students are doing such poor work in their theory. After all, courses in chemistry and psychology are invaluable if one have the intelligence to understand and assimilate them, but isn't it possibly a waste of time, effort and money to force these subjects upon those lacking the intelligence to profit by them?

Two interesting examples, students in two of these hospitals, have just come to notice in this connection. A year ago they made grades of 69 and 43 in the Army Alpha, retested, a year later, on the Terman Revision of the Binet, they have mental ages of 12 years, 6 months and 12 years, 9 months, or a letter grade of C—. This mental age is not as startling as it might at first appear, as the most recent thought on this subject would indicate that general intelligence may not develop normally much beyond the age of fourteen; this is not, however, to say that experience and judgment do not,—a very different matter. These students have done thoroughly unsatisfactory work in their theory throughout their training, and one of them has been entirely unsatisfactory in her hospital work, the other has done fairly well. These are the only instances of the retesting of the lower grade students.

Intelligence testing of all probationers would prove of great value to superintendents as an adjunct, used with the more subjective methods, such as their personal opinion and observation, in deciding the momentous question of those to be rejected. Is it fair to dismiss a nursing student at the end of a year or two when an intelligence test would have revealed at the earliest date the liklihood of unsatisfactory and unreliable work in the future?

In the infancy of mental testing in the training schools, and until superintendents and supervisors become accustomed to thinking in the new terms, probably too much will be expected of it, it will be regarded perhaps as the "cure all" and the solution, which it can never be; general intelligence is only a single factor, gumption we might call it —being the "sum total of the thought processes which consist in mental adaption," although it may be the most important single factor.

To quote again from the former source, "It was repeatedly emphasized by psychological examiners that a man's value to the service should not be judged by his intelligence alone, but that instead temperamental characteristics, reliability, ability to lead and to 'carry on' under varied conditions should be taken into account." All this applies equally well to nurses. Mental testing does not measure "loyalty, bravery, power to command, or the emotional traits that make a man 'carry on.' However, in the long run, these qualities are far more likely to be found in men of superior intelligence than in men who are intellectually inferior." Neither will those revealing superior intelligence through psychological examination be necessarily those to give the greatest satisfaction

to their superiors, since only a single factor has been revealed by the testing; all other things being equal, these will, however, have the advantage in the ability to learn both from teaching and from experience.

At this point a word of warning should be given those superintendents interested in the testing of their students, that justice may be done the individual in this sensitive and delicate matter. Only a psychologist, one who has been trained in the use and administration of mental tests, should be permitted to do mental testing, in spite of what the advertising literature says upon the subject. This work requires special training and experience and just as a trained nurse regards the practical person who waits upon the sick, so the trained mental tester regards the person who dabbles in the giving of mental tests.

HOW DOES YOUR STATE STAND

The following table shows the rating of each State Association by percentages in a comparison of the membership with Journal subscribers for the month of June:

Over 100%
Oklahoma

Between 80% and 90%
Idaho

Between 60% and 70%
Alabama, Florida, South Dakota

Between 50% and 60%
Kentucky, Ohio, Pennsylvania, West Virginia, Wisconsin

Between 40% and 50%
Arizona, Illinois, Indiana, Iowa, Kansas, Maine, Mississippi, New Jersey, New Mexico, North Carolina, North Dakota, Wyoming

Between 30% and 40%
Arkansas, Connecticut, Delaware, Georgia, Massachusetts, Michigan, Minnesota, Nebraska, New Hampshire, Oregon, Rhode Island, South Carolina, Virginia

Between 20% and 30%
Colorado, District of Columbia, Louisiana, Maryland, Missouri, Montana, New York, Tennessee, Texas, Utah, Washington, Vermont, Hawaii

Less than 20%
California, Nevada

STUDENT NURSES' PAGE

STUDENT GOVERNMENT [1]

By Bertha Bassett

Wesley Memorial Hospital, Chicago

STUDENT Government, as we outlined it, was to be composed of a group of student nurses elected from each class, with the higher officers chosen from among the upper classmen.

After discussing the matter carefully, it was decided that Student Government was inadvisable in our hospital. Our student nurses come from all parts of the country, many of them entering training upon the completion of their high school course, others from colleges, where their lives were not governed by student rule. Student government has not been tried out in our high schools and knowledge concerning it is not widespread. A nurse coming into training is placed in an entirely new environment and her whole mode of living is changed. She begins a course of readjustment. She cannot be called upon to undertake the responsibility that necessarily falls on a member of the Council. The nurse might be capable of carrying out the plans of government during her second year, but with the third year comes the completion of her training, and as classes may enter at specified times during the year, the last year is broken up by nurses finishing their time and leaving their classes. Or, as is often the case, a student nurse may have to give up her training for unforeseen reasons.

Student Government often causes dissatisfaction within a group of students, whether they belong to a nursing school or any other institution. It is not easy to take orders from or be reprimanded by your own classmates and often friendships have become strained and even severed through this means.

To the nurse who is elected President of the Council, or House President, there falls more responsibility and restraint than one realizes. She, with the help of her Council, will make rules and regulations that may seem hard and unfair. It is her unpleasant task to reprimand the committant of any misdemeanors; if it is beyond her jurisdiction she must take it to the faculty Council.

This office also puts a restraint on many of her personal liberties, for since she is being patterned after she must not indulge in many of the things dear to a girl's heart. She lives a restricted life and a student nurse should not have to live her off-duty hours with a barrier around her.

No organization can succeed without good leadership. Occasionally one finds a leader among a group of girls, one who can influence them and sway them in the direction she wishes. Such a leader could, no doubt, handle the student government; but upon her departure the enthusiasm would die out.

In many schools where student government has been carried out it has been hard to find a girl who is willing to occupy the position of House President.

---

[1] Paper read before the Illinois League of Nursing Education. (Abridged.) The paper presenting the positive side of the argument will appear next month.

It may seem an honor to be given such an office, but it will not be long until the honor becomes a drudgery. The effort to be loyal to the administrative body and yet be loyal and fair to classmates and friends becomes a strain that is hard to live under. Several of the training schools in Chicago have in years past tried to install student government. It was met with enthusiasm at first, but that first wave soon ebbed away, leaving government in the hands of the faculty. Those in favor of Student Government have claimed that the student body has the balance of power in deciding questions of government; but we maintain that no matter how efficient a council may be, the balance of power remains with the faculty, for a council may be withdrawn at the superintendent's command.

Each student council should have a faculty advisor who is present at each meeting. She censors and advises, and frequently vetoes many of the actions taken by the council. In time, more and more of the decisions are left to her, until the responsibility of the self government is shunted off upon her shoulders. It then ceases to be a student organization and becomes faculty government again.

Probably one of the most important reasons for our decision against student government is the question of rest hours. Our working day consists of eight hours, which gives each nurse three hours off during the day in which she is at liberty to do as she wishes. It would be a rare occurrence to find all the members of a council with the same hours off duty. The leisure time is usually spent in rest or relaxation and a nurse is not prone to give up these hours for business meetings. In the evening, the nurse is through for that day, she must have time for studies as well as recreation, her pent-up enthusiasm must be made way for, the professional attitude which she has carried during the day is laid aside, and for these few hours she is "just girl."

Our nurses do not all live in the same house. In the first home are usually the probationers, and rules for them are slightly different than for older nurses. It would make it necessary either to eliminate one house or to have two separate councils.

Our last reason is probably our strongest. We are satisfied with our present form of government. We have at the head of our Training School a woman who has the interest of her nurses at heart. No matter how busy our Superintendent may be, she always finds time to talk to the nurse who comes to her with her troubles. She has watched her nurses from the time they entered, through their training. During these years she has been able to see what girls need, what restraints are necessary, what things will work together for their uplift and general happiness. Our house and hospital rules are not severe. We live a happy life, we are granted many privileges, and many opportunities are ours to take. With our Superintendent is a staff of fair-minded women, who have the Wesley spirit and who as our friends guide and direct us. We like to think that they were student nurses in our School and that they experienced the little trials and troubles that we all have to meet; and so we leave our government in the hands of our faculty, who have a deeper insight and a broader experience than any student might have.

LETTERS TO THE EDITOR

The editors are not responsible for opinions expressed in this department. Letters should not exceed 250 words and should be accompanied by the name and address of the writer.

THE INTERNATIONAL COUNCIL

DEAR EDITOR: From various memoranda arriving in this country from American nurses in Europe, I surmise that our wonderful old friends, the British hospital directors and other overlords of trained nurses, are trying by a new device to hold their handmaids in the place where they want them to be. They do not really care for our International Council of Nurses for itself (though they are now singing to that sweet song, "Will You Walk Into My Parlor"), but what they are really after is to control nursing organization in Great Britain and, so, the administration of the British Registration Act for Nurses. To this end the I.C.N. seems to promise a path. I wish that all British nurses who have a preference for self-government and direction of the nursing career by nurses for the attainment of its best usefulness, would join Miss MacCallum's Union or model their own on the same pattern and ally themselves with the Labor Party. It is the only logical thing to do now that women have votes. To be radical in nursing policies and Conservative or Tory in national politics, means that nurses simply strengthen their overlords for the tussle with themselves—surely an irrational thing to do. Without a doubt our International Council needs to broaden and extend its active life. It should coöperate, and in the past it did, with all other interested groups. It should correspond, confer, meet, invite, and visit all the new nursing associations in Europe, but without merging its own identity as the one and only world organization that intends to help nurses to direct their own professional affairs.

Pennsylvania LAVINIA L. DOCK.

THE NURSES' ASSOCIATION OF CHINA

DEAR EDITOR: The five members of our Executive Committee, being scattered over four of China's large provinces, make frequent committee meetings a difficult matter. But urgent business which demanded that a meeting should be held, arose, and so after a considerable interim, the acting president called a meeting in the central city of Wuchang. The President, being in America recovering from illness, was unable to be present. The Secretary of the Association came by river steamer, a four days' journey. The Chairman of the League of Nursing Education came from the province of Hunan by train. The Editorial Secretary came from her inland station across country, and over lakes, to the port city, and then took a steamer to the city of Wuchang. The vice-president also stationed at an up-country hospital, traveled four days by sedan chair, sleeping at night in small Chinese inns in a room that would hardly do for a cow shed at home. After that journey to reach the railway, a run of four hours by train took her, also, to the central city of Wuchang. Arrived there, we met in a large hospital belonging to the American Episcopal Mission. Problems relating to the curriculum, examinations, text books, the secretary's itinerary of the schools, and so on, had to be discussed and recommendations made for the next conference. We found that the work was growing by leaps and bounds; new schools were registering and new members were joining, almost daily. The Secretary reported her visits to the registered schools in Canton, and plans were made for her to go far west to the large province of Szchuan and visit the newly opened schools there. A little later, the secretary and acting president traveled to the north of Hupeh and visited two hospitals where the faculty were anxious to begin training school work. They had meetings with Chinese pupil nurses and told them of China's great need for native nurses and of the rapid growth of the Nurses' Association, etc. The pupil nurses were most responsive and appreciative, very eager to begin training in earnest. They gave expression to their gratitude for the devoted service of American missionary nurses in China. Inspired by their noble example, the Chinese students wished to take up training and increase the terribly inadequate number of those able to care for the sick and suffering in this mighty land. Nothing

gives greater joy to the missionaries than to see Christian young China girding up her loins and preparing to join the battle against sin, disease, and darkness. Alas! that the Christians in China are still so few. If this should meet the eyes of any young nurse who is free and able to come to China, and who feels the straining of God's compassionate spirit in her heart to give herself in service for others, the writer, herself a missionary nurse, can bear witness that no life could possibly yield greater joy or be more truly useful in lightening the burdens of this weary, sorrow-stricken world of ours.

Hospital of Universal Love, Anlu, Hupeh, China — GLADYS E. STEPHENSON, R.N.

PROBLEMS CONFRONTING THE OBSTETRICAL NURSE

DEAR EDITOR: Several years of general and special duty in the obstetrical field of nursing, have brought me to feel that perhaps today with its radical reforms and its more recent psychological researches, a few facts presented for discussion may aid you and me in our future hospital organization and ward work. The attitude of the nurse, the sympathetic touch, personality of the individual nurse and the effect her personality has on the patient, have done much toward helping a few mothers and babies to healthful, happy future. A good practical home training and a course of training in Household Arts and Crafts, the ordinary principles of cleanliness and the natural love for children, does much more good than the ordinary type of person who regards obstetrics as a natural order of usual routine, in a too matter-of-fact manner and too much of the suggestive manner of treatment. The type first mentioned is adaptable, the routine work runs smoothly, she finds the work pleasing, the patients thrive and are comfortable under her care and treatment. Personality, of course, is a most important factor. The phlegmatic, sanguine type sometimes make a success but usually is found to neglect the personal attentions so necessary. The choleric type is very alert, quick to notice the least discord, is always ready to give the personal touch to the mother and child which is so necessary for mental ease and physical comfort. Several years ago there were five nurses from four different schools; each an honor pupil, but each lacked the ability and they had not learned to combine their facilities. True, they had had a mental training but had not as yet learned to acquire and retain just a little of the tact, and to combine forces; the result was an upset ward, filled with unhappy, discontented patients. Some weeks later a change took place; two college bred women, and two wonderful home trained and adaptable women of moderate education came; each group had had the same instruction in both mental and physical reconstruction. These four combined their facilities and adapted themselves to every emergency. The wards were overflowing, there were many difficult problems and cases, but no confusion; graduate and pupil coöperated; there was harmony and the patients thrived. Quoting one of our patients, "It was such a relief and what a home-like atmosphere and efficient workers!" After that I felt as Phoebe Gray must have when she wrote, "This is a special plan of God's, it makes me feel very humble; I like to think of myself as God's instrument of mercy."

Rhode Island — A. M. P.

LEGISLATIVE WORK IN TEXAS

(Continued from the June *Journal*)

DEAR EDITOR: One of the most strenuous legislative fights against a bill in the Texas Legislature was that waged against the Nurses' Registration Bill, introduced in the thirty-eighth Legislature, in January, 1923. This bill was introduced in the Senate by Senator R. M. Dudley, of El Paso, on January 12. Dr. Clark, of Schulenberg, fought the bill from the beginning, and being chairman of the Public Health Committee in the Senate, he delayed calling a meeting of the Committee until forced to do so. He delayed presenting the Committee report, and wasted thirteen days. On January 18 the same bill was introduced in the House by Dr. A. R. Scherer, of Port Belvieu. He at once called his Public Health Committee together and the bill was reported out of that Committee by unanimous vote, January 19, favorably. In the meantime a few doctors in the State began operations in opposition to the bill. A meeting of physicians was called in Austin to which

were invited many of the legislators, and a visiting physician proceeded to discuss the bill. The proceedings of this meeting were reported to Miss Dietrich the next day. When asked, "What parts of the bill the physician objected to?" she was told, "From section one to section twenty," which meant the entire bill. It was her task then to discuss the merits of the bill with these legislators. Every one of them voted for the bill on every occasion. When the bill finally came before the Senate, Dr. Clark tried to place seven amenddents on it. He tried to eliminate all of the section which designated how much training a nurse should have in a nursing school, the preliminary educational requirements, and what credit should be given a nurse graduating from a special hospital. In order to save the first and last portions of this section, we allowed one of the friends of the bill to send up an amendment to the amendment striking out the preliminary educational clause. All other amendments, fourteen in all, were defeated. The bill was passed to the third reading by a tie vote of thirteen-thirteen, and Lieut. Governor Davidson cast his vote in our favor. At the third reading it had another struggle, five senators fighting it, but it finally passed, fourteen to nine. It then went to the House and was substituted for House Bill number one eighty-seven. After ten days or more there, having been on suspension list, and being on the calendar twice as a Senate bill in the House, it was finally reached one night at nine o'clock, when suddenly some representative called a bill which had been tabled subject to call, and our bill was doomed to wait another week. On March 7 it came up for engrossment in the House, and some amendments, which we would not accept, were placed upon it. The Senate refused to concur with these amendments and a free conference committee was appointed, which met in twenty-four hours and voted down the objectionable amendments. This report was adopted in the Senate at midnight, on March 10. In the House, however, the report was snowed under other measures until the afternoon of March 13. It was discussed until adjourning time, but no vote taken. At 9:30 a. m., March 14, it came up for its final fight in the House, and it was a long and merry one, but the report was finally adopted and, forty-five minutes before final adjournment, by a vote of twenty-eight to seventy-three. The bill was passed, with but four amendments attached, out of twenty-one presented.

Texas A. L. D.

AN AMERICAN NURSE IN RUSSIA

(Written to the Nurses' Alumnae Association of Mt. Sinai Hospital, Philadelphia.)

"THROUGH last winter I suffered no material need myself, but your generous gift enabled me to assist a few very deserving persons. It will probably be of interest to you to know that I was working almost the entire year, since the beginning of A.R.A. activities in Petrograd as organizer of the children's feeding stations. The work was extremely interesting and I must confess that only in Palestine did I work with such intense interest as I did in Petrograd. Within five weeks with the assistance of the Governmental Departments of Education and Public Health, did we open 120 feeding stations, feeding 35,000 starved, undernourished children from 3 to 14 years of age. Many of the little tots that were born during these terrible 'warring' years haven't seen a white roll in their life and when our first kitchens were opened, I witnessed how little children when first given a little 'boulotchka' (roll) did not break and eat it,—they patted and pressed it with caressing hands to their bosom. I have seen many things which I shall never forget in my life and which taught me to enjoy every hour that could be spent in service for the people here. The country is in a somewhat better condition now and the A.R.A. is curtailing on their feeding programme. Many other philanthropic organizations are crowding in and trying to do their bit, but, oh, what a small 'bit' it is in comparison with the actual needs and the gigantic prospects and plans of the Russian people itself. Am at present working with the American J.D.C. At one time I was appointed chief instructor for Training Schools in Petrograd. That was before A.R.A arrived in Russia. With reluctance and modest protests did I accept this high post. It seemed to me that I would never cover the field. There were eight schools

attached to the best hospitals of the olden times with professors of European fame as lecturers on the staff. But when I visited a few schools for first investigations I was so discouraged by the lack of practical knowledge the nurses get at these new schools that I decided to make a report before the main 'Health Committee' that sent me out. I began to advocate pure and simple practical nursing (Class of 1916, please subdue your critical smiles!). In their anxiety to popularize knowledge and education, doctors were lecturing on roentgenology and were teaching bacteriological analysis to nurses that had not learned yet how to make a bed or to wash a patient. For a while it was here a tendency to teach only the working girl, the peasant girl, who never had a chance to enter a school under the old regime. Now with the revolutionary wave coming into a frame of practical achievements, the department of sanitary education, under whose auspices the schools are being opened, is also revising their programme and their applicants." * * * V. J. W.

FROM CHINA

DEAR EDITOR: We are aiming in this far-away land to keep up-to-date in our own line of work. In order to be able to teach health and preach health, one must live it. How much this is true in a training school for nurses! So this year at the very beginning we start out with these grand gym suits and health shoes—the gym suits a gift from Mrs. Luther Freeman, the shoes, second cousins to the famous Ground Gripper, made in the leather department of the Peking University at the nominal price of $2 gold. We feel that the adoption of these shoes is a strong step in advance. Before this, shoes were made of cloth by the individual student, involving several hours of close work and lasting at the most about two weeks. These new shoes are guaranteed for a year. Think of the hours gained for recreation and study! The Chinese need no coaching along dramatic lines. At a few moments' notice they can get up a play. We wish you could have seen the play they gave at the opening of the school year. The main object was to welcome Miss Wilson, returning from furlough, and the new students, including the Freshman class from Tientsin who come to us for their first year's work. Our school is now eighteen years old. During this time 134 students have been enrolled. Sixty have graduated. One who was half of the first class, entered the Medical School and graduated as half of their first class. She is now an Associate Superintendent of the Shanhaikuan District, still loyal to both professions. Two have gone to America for postgraduate work. Three have left us to serve in a land where there is no sickness. Two nurses have been six years in a government hospital in the Southern City, one has graduated from the Bible Training School of Nanking. One went to far away Szechuan as instructor in the nurses' school there. Six are in the Peking Union Medical Hospital, Rockefeller Foundation. Three are in mission hospitals in Shansi. Another has been the only nurse in a Mission hospital on the border of Mongolia. Three are school nurses. Four are in our own hospital in charge of departments. Six are on private duty in the city. The remaining graduates are engaged in the highest type of social service, that is, home making. Every graduate and every student is a Christian.

Peking, China A. P. and M. D.

ANOTHER IMPOSTER

DEAR EDITOR: I would like to call your attention to the fact that there is a man visiting hospitals, who carries samples of very good linens which he offers at remarkably low prices—for instance, Pequot sheets at $10 per dozen, saying they are slightly soiled and must be sold in this way quickly, by an insurance company. He also offers towels, linen by the yard, etc., showing samples of the same. After taking your time and your order, he produces some table cloths and woolen cloth in the piece, which he sells, taking the money for them. These are good and one is not cheated by this sale. He never fills the order which he takes for the sheets and linen, but uses this method to sell his other goods. Will you warn other hospitals that they may not spend valuable time in looking at goods which will never be delivered?

Massachusetts U. C. N.

JOURNALS ON HAND

Mary E. Sims, School-house Hill, Shields,

Pa., has copies of the *Journal* for the year 1922 which she will sell for $1.

M. C. Draper, 21 Franklin Avenue, Saranac Lake, N. Y., has copies of the *Journal* for July-October, 1922, which she will be glad to forward to anyone.

Mena M. Kaufman, 1729 North Hollywood Street, Philadelphia, has the following copies of the *Journal* which she will sell for 15 cents each and postage: 1917, September-November; 1918, May, June, September, October, December; 1919, June to December, except August; 1920, complete; 1921, February-December; 1922, complete.

Nursing Education in the State of California made a step forward on February 1, when an instructor in Communicable Disease Nursing was added to the faculty of the San Francisco Hospital School of Nursing.

The Communicable Disease Department is in a separate building, which accommodates 120 patients. Each of the four wards has eighteen single beds and four three-bed cubicles.

Senior student nurses come to the Isolation Department for three months. There they are taught the details of Communicable Disease Nursing, aseptic technique, special treatments, the management of the various types of each disease, the importance of diet; they are under constant supervision.

In rotation, students take ambulance calls. It is easy enough to recognize a circumoral pallor or a diphtheretic odor in a cubicle with the name of the disease on the door, but quite another matter to know these manifestations when they are met in a home. Ambulance service is probably one of the most valuable experiences of the entire course, and the eagerness with which the students respond to the calls is a fair indication of their interest.

The theoretical instruction totals 40 hours, arranged as follows: Lectures by physicians, 22 hours; classes, notebook supervision, recitations, reference reading, special papers, Instructor, 12 hours; bedside demonstrations and clinics, Instructor, 12 hours; social aspects of communicable diseases, 4 hours.

Lectures by physicians, 22 hours; classes, notebook supervision, recitations, reference reading, special papers, Instructor, 12 hours; bedside demonstrations and clinics, Instructor, 12 hours; social aspects of communicable diseases, 4 hours.

The ordinary communicable diseases are always with us, and so far clinics have been correlated with class work. House officers and internes have been most generous with their time, and full advantage has been taken of their willingness to give bedside clinics on special cases.

The examination results of the first class were most encouraging, the majority being 98 per cent. The students' own comment,—that they felt quite sure of the subject on entering the examination room, and that their only worry was that they would write too much, is an indication of what can be done with cases, clinics, ward supervision, and lectures, for interested nurses.

Affiliation is being offered to students of other hospitals. We feel that the San Francisco Hospital is contributing to the nursing education of California in offering this course; we especially welcome affiliated students.

For this year, a special course of six weeks' work has been offered to graduate nurses. This course has been recommended by the Department of Public Health Nursing, University of California, for their students who have not had experience in Communicable Disease nursing.

An advanced course of three months has been planned for students who have completed the basic course and who are preparing for Public Health Nursing, or for special work with Communicable Diseases.

At this writing there are in the house the following cases: Diphtheria, intubation, tracheotomy, pharyngeal and carriers; Scarlet fever in several stages of rash and desquamation; Erysipelas, Measles, uncomplicated, with Pneumonia, and with Whooping Cough; Leprosy; Gonorrheal vaginitis; Ophthalmia neonatorum; Lues; Lobar pneumonia; Typhoid fever; Scabies and Impetigo; Influenza. Cases of Smallpox, Chickenpox, Mumps, and Cerebro-spinal meningitis were recently discharged. We usually have at least one case of these diseases in our wards.

In view of our facilities we feel that we are giving interested nurses what we promised in our initial announcement. At that time the objects of the course were stated thus:

1. To secure better nursing care for patients suffering from communicable diseases both in hospitals and in the community.
2. To overcome the fear of communicable diseases by an intelligent application of the knowledge of aseptic technic.
3. To inspire nurses with the ideal of concentrating their energies upon proventive measures through the dissemination of knowledge concerning the transmission of diseases.
4. To give all nurses, especially those interested in Public Health, School and Child Welfare Nursing, a practical knowledge of Communicable Diseases.

ETHEL FRANCES MURRAY, B.L., R.N., *Instructor.*

NURSING NEWS AND ANNOUNCEMENTS

The Board of Directors of the American Nurses' Association met at Headquarters in New York, June 14. Clara D. Noyes was appointed a delegate from the Association to the International Council of Nurses' executive meeting to be held in Copenhagen in midsummer.

NEW ENGLAND DIVISION OF THE AMERICAN NURSES' ASSOCIATION

The third convention of the New England Division of the American Nurses' Association was held in Burlington, Vermont, May 22, 23 and 24, 1923. The meetings were held in the New Sherwood Hotel, which was the headquarters of the Division. This hotel is well arranged for such a gathering. The Vermont State Nurses' Association deserves much credit for the excellent arrangements made. Nothing was overlooked or left undone that could add to the comfort or pleasure of the visiting nurses. The afternoon tea, the automobile rides, and the reception were thoroughly enjoyed. The Programme Committee also deserves much credit, especially the chairman of the committee, Jessie E. Catton, Superintendent of the New England Hospital for Women and Children, Boston. The large number of recent graduates present, the interest and enthusiasm manifested, and the spirit of harmony and good will which prevailed, made this a notable convention. The convention was opened with prayer by the Reverend C. C. Adams, pastor of the First Church. Governor Redfield Proctor being prevented by a cold from attending, the delegates were welcomed to Vermont by Aaron H. Grout, Secretary of State. The convention was cordially welcomed to the city of Burlington by Mayor J. Holmes Jackson. The vice-president, Edith L. Soule, of Augusta, Maine, responded to the greetings. The programme as printed in the May *Journal* was carried out. In addition there was an address from former State Senator Benjamin Williams, who brought greetings from the Vermont Hospital Association, and spoke on Nurses as Citizens. After urging the nurses to become actively interested in civic affairs he said: "Teachers and nurses together would make an unbeatable team." Round tables were held as follows: Private Duty, conducted by Minnie S. Hollingsworth; National Headquarters and the *American Journal of Nursing*, conducted by Mary M. Roberts; Centralized Teaching, conducted by Sally M. Johnson; Recreation for Nurses, conducted by Nellie M. Selby; Public Health, conducted by Mary Beard; Red Cross Nursing Service, conducted by Mary K. Nelson. The Question Box conducted by Mary Grace Hills was most interesting and helpful. Mary M. Riddle, President of the Division, voiced the sentiments of the members present when she said in her opening address, "It is evident that the nurses of the New England Division have problems which can best be solved by an assembly like this established for the purpose." The Public Health exhibits, in charge of Erna M. Kuhn; the Tuberculosis exhibits, in charge of Nellie Jones; and the Red Cross exhibits, attracted much attention. The following officers were elected: President, Mary M. Riddle, Boston; vice-president, Amy Allison, Providence, R. I.; secretary, Esther Dart, Cambridge, Mass.; treasurer, Ednah A. Cameron, Concord, N. H. The convention adjourned to meet in Boston in 1925.

NURSES' RELIEF FUND
REPORT FOR MAY, 1923

Receipts

Balance on hand	$16,062.30
Interest on bonds	65.00
Interest on Liberty bonds	65.32
California: District No. 3, $18; Dist. No. 5, $44; Dist. 7, $15; Dist. 9, $38; Dist. 12, $10; Dist. 16, $14.50; two individuals, $6	137.50
Florida: Dist. 4, nine individuals	9.00
Massachusetts: Fall River Hospital Alumnae Association	10.00
Michigan: Dist. 5, $9; Dist. 9, $7	16.00
Minnesota: Dist. 3, Swedish Hospital Alumnae, $50; Individuals, $4; Winona General Hospital Alum. Assn., $10; Special Nurses on duty in St. Mary's Hospital, Rochester, through the St. Mary's Hospital Alumnae Assn., $57	121.00



THE BELLEVUE SEMI-CENTENNIAL CELEBRATION AT CARNEGIE HALL, NEW YORK

Courtesy of the Red Cross Courier.

New Hampshire: State Nurses Assn.		11.00
New Jersey: Dist. 1, Seventeen members		21.00
New York: Dist. 14, Kings County Hospital Alum., $25; Ithaca Graduate Nurses' Assn., $50		75.00
Ohio: Dist. 1, $113; Dist. 3, $55; Dist. 4, Lakeside Hosp. Alum., $100; Individual, $2; Dist. 5, $25; Dist. 10, $24; Dist. 12, $100; Dist. 13, $28; four individuals, $4		451.00
Pennsylvania: One individual, Coatesville		5.00
Texas: State Nurses' Assn		100.00
Washington: Eight individuals, Yakima		16.00
Wisconsin: La Crosse Hosp. Alum. Association		10.00
Total receipts		$17,175.12

Disbursements

Paid to 36 beneficiaries for May	$620.00	
Printing	54.00	
Postage	3.46	
Exchange on checks	.55	678.01
Balance, May 31, 1923		$16,497.11
Invested funds		59,250.00
		$75,747.11

V. Lota Lorimer, *Treasurer.*

All contributions for the Relief Fund should be made payable to the Nurses' Relief Fund and sent to the State Chairman or, if her address is not known, to the American Nurses' Association, 370 Seventh Avenue, New York. Requests for leaflets should be sent to the Secretary at the same address. For information address Elizabeth E. Golding, Chairman, 317 West 45th Street, New York.

ISABEL HAMPTON ROBB SCHOLARSHIPS

Awards for scholarships for 1923-24 from the Isabel Hampton Robb Scholarship Fund have been made to Agnes Gelinas, Brockton, Mass. (graduate of the Peter Bent Brigham School); Delia H. Newton, Framingham, Mass. (graduate of the Framingham School); and to Florence A. Ambler, Troy, N. Y. (graduate of the Samaritan School). There were 29 applicants. Several of these who were ex-army nurses were transferred to the Laverne Noyes Scholarship Fund.

Harriet L. Leete has resigned her position as Associate Director of the new American Child Health Association to take a much needed rest. As Field Director of the American Child Hygiene Association, Miss Leete did all in her power to promote the amalgamation of that organization with the Child Health Organization of America, which brought into being the new Child Health Association. Miss Leete remained with the new organization during its first months of adjustment, transferring to it much of her wide knowledge of the work in the field.

Helen Scott Hay, who is known to hundreds of nurses because for several years she was at the head of the Red Cross Nursing Service in Europe, has been honored by her Alma Mater, Northwestern University, Evanston, Ill., by the degree, Doctor of Humane Letters, conferred upon her on June 18.

ARMY NURSE CORPS

During May, 1923, the following Second Lieutenants, Army Nurse Corps, were ordered transferred to the stations indicated: To the Attending Surgeon's Office, Chicago, Ill., Mary E. O'Donnell; to Station Hospital, Fort Benning, Ga., Margaret Staples; to the Hawaiian Department, Helena M. Austin, Etta M. Staub; to Letterman General Hospital, Presidio of San Francisco, Cal., Emma Haefner, Mabel G. May; to Station Hospital, Camp Lewis, Wash., Anna P. Dillon, Margaret Lydon; to Station Hospital, Ft. Sam Houston, Tex., Jane E. Wilson; to Station Hospital, Ft. Sheridan, Ill., Marie Jedamus; to Walter Reed General Hospital, Washington, D. C., Marjorie Benjamin, Mary E. Hill, Utie I. Kleibscheidel, Myrtle M. Martin, Harriett N. Willett.

Orders have been issued for the following named 2nd Lieutenants, Army Nurse Corps, to proceed to their homes for separation from service: Marguerite Boardman, Anna G. Colwell, Winifred Darley, Pauline Denbaugh, Louise M. DeRioux, Elsie G. Edmondson, Amanda D. Faunce, Magdalen C. Fisher, Marie M. Hegner, Lilla L. Jordan, Helen M.

Kerwin, Clara A. Koch, Hildegard E. Kramer, Beulah B. Lewis, Mae R. MacDonald, Alice Mellor, Margaret Singleton, Bessie L. Smith, Viola H. Swindell, Isa D. Wishard.

Graduating exercises were held, June 1, for the 1923 class of the Army School of Nursing. As this year's class was the group that entered before the plans had been made for the permanent school, it was a small group, but what they lost in numbers, they made up in quality.

Major Stimson returned from France and was on duty in the office on May 15th.

First Lieutenants Ruth I. Taylor and Margaret E. Thompson, Chief Nurses, Army Nurse Corps, are taking a five weeks' summer course in administration at the Leland Stanford University, Palo Alto, California.

It is planned to send two members of the Army Nurse Corps, First Lieutenant Mary Tobin and Second Lieutenant Lillian M. Smith, now on duty at Walter Reed Hospital, to Teachers College, New York City, for a summer course.

JULIA C. STIMSON,
Major, Supt., Army Nurse Corps,
Dean, Army School of Nursing.

NAVY NURSE CORPS

Transfers: To Canacao, P. I., Bess C. Sanderson, Minnie C. Pipher; to Guam, Louise H. Clarke, Mary M. Pare, Allene M. Templeton; to League Island, Pa., Mary Brooks, Chief Nurse (Temporary Duty), Eva B. Moss, Chief Nurse, Stella Pettway, Adele Scudder; to Mare Island, Calif., Erna Disselkamp, Beatrice A. Fahy, Jennie A. Jaeger, via *U. S. S. Henderson,* Helen L. McKenzie, Mary C. McNelis, via *U. S. S. Henderson;* to Newport, R. I., Gladys M. Jackson, Flora A. Murphy, Mary P. Young to New York, N. Y., Helen M. Bunty, Katherine M. Keane, Anna G. Keating, Bertha I. Myers, Chief Nurse, Irene Robertson; to Norfolk, Va., Frances C. Bonner, Jennie A. Jaeger, Mary Moffett, Lydia B. Ranson; to Pearl Harbor, T. H., Myrtle I. Carver, Irene M. Lannon; to Quantico, Va., Anna E. Mears; to San Diego, Calif., Pearl T. Hull, Mary Nichols, Mary A. Snyder; to Stanford University, California, Course for Instructors of Nursing, Elizabeth M. O'Brien, Hannah M. Workman, Chief Nurse; to St. Thomas, V. I., Isabel F. Lyday, via *U. S. S. Henderson;* to *U .S. S. Henderson,* Temporary Duty, Sue S. Dauser, Chief Nurse U.S.N., Lois M. Harkness; to Washington, D. C., Elizabeth D. Bushong, Margaret E. Jones, Louise A. LeClair, Mary Peoples, Grace B. Vestal; to Washington, D. C., Dispensary, Navy Department, Irma A. Gwinner, Mary F. Tuohy.

Resignations: Grace D. Baird, Ruth E. Cleaver, Olga D. Johnson, Mary S. Richmond, Cora L. Worthington.

The many friends of Chief Nurse Sophia V. Kiel, not alone in the Navy Nurse Corps, but in state and national nursing organizations in which she has taken an active interest, will be shocked to learn of her serious injury in a street car collision in San Francisco on May 28, when she sustained compound fractures of the frontal, maxillar, and right malar bones, fracture of right and left parietals and right ilium, probable fracture of sphenoid and ethmoid, and lacerated wounds of right axilla and right elbow. She is at Lane Hospital, San Francisco,—her condition being too critical to warrant removal to the Naval Hospital of the Naval Medical Corps from the U. S. Navy Hospital Corps Training School, U. S. Naval Training Station in San Francisco, are in consultation with the best civilian surgeons and brain specialists, and they are doing everything which medical science can do to save her life. To date, the wounds are healing, but she remains unconscious.

Chief Nurse Sophia V. Kiel is attached to the Naval Training Station, San Francisco, in the capacity of Director of Nursing Instruction. Her services have been invaluable to the Navy,—her enthusiasm, loyalty, and broad sympathies proving a wonderful inspiration to her co-workers.

J. BEATRICE BOWMAN,
Superintendent, Navy Nurse Corps.

U. S. PUBLIC HEALTH SERVICE NURSE CORPS

Transfers: Carroll Swann, Ellis Squires, Emma Anderson, to No. 1, Baltimore, Md.; Helena Kilcline, to No. 2, Chelsea, Boston, Mass.; Esther Gibson, to No. 70, New York; Laura Sweeney, to No. 43, Ellis Island, N. Y.; Anna Olson, Lillian Olson, to No. 5, Chicago; Edna Carlson, Beatrice Stynes, No. 17, Port Townsend, Wash.; Zelda Grayson, No. 9, Ft.

Stanton, N. M.; Ruth Breed, Lois Blazer, No. 19, San Francisco; Adelaide Coyne, No. 16, Portland, Maine.

Reinstatements: Mary L. Chapman, Virginia Chappell, to No. 1, Baltimore, Md.; Ima B. Woodall, Hazel Lutton, No. 6, Cleveland, O.; Elna Rasmussen, No. 19, San Francisco; Mary A. Redmond, Louise Dwyer, Mabel Kellar, Ella Stein, No. 21, Stapleton, N. Y.; Mary H. MacDonald, No. 43, Ellis Island, N. Y.; Margaret Duffy, Philadelphia, charge of service beneficiaries, St. Agnes Hospital.

LUCY MINNIGERODE,
Superintendent of Nurses, U.S.P.H.S.

U. S. VETERANS' BUREAU

HOSPITAL SERVICE. *Transfers:* Ida Epperson, Christine A. Curen, H.N., Nell Owens, H.N., Ruth A. Searle, to 24, Palo Alto, Calif.; Hannah Atkinson, Adah B. Tipton, to 25, Houston, Texas; Fannie Griffin, Florence H. McLeod, to 27, Alexandria, La.; Agnes H. Sinclair, to 48, Atlanta, Ga.; Alice German, to 41, New Haven, Conn.; Lessie C. Rawlings, Lillian E. Tucker, H.N., to 42, Perryville, Md.; Rosa J. Moxley, C.N., to W. Roxbury, Mass.; Lizzie Grant, C.N., Fannie Berkowitz, Eva L. Love, Margaret H. Pickel, Edith L. Wood, to 81, Bronx, N. Y.; Florence May, to 60, Oteen, N. C.; Anna A. Shockitis, to 55, Ft. Bayard, N. Mex.; Frances A. Barringer, H.N., Adelaide DeLong, to 89, Rutland, Mass.; Margaret M. Jones, to 72, Helena, Mont.; Mabel Alexander, C.N., to 90, Muskogee, Okla.

Reinstatements: Lucretia Gordanier, Freda R. Mielke, 24, Palo Alto, Calif.; Anna S. Rigge, to 76, Maywood, Ill.; Adele Heaton, 81, Bronx, N. Y.; Hannah Power, 89, Rutland, Mass.

DISTRICT MEDICAL SERVICE. *Appointments:* District No. 1, Frances Craven, Burlington, Vt.; District No. 2, Mary E. Otterbein, New York City; District No. 3, Nell M. Murphy, Allentown, Pa.; Mary L. Moreny, Harrisburg, Pa.; District No. 6, Abraham Spector, Birmingham, Ala.; District No. 8, Berna Johnston, Detroit, Mich.; District No. 9, Ruth M. Clough, Ames, Iowa; District No. 12, Ora Stallings, San Francisco, Calif.

Transfers: John Flynn, to Harrisburg, Pa.

During the month U. S. Veterans' Hospital No. 35, St. Louis, Mo., was closed and patients and personnel were transferred to U. S. Veterans' Hospital No. 92, Jefferson Barracks, Mo. It is expected that the new U. S. Veterans' Hospital No. 90, Muskogee, Okla., will be opened on or about June 1. U. S. Veterans' Hospital No. 89, Rutland, Mass., was opened for the reception of patients May 15. The new U .S. Veterans' Hospital No. 91, Tuskegee, Alabama, is to be staffed with colored nurses. Six colored nurses have been sent to U. S. Veterans' Hospital No. 26, Greenville, S. C., to be given instruction in hospital management as conducted by the U. S. Veterans' Bureau, after which they will be assigned to the new hospital at Tuskegee, Alabama. This hospital is for the care of colored ex-service men. Hospital Day was observed in the hospitals. In many of the U. S. Veterans' Bureau Hospitals papers were read by the Chief Nurses on the work of Florence Nightingale.

MARY A. HICKEY,
Superintendent of Nurses,
U. S. Veterans' Bureau.

REPORT OF THE SCHOOL FOR NURSES FOR FRENCH WOMEN IN PARIS AS PROPOSED BY THE AMERICAN COMMITTEE FOR DEVASTATED FRANCE

The following paragraphs from the latest printed report of the American Committee, which appeared in April, 1923, give in as brief a form as possible the situation at that time about the new school:

"In the report for the period ending October 1, 1922, considerable space was given to the need and plan for a model school for French nurses in Paris. It was pointed out that the Public Health Nursing of the American Committee in the Department of the Aisne had made a demonstration of the actual saving of lives that proper nursing could accomplish and that it had been possible to secure this proper kind of nursing only from the Ecole Florence Nightingale at Bordeaux, the one school for nurses in France which is training nurses along accepted American lines. That more graduates of such schools are urgently needed was stated and that this need is recognized more and more by a group of the most progressive and well known French doctors, (headed by Dr. Calmette) who have

evidenced their desire for a modern nurse training school in Paris by asking the American Committee to assist them in founding one.

"The preliminary survey of the situation was described and certain conclusions reached, whch were in brief, that: 1. The need of a model training school for French nurses in Paris has been fully demonstrated. 2. The best known French doctors desire such a school established and will themselves support and assist it in every way. 3. Dr. Oberthur of the Hospital of Auteuil probably will be able with a group of medical collaborators to expand the present hospital in such a way as to make it a desirable field of instruction and practice for the proposed new school. 4. The present Rue Amyot School, as the best theoretical school for nurses in Paris, offers an opportunity for coöperation with the new school for nurses that would be of advantage for each. 5. It is planned that the present Director of the Rue Amyot School, Madamoiselle de Joannis, will be the ultimate Directrice of the new school.

"Since the publication of this report, progress has been made along the following lines: 1. Madamoiselle de Joannis has completed a five months' course in Hospital Training School Administration at Teachers College, Columbia University, New York, and also has made an intensive study of various well known schools of nursing in New York, Washington, Baltimore, and Boston. In February she returned to the Rue Amyot School in Paris, and has continued to take an active part in all the conferences regarding the new school. 2. Miss Walker, Director of Public Health Nursing of the American Committee, went to New York and upon several occasions in November, December and January last met with the Sub-Committee on the formation of a school of nursing, which had been appointed by the American Committee. With a small group of Sub-Committee members and Mademoiselle de Joannis, she assisted in the preparation of a carefully detailed plan of organization for the proposed school and of a budget. 3. The Sub-Committee appointed a temporary American Director of the new school who sailed from New York on February 10 with Mademoiselle de Joannis. The American Director was relieved from her present position as Superintendent of the Army Nurse Corps and Dean of the Army School of Nursing in Washington, D. C., for a period of three months and was commissioned by the U. S. War Department, at the request of the American Committee for Devastated France to study certain conditions in Paris and to make recommendations regarding the organization of the new school and its relation to the groups of people concerned. 4. Many conferences were held and much time was given to the study of the present conditions of the Rue Amyot School and the Auteuil Hospital and other less closely connected associations, and also of the possible relationship of these organizations to the new school. 5. Propositions including conditions and contracts for the affiliation of the groups concerned now are being considered, as is also a temporary plan for the present Rue Amyot School to take over at least part of the nursing of the present Auteuil hospital as a beginning, around which the new school can be developed when the new school buildings and the new hospital buildings are constructed on the Auteuil site. 6. Payment of Frs. 200,000 has been made by the American Committee for the portion of the site owned by Dr. Oberthur on which the new school is to be constructed. 7. Agreements for the closest coöperation and affiliation have been made with the Ecole Florence Nightingale at Bordeaux and the School for Nurses of the American Hospital at Neuilly (the latter school accepts English speaking nurses only, as the hospital is for Americans only)."

In the month following the printing of this report the following contracts were completed: (a) Between the American Committee for Devastated France and the Centre Francais de Medecine et de Chirurgie (Dr. Oberthur's organization) with regard to finances. (b) Between the Comite de Perfectionnement pour la Formation des Infirmieres Francaises (Dr. Calmette's Committee) and the Centre Francais de Medecine et de Chirurgie with regard to medical and surgical service in the new hospital. (c) Between a Committee representing the new school and the Centre Francais de Medecine et de Chirurgie. Agreements between the Rue Amyot School and the American Committee.

On May 14, the Sub-Committee in New York approved all contracts and plans as presented by the temporary American Director upon her return from Paris. This fact was cabled to the Headquarters of the American Committee in Paris, where the details of working out the contracts and agreements are being put into effect.

Plans are under way for carefully worked out publicity and for University connection with the school which probably will be undertaken before the new buildings are completed.

JULIA C. STIMSON.

Alabama: Birmingham.—SOUTH HIGHLANDS INFIRMARY graduated a class of ten in June.

Arizona: Tucson.—THE ARIZONA STATE NURSES' ASSOCIATION held its fifth annual meeting at Prescott, April 2 and 3. The following officers were elected: President, Louise E. Perritt, Prescott; vice-presidents, Grace Buckley, Jerome, and Mrs. Marshall Culp, Phoenix; secretary, Catherine Beagin, Prescott; treasurer, Mrs. Catherine Hutchinson, Tombstone.

Arkansas: THE BOARD OF DIRECTORS OF THE ARKANSAS STATE NURSES' ASSOCIATION met May 29 in the State Capitol Building, Little Rock. Important business was transacted. Mary Gladwin completed the Nurses' Training School Survey, and gave a very interesting report of it, on May 28. This institute was well attended by State Association members. The next annual meeting of the State Association will be held November 1 and 2, in Little Rock. At the annual meeting of the STATE BOARD OF NURSE EXAMINERS, held May 29-30 in Little Rock, Dr. Walter G. Eberle, First National Bank Building, Ft. Smith, was elected president of the Board and Eva Atwood, St. Johns Hospital, Ft. Smith, secretary-treasurer

California: Los Angeles.—THE ALUMNAE ASSOCIATION OF THE CALIFORNIA LUTHERAN HOSPITAL gave a delightful reception and dinner to the class of 1923 on May 7, in the Anita Baldwin Clinic auditorium. Fifteen graduates and forty alumnae were present. The room and table were made beautiful by flowers which were gifts from friends of the class. Short talks were given by Miss Dunston, President of the Alumnae; Miss Williamson, Superintendent of the School; Miss Colvert, retiring President; Lilian Simpson, Supervisor of Public Health Nurses; Miss Brandt, editor of the new *Annual;* and Miss Mueller, President of the class. Commencement exercises for a class of 15 were held in June. **Santa Barbara.**—THE COTTAGE HOSPITAL graduated a class of five in June. **San Francisco.**—ST. LUKE'S HOSPITAL graduated a class of 20 in June. ST. BARNABAS' GUILD held a Vesper Service on May 13, at Grace Cathedral in memory of Florence Nightingale. The church was filled to overflowing with nurses, doctors and others. The offering was devoted to the Jane A. Delano Fund. The procession of more than 700 nurses, each in uniform, was a remarkable sight, headed by a guard of honor from the U. S. Naval Training School. Six nurses who saw service during the World War acted as ushers. *The White Mortar Board,* published annually by the Senior class of the University of California School of Nursing, is full of good photographs, with interesting bits of news about the School, the alumnae, and the students.

Colorado: Colorado Springs.—BETH EL HOSPITAL graduated a class of ten in June; GLOCKNER SANITARIUM, a class of nine. **La Junta.**—THE MENNONITE TRAINING SCHOOL graduated a class of four on June 1. **Denver.**—COMMUNITY GRADUATION EXERCISES were held on June 19 for the schools of the City and County Hospital, Children's Hospital, and St. Luke's Hospital, at Morey Junior High School.

Connecticut: THE GRADUATE NURSES' ASSOCIATION held its quarterly meeting at Lewis Hall, Meriden, on June 30. **Danbury.**—THE DANBURY HOSPITAL graduated a class of eight in June. **Greenwich.**—THE GREENWICH HOSPITAL ASSOCIATION graduated a class of seven on June 1. **Middletown.**—MIDDLESEX HOSPITAL graduated a class of 11 in June. **New Haven.**—GRACE HOSPITAL SOCIETY graduated a class of 11 in June. The Connecticut School Alumnae held their last meeting for the season on June 7, with a picnic at the shore. A report was given by Miss Bigelow, State President, of the New England Division meeting at Burlington. Echoes from the Semi-centennial show that out of forty-eight classes, forty-three were represented, and

the five absent classes were heard from by letter. **Norwich.**—The Wm. W. Backus Hospital graduated a class of five on June 5. **Waterbury.**—St. Mary's Hospital graduated a class of 13 in June. **Bridgeport.**—St. Vincent's Hospital held commencement exercises in the chapel on June 10, for a class of seven. The address was given by Right Rev. John Gregory Murray, D.D. On June 11, the annual meeting of the Alumnae Association was held at the Stratfield Hotel, when the graduates were welcomed. This was followed by a banquet and later, at the nurses' home, a reception and dance. On June 13, a Class Frolic was held at the Nurses' Home. On June 14, the students gave a reception to the Ladies of Charity and the graduating class, an address being made by Frederick J. Russell, C.M., D.D. In the evening a theater party was given by the Intermediates and Juniors.

District of Columbia: Washington.—The Children's Hospital graduated a class of eight in June; The George Washington University Hospital, a class of nine on June 6. The Nursing League of Education held its May meeting at Walter Reed Hospital. After the business session, Major Stimson, Dean of the Army School of Nursing, gave an interesting account of her work in Paris, with the American Committee for Devastated France, and of the projected School for Nurses in Paris. Following Major Stimson, there was a most enjoyable social hour. Refreshments were served at the Nurses' Recreation Hut.

Florida: Jacksonville.—St. Vincent's Hospital graduated a class of six on June 4. **Miami.**—Miami Hospital graduated a class of four in June. **Orlando.**—Orange General Hospital graduated a class of seven in June. **Pensacola.**—The Pensacola Hospital graduated a class of six in June. **Tampa.**—The Gordon Keller Memorial Hospital graduated a class of seven on June 6. **Lakeland.**—District No. 4 held its regular meeting on June 5, at the Morrel Memorial Hospital Nurses' Home. A short business session was followed by a very enjoyable social hour. Louise McCormick read an article on The Private Duty Nurse. Two contests were held. Miss Johnson was the winner of a hypodermic syringe and Mrs. Wallace a clinical thermometer. Following the refreshments which were served by four attractive Girl Scouts, the members were given an automobile ride about Lakeland and to Southern College.

Georgia:—The State Board of Examiners held a special meeting, May 18, to register successful applicants and elect officers. Fifty nurses were registered by examination and five by reciprocity. Jessie M. Candlish of Atlanta was elected President of the Board, and Jane Van De Vrede, Secretary-treasurer. **Macon.**—The Macon Hospital graduated a class of six in June.

Idaho: The following officers were elected at the annual meeting of the Idaho State Association of Graduate Nurses, held in Boise, on March 15: President, Barbara Williams, St. Luke's Hospital; vice-presidents, Beatrice Reichert, Vivian Schutt; secretary, Louise W. Gerrish, St. Luke's Hospital; treasurer, Mrs. Emma Amack Meier; all of Boise. The tremendous distances in the state make organization work difficult. There are ten accredited schools of nursing in the state and six or eight not accredited. Through state inspection and talks to students in high schools and private schools, an effort is made to keep up the standards. There are two organized districts in the state. Meetings of the State Association are held on the first Tuesday of March and of June. The law for registration of nurses was amended at the last session of the legislature and an amendment to the amendment was put through at the same time, making it read:

Be it Enacted by the Legislature of the State of Idaho:

Section 1. That Section 2191, Chapter 96 of the Idaho Compiled Statutes be and the same is hereby amended to read as follows:

"Section 2191. Each applicant for registration shall furnish satisfactory evidence that he or she is twenty-one years of age and of good moral character. On compliance with the pertinent provisions of this chapter * * * *the following classes of nurses,* if otherwise qualified, shall be entitled upon the payment of $10, to registration as follows:

1. Nurses who at the time of application shall have graduated from a reputable training

school connected with a general hospital requiring a systematic course of at least three years' training * * * *and who shall pass an examination to determine their fitness and ability to give efficient care to the sick.*

2. Nurses who at the time of application, shall have been graduated from a reputable training school connected with a special hospital requiring a systematic course of at least two years' training, and who at the time of application shall have obtained, in a reputable general hospital one year's additional training in subjects not adequately taught in the training school from which they were graduated, and shall pass an examination to determine their fitness and ability to give efficient care to the sick; provided, that nurses who graduated on or before January 1, 1918, from a reputable training school requiring a systematic course of at least two years' training and who, in addition, have had one year in actual practice of professional nursing in Idaho within the past three years, shall, without taking the examination provided in this act, be registered as a registered nurse; provided, further, that application under this proviso shall have been made on or before December 31, 1923.

If a nurse shall apply for registration, filing all necessary credentials, thirty days or more before the time for a regular meeting of the examining committee the Commissioner of Law Enforcement may, at his discretion, grant him or her a temporary permit to practice until the next meeting of the committee, when the application shall be acted upon in the usual way.

Illinois: A CORRECTION.—In the June *Journal,* the statement was incorrectly made that the First District Association is erecting a shack at Naperville for tuberculous nurses. It is the State Association which is erecting the shack, all districts helping in the work. **Chicago.**—THE GARFIELD PARK HOSPITAL graduated a class of nine on June 1; THE GERMAN EVANGELICAL DEACONESS, a class of nine in June; THE LAKESIDE HOSPITAL, a class of 18 on June 1; MERCY HOSPITAL, a class of 24 on June 13; NORWEGIAN AMERICAN HOSPITAL, a class of 14 on June 1; RAVENSWOOD HOSPITAL, a class of one in June; ST. LUKE'S HOSPITAL, a class of 40 in June; WESLEY MEMORIAL HOSPITAL, a class of 21 on June 15. THE LAKESIDE HOSPITAL ALUMNAE gave a dinner dance, which was also a reunion, in honor of the graduates at the Hotel LaSalle, on May 28. The association held a regular meeting on June 4, at the Nurses' Home. Short talks were given the class of 1923, numbering 16. Miss Voltmer, class of 1917, has been made Superintendent of Nurses. THE SCHOLARSHIPS OF THE VISITING NURSE ASSOCIATION have been awarded to Florence J. Hensler for a year's work at Teachers College, and to Jessie L. Stevenson and Gertrude J. Olson for summer work. The Visiting Nurses have raised $632 toward the one thousand which is their goal for the shack at Naperville. MERCY HOSPITAL held graduating exercises for a class of 25 on June 14. The Alumnae Association entertained the graduates at a dinner at the Cooper Carlton Hotel, June 11. Ann Weisenhorn has gone to Colorado Springs for an indefinite stay. Eileen Carey and Elizabeth Sullivan have taken up Public Health Nursing in Chicago; their places at Mercy Hospital Dispensary have been filled by Misses Katherine Monahan and Elizabeth Thro. Vialo Ward has accepted the position of night supervisor at the American Hospital. **Alton.**—The regular meeting of the FOURTEENTH DISTRICT was held at the Y. W. C. A., May 19. The alumnae associations of the District were well represented. After the transaction of business, there was an enjoyable entertainment and a dinner, where there was discussion of the Sheppard-Towner Act, the Eight-hour day for women, Cottage for tuberculous nurses, and Legislation. The next meeting will be held in September, at a place to be chosen. **Moline.**—The commencement exercises of the LUTHERAN HOSPITAL were held May 14, at the Zion Lutheran Church, Rock Island, for a class of six. Addresses were made by Dr. Gustav Ardreen, President of Augustana College, and by Dr. K. W. Wahlberg. Following the exercises, a reception was held in the nurses' home. On May 4, the class of 1924 gave a dinner for the graduates and the faculty at the LeClaire Hotel. On May 11, the Lutheran Hospital Alumnae held its annual banquet at the LeClaire Hotel. **Springfield.**—THE ALUMNAE ASSOCIATION OF THE

Springfield Hospital held an open meeting on May 12. Addresses were given by Dr. Samuel E. Munsan, on My Trip with the Tri-State Medical Association, and by a Senior student on The Life of Florence Nightingale. Commencement exercises were held on June 7, for a class of seven. **Danville.**—St. Elizabeth's Hospital graduated a class of six in June. **Evanston.**—Evanston Hospital graduated a class of 14 on June 18. **Oak Park.**—The Oak Park Hospital graduated a class of seven in June; The West Suburban Hospital, a class of 22 in June. **Waukegan.**—The Victory Memorial Hospital graduated a class of eight in June. **Peoria.**—The J. C. Proctor Hospital graduated a class of 12 on May 18. The address was given by Mary C. Wheeler of Chicago. A reception followed the exercises. On the evening of May 19, the Alumnae gave a banquet to the class at the Y. W. C. A. St. Francis Hospital graduated a class of 12 in May. The alumnae sponsored a fine concert on June 11, the proceeds being for the building fund of the Nurses' Home.

Indiana: At the annual meeting of the Indiana State Board of Examination and Registration of Nurses, the following officers were elected: President, Nellie G. Brown, Robert W. Long Hospital, Indianapolis; vice-president, Elizabeth E. Springer, Superintendent of Huntington County Hospital, Huntington; secretary, Ida J. McCaslin, Lebanon; the other members are Clare E. Brook, Indianapolis, and Mrs. Louise Happel Kuiken, Evansville. **Huntington.**—The Huntington County Hospital held its commencement exercises on May 28, at the First Presbyterian Church, for a class of two. A reception followed the exercises, at the Nurses' Home. **Marion.**—Grant County Hospital graduated a class of four in June. **LaFayette.**—Mae D. Currie, who has been serving as statistian in the Home Hospital, for a year and a half, has resigned her position and will live with her brother at Santa Rosa, California. Miss Currie has been closely identified with nursing work in Indiana for many years and will be greatly missed. The Home Hospital has as its staff: Superintendent, Margaret Rogers; superintendent of nurses, Mary E. Stewart; instructor, Isabel Needham. It is hoped that a nurses' home will be built in the near future. **Indianapolis.**—The Methodist Hospital held commencement exercises for the thirty-two graduates, June 14, at the Meridian Street Methodist Church. Professor Grose of DePauw University gave the address. The baccalaureate address was given by the Rev. Demetrius Tillotson at the Hall Place Methodist Church. Many social affairs were given for the class, including a dinner at the Athenaum followed by a theater party given by the Alumnae Association. The Deaconess Hospital held commencement exercises for the eight graduates at the Nurses' Home, June 8; Dr. C. E. Orders gave the principal address, Dr. Davis Ross presented the diplomas and Lizzie Goeppinger, the school pins. The gift of the class to the school was presented by Janet H. Vierson. A number of social affairs were given for the class. The City Hospital held commencement exercises June 12, on the campus. Following the exercises, the class held a reception and dance in the Nurses' Home. The Alumnae Association gave a chicken dinner at Horseshoe Lodge, near Noblesville, June 9, for the class. The regular meeting of the City Hospital Alumnae was a picnic supper and boat ride at Broad Ripple Park, July 14. Robert W. Long Hospital graduated a class of 14 in June.

Iowa: Iowa City.—The Nurses' Alumnae Association of the University of Iowa entertained the Senior nurses at a banquet, at the Jefferson Hotel, June 2. Toasts were given: To Miss Creelman, Our Seniors, Messages from the Alumnae, Prophecy of 1923, Greetings from the President. Mercy Hospital graduated a class of 9 on June 10; The University Hospital, a class of 14 in June. **Ottumwa.**—Ottumwa Hospital graduated a class of five in May. **Creston.**—May 12 was Hospital Day and open house was held at Greater Community Hospital. The Alumnae decorated a float, sold hospital buttons and $62 was realized, which will be used to decorate the second floor of the hospital. **Council Bluffs.**—Mercy Hospital Alumnae entertained the graduating class of five, at the Country Club, Manawa, at luncheon, on June 4, and in the evening commencement exercises were held in St. Francis' auditorium. The Jennie Edmundson Memorial Hospital

Alumnae entertained the graduating class at dinner, on June 4, and commencement exercises were held in the Congregational Church, in the evening, followed by a reception in the church parlors. The Ninth District held its regular business meeting in Council Bluffs, on June 9, with a good attendance. The Atlantic Alumnae joined the district. Dinner at the Grand Hotel and an address by one of the physicians were the main events of the day. **Davenport.**—St. Luke's Hospital held commencement exercises at Trinity Cathedral, June 1. Twelve nurses received diplomas. Dr. C. C. Chase of the State University of Iowa, gave an inspiring talk. Mrs. I. Craig Anderson, Superintendent of the Hospital presented the class to which Bishop Morrison presented the diplomas. A lawn social was held in the evening, which was both a financial and social success. The proceeds will be used to furnish a room in the hospital for sick nurses. The class were guests of honor at a banquet given by the Alumnae, at the Davenport Outing Club. Martha Baker acted as toastmistress and talks were given by Clara Crain, Alice Kistenmacher, Mrs. Edward Plume and Mrs. Craig Anderson. The class song was sung by the graduating class and dancing was enjoyed in the evening. Mercy Hospital graduated a class of eleven on June 5. Following a solemn high mass in the hospital chapel, Rev. C. J. Donohue gave a most impressive address to the class and Rev. Frank J. Barry, chaplain of the hospital, presented the diplomas. A banquet and reception were held in the evening, at the Nurses' Home. June 6, the Alumnae entertained the class at the annual banquet, at the Chamber of Commerce. Estella Furlong, president of the Alumnae, gave the address of welcome and the response was made by Bernadine Bahlke. Toasts were given by Monica Evers, Elizabeth Flynn and Estelle Mallette. **Anamosa.**—Mercy Hospital graduated a class of five on June 1. **Cedar Rapids.**—St. Luke's Hospital graduated a class of ten on June 1. **DesMoines.**—Iowa Congregational Hospital graduated a class of 11 on June 6. **Dubuque.**—Finlay Hospital graduated a class of seven on June 8.

Kansas: Halstead. — Halstead Hospital held its commencement exercises, June 11. Twenty-one nurses graduated. Bertha Baumgartner, a graduate of the hospital, class of 1911, is Superintendent of the Training School. **Topeka.**—Christ's Hospital graduated a class of three on June 5. The Alumnae Association held its annual meeting on June 5, at the Hospital. Officers elected are: President, Rosilla Ross; vice-presidents, Mary Robertson, Sophia Meili; secretary, Martha Keaton; treasurer, Anna Kidd; directors, May Palmatier, Mrs. Wahnita Bonine Titus, Edith White, Pearl Martin.

Kentucky: The Kentucky State Association of Registered Nurses held its annual convention, June 6, 7 and 8, at Dayton. The following officers were elected: President, Edith E. Bush, Louisville; vice-presidents, Harriett Cleek, Lexington, and Flora Gates, Newport; recording secretary, Florence Reichert, Louisville; corresponding secretary, Gertrude M. Bethell, 700 Francis Bldg., Louisville; treasurer, Jane A. Hambleton, Louisville; chairmen of committees are: Ways and Means, Emma Hunt; Press and Publicity, Helen Donaldson; Nominations, Mary O'Brien; Arrangements, Mrs. Florence McClelland; Credentials, Anna F. Lockhart. **Lexington.**—The Good Samaritan Hospital graduated a class of 9 on May 31, in exercises held at the Maxwell Presbyterian Church. **Covington.**—Booth Memorial Hospital held exercises for a class of four in June.

Louisiana: New Orleans.—Charity Hospital graduated a class of 18 on June 6.

Maryland: The St. Agnes Hospital Nurses' Alumnae Association entertained the members of the Maryland State Nurses' Association, at the St. Agnes Hospital, Baltimore, on June 11. The programme was devoted to the Nurses' Relief Fund of the A.N.A. Miss Lawler presided and Alice E. Wheeler, Superintendent of the School of Nursing, Maryland General Hospital, was the speaker and gave a very interesting talk on the work already accomplished by the National Committee of the Nurses' Relief Fund and also pointed out the responsibility of each nurse in giving to this fund. Music was furnished by the Boys' Band of St. Mary's Industrial School. The meeting was held on the lawn; refreshments were served and enjoyed by all present. Scratch pads with suitable

printing were sold for the benefit of the Fund and $45 was realized. This meeting and one held earlier in the year with the nurses of St. Joseph's Hospital Alumnae Association were the outcome of a suggestion made by Miss Lawler, at the annual meeting, that different Alumnae Associations invite the members of the State Association to at least one meeting a year for the purpose of mutual help and closer coöperation. THE MERCY HOSPITAL NURSES' ALUMNAE ASSOCIATION will entertain the State nurses, at Mercy Villa in October, and The Maryland General Hospital Nurses' Alumnae Association will entertain the State nurses in their new Nurses' Home, nearing completion, in November. THE STATE BOARD OF HEALTH held a conference for health officers on June 8, at Osler Hall, Baltimore. Two of the subjects considered at the first session were Nursing Activities and Child Hygiene. Nurses who read papers were Lydia R. Martin and Hazel Wedgewood. **Baltimore.**—FRANKLIN SQUARE HOSPITAL graduated a class of three in June; UNIVERSITY HOSPITAL, a class of 23, on June 9. **Crownesville.**—CROWNESVILLE STATE HOSPITAL graduated a class of two in June. **Cumberland.**—THE ALLEGANY HOSPITAL OF CUMBERLAND held graduation exercises at Carroll Hall on May 16, for a class of ten. The diplomas were presented by Rt. Rev. Michael Curley, D.D., and the address was given by E. B. Claybrook, M.D.F.A.C.S. On May 17, the class was entertained at a banquet and dance by the Alumnae Association.

Massachusetts: Brighton.—ST. ELIZABETH'S HOSPITAL graduated a class of 19 in June. **Boston.**—LONG ISLAND HOSPITAL graduated a class of seven on June 9. The address was given by Mary Beard. The diplomas were presented by Hon. James M. Curley, Mayor; and the prizes by Dr. David J. Johnson. THE MASSACHUSETTS HOMEOPATHIC ALUMNAE ASSOCIATION accepted with regret the resignation of Miss Carvell as registrar. Anna M. Pitfield, class of 1905, has given up private duty to accept a position in the pharmacy at Wellesley. **Cambridge.**—CAMBRIDGE HOSPITAL graduated a class of 15 in June. **Fitchburg.**—BURBANK HOSPITAL graduated a class of 11 on June 12. **Malden.**—THE MALDEN HOSPITAL graduated a class of nine in June. **New Bedford.**—ST. LUKE'S HOSPITAL graduated a class of 13 in June. **Newburyport.**—ANNA JAQUES HOSPITAL graduated a class of four in June. **Newton Lower Falls.**—NEWTON HOSPITAL graduated a class of 24 in June. **Pittsfield.**—HILLCREST HOSPITAL held graduating exercises for a class of six on May 23 at the Masonic Temple. The address was given by Mrs. George Grenville Merrill. The diplomas were presented by Rev. W. L. Genzmer. A reception and dancing followed the exercises. HOUSE OF MERCY HOSPITAL graduated a class of ten in June. **Tewksbury.**—THE MASSACHUSETTS STATE INFIRMARY ALUMNAE ASSOCIATION held a well attended and interesting meeting at the Boston Nurses' Club, May 3. Florence B. Trustman was elected Councillor for the coming year. The annual dance and whist party held on May 8 was very successful. $255 cleared.

Michigan: THE MICHIGAN STATE NURSES' ASSOCIATION held its nineteenth annual convention at the Edgewater Club, St. Joseph, May 23-25, with the following programme: *May 23, Morning.*—Meetings of the Board of Directors and of the Advisory Council. Registration. Business meetings of the Private Duty and the Public Health Sections. *Afternoon.*—Community singing. Invocation, Dr. Paul H. Yourd. Address of Welcome, A. R. Morford, Mayor. Response, Lillian Nichols, Saginaw. Business,—Reports of officers, of Sections, of Standing and Special Committees; Roll call of Districts; reports of delegates to the convention in Seattle and to the State Federation of Women's Clubs. Address, Advantages of Incorporating, Mrs. Emma A. Fox; address by the President, Mrs. Barbara H. Bartlett. Tea was served by the Public Welfare Association of St. Joseph. *Evening.*—Red Cross dinner, Mrs. Lystra E. Gretter, State chairman, presiding. Addresses by Lucy Minnigerode, Adda Eldredge and Minnie H. Ahrens. *May 24, Morning.*—Parliamentary Law Drill, Mrs. Emma A. Fox; Presentation and discussion of the report of the Committee on Nursing Education of the Rockefeller Foundation, Alice L. Lake; Address, "Psychiatric Nursing," May Kennedy, Chicago. *Afternoon.*—Get-together luncheon to discuss plans for the Biennial Convention in 1924, Emily A. McLaughlin, chairman of Detroit

Arrangements Committee, presiding. Round Tables: Private Duty, Frances S. Drake, chairman; County Public Health Nursing, Mary C. Trafford, chairman; School Nursing, Mary Chayer, chairman; Infant and Maternal Hygiene, Elsie Duthie, chairman; Industrial Nursing, Mrs. Mae Holmes, chairman; Mental Nursing, Mary Muff, chairman; Institutional, Helen Pollock, chairman. 4:30 p. m., automobile ride. *Evening*, addresses: State Nurses and Club Women, Mrs. Dorian M. Russell, Grand Rapids; Our Children of Today, the Inheritors of Tomorrow, Mark T. McKee, Detroit. *Friday, May 25,, Morning*.—Parliamentary Law drill; reports of round table conferences; unfinished business. Officers elected were: President, Mary A. Welsh, Grand Rapids; vice-presidents, Teresa Martin, Detroit, and Mrs. Charlotte Noals, Trimountain; corresponding secretary, Mabel Haggman, Flint; recording secretary, Mrs. D. C. Nichols, Battle Creek; treasurer, Mary Hoover, Ypsilanti; councillors, Sarah E. Sly, Birmingham, and Mrs. Lystra A. Gretter, Detroit. Chairmen of Standing Committees are: Ways and Means, Elba Morse, Sandusky; Nurses' Relief Fund, Mrs. Mary S. Foy, Battle Creek; Nominating, Mrs. H. B. Morse, Saginaw; Programme, Henrietta Schoenbeck, St. Joseph; Legislative, Alice Lake, Ann Arbor; Finance, Lulu B. Durkee, Detroit. Sections: Private Duty, Gertrude Lyle, Grand Rapids; Public Health, Emily Sargent, Detroit. One hundred and ninety-five members were present, in addition to speakers and guests. The Association was especially fortunate in having Adda Eldredge, President of the American Nurses' Association, Minnie Ahrens, and three assistants from the Central Division of the American Red Cross; Lucy Minnigerode, Superintendent of the U. S. Public Health Service Nurse Corps; Helen Scott Hay from Chicago; Frances M. Ott from Indiana, and May Kennedy from Chicago, present at the meetings. They all contributed much toward making the programme interesting and profitable. **Ann Arbor.**—The University Hospital graduated a class of 41 in June. **Battle Creek.**—The Alumnae Association of the Battle Creek Sanitarium and Hospital, at the May meeting, decided to contribute $50 more to the biennial convention fund. Leone Sweet, assisted by Mamie Youngberg and Elizabeth Cannon gave a summary of the Rockefeller Foundation report. Mrs. Foy announced that a University School of Nursing will be opened in September in connection with the School of Home Economics and the Kellogg School of Physical Education. Louise Gliem, class of 1917, has accepted the position of Dean. The directors recommend to the Association that $250 annually be given to the school, for four years, as a scholarship loan fund, for a student or graduate of the school. On June 5, a class of 29 was graduated, the address being made by Dr. Leroy Burton, President of the University of Michigan. An informal reception followed. Other events of commencement week were a Senior dance given by the 1924 class; a reception by Dr. Kellogg at his home; a picnic given by the Alumnae Association; baccalaureate address by Dr. Laird, President of Albion College; a banquet to the class, the alumnae directors, and the supervisors of the school. **Grand Rapids.**—Blodgett Memorial Hospital graduated a class of 24 in June; St. Mary's Hospital, a class of 18 on June 12. **Marquette.**—St. Luke's Hospital graduated a class of four in June. **Newberry.**—Newberry State Hospital graduated a class of four on June 30.

Minnesota: Minneapolis was the center of activities in nursing affairs during the last two weeks of May. The State Nurses' Association held the annual spring meeting at the close of the sessions of the Five-State Hospital Association on May 19, which many nurses from Wisconsin, Iowa, and North and South Dakota remained to attend. The programme was most interesting with Adda Eldredge as one of the principal speakers. Of especial interest was the address by Dr. Earl of St. Paul, who has recently returned from a trip to South America. Dr. Earl related his experiences and his impressions in a delightful manner much appreciated by the nurses. Dr. Jennette McLaren, member of the Board of Examiners of Nurses for many years, was the guest of honor at the banquet. Dr. McLaren spoke on "My Thirteen Years on the Board" and her experiences illustrated very well the progress which the Board has made with a physician member and left with the association a conjecture as to

the future of an all-nurse Board. Dr. McLaren was presented with two dozen American Beauty roses in appreciation of her interest and help. Many of the nurses also remained for the intensive Institute conducted by the League of Nursing Education the week of May 21. One hundred thirty-one nurses registered, most of whom attended all sessions, which were held at the University of Minnesota and the Minneapolis General Hospital. The outstanding feature of the week was the series of five lectures on the Principles of Teaching given by Georgiana Lommen, Assistant Professor, Department of Education of the University of Minnesota. The demonstration on the Technique in the Nursing of Communicable Diseases, conducted by Dr. Harrington and Esther Lockton at the Minneapolis General Hospital, was of such help that it was decided to have it repeated at the annual meeting of the League in October. The programme as planned by Sister Domitilla of Rochester, Miss Baker of St. Paul, and Miss Powell of Minneapolis, afforded a week of help and inspiration to those who were so fortunate as to attend this first institute to be held in Minnesota. A delightful mid-week reception at the Swedish Hospital Nurses' Home proved a welcome relaxation. THE STATE ASSOCIATION had the honor to be invited to attend the meeting of the Northern Minnesota Medical Association at Alexandria, and that of the Southern Minnesota Medical Association at Faribault, in June. It was also asked to have a place on the programme at the meeting in Alexandria and was represented by Ruth Houlton and Clara Webber. **Second District, Duluth.**—Officers for the coming year were elected as follows: President, Elizabeth Muckala; vice-president, Jane Donnelley; secretary, Mrs. M. Bradford; treasurer, Eunice Smith. **Minneapolis.**—THE THIRD DISTRICT ASSOCIATION held its annual meeting, May 9, at Dayton's Tea Rooms. Reports of the year's work were read by chairmen of the different departments and officers elected for the following year. The Rest Hospital Alumnae were hostesses. THE FAIRVIEW HOSPITAL ALUMNAE conducted a candy and apron sale on the porch of the hospital, May 3, in the afternoon, which proved most satisfactory financially. THE ASBURY HOSPITAL ALUMNAE ASSOCIATION had its annual reunion banquet at Dayton's Tea Rooms, May 7. THE HILL CREST SURGICAL HOSPITAL graduated a class of nine in June; THE NORTHWESTERN HOSPITAL, a class of 23 in June; ST. BARNABAS HOSPITAL, a class of 12 in June. **Fourth District: St. Paul.**—Officers elected for the coming year, as follows: President, Margaret Crowl; second vice-president, Anne Lawler; secretary, Lettie Christensen. Mrs. Irene McEwen, Superintendent of Nurses at the hospital in connection with the State School for the Feeble Minded, Faribault, has been given a two months leave of absence and is attending the Summer Course for Administrators at Leland Stanford University, California. Emily Hagerty, City and County Hospital, St. Paul, is at the State Hospital during Mrs. McEwen's absence. Harrie Solomon has resigned her position as Supervisor at the Miller Hospital. **St. Paul.**—NORTHERN PACIFIC BENEFICIAL ASSOCIATION graduated a class of nine in June. ST. JOHN'S TRAINING TRAINING SCHOOL held its graduation exercises May 16, at St. John's Lutheran Church; five nurses received diplomas. THE ST. JOHN'S ALUMNAE ASSOCIATION entertained the graduating class at a dinner dance at the St. Paul Hotel, May 18. Hazelle Johnson (class of 1922) has accepted the position of night supervisor at the Hospital. **Mankato.**—DISTRICT No. 5 held its annual meeting on May 11, at the Emanuel Nurses' Home. The following officers were elected: President, Lynda Billet, Good Thunder; first vice-presidents, Mabel Korsell, Mankato, and Nora Johannes, Nicollet; secretary, Leona Darge, Mankato; treasurer, Olga Sauer, Mankato. Annual reports were given and three new members admitted. A Florence Nightingale supper and bazaar were given under the auspices of Immanual Hospital Alumnae Association, on May 12, at the Armory. The proceeds amounted to $650, which were donated to the hospital. Graduating exercises were held at the Immanuel Lutheran Church, for a class of ten. **Sixth District, Rochester.**—Officers elected as follows: President, Mrs. Florence Wilson; vice-president, Lulu Saunders; corresponding secretary, Elizabeth Sheehan; recording secretary, Lyla Olson; treasurer; Amy Gilliard. THE ROCHESTER STATE HOSPITAL graduated a class of 19 in June.

Mississippi: The Mississippi State Board of Examiners of Nurses will meet for examination and registration in the Capitol Building, July 2 and 3. Ernestine Bryson Roberts, secretary-treasurer.

Missouri: Kansas City.—St. Mary's Hospital graduated a class of 15 in June. **St. Louis.**—St. John's Alumnae Association gave its annual banquet at the Jefferson Hotel, May 22; a dance followed. Miss McGrath welcomed the new graduates into the Association. Miss McQueeney gave a short address and read congratulation cards. The St. Louis University graduated 19 nurses on May 24. The Washington University graduated 35 nurses in June.

Montana: Kalispell.—The Kalispell General Hospital held graduating exercises at the Liberty Theater on May 22, for the four members of the class of 1922, and the three members of the class of 1923. These are the first graduating exercises that have been held by the school. The hospital was built by the Sisters of Mercy in 1911, and was opened in 1912. It has a capacity of 50 beds. The training school was opened in 1913, but had few pupils until the eight-hour day was adopted in 1918. There are now 15 students in training. The eleven nurses who have graduated passed the state board examinations with high rank; the school is considered one of the best in the State. Sister Mary Alphonsus is Superintendent.

Nebraska: Alliance.—St. Joseph's Hospital graduated a class of four on June 4. **Beatrice.**—Lutheran Hospital graduated a class of three in June. **Grand Island.**—District No. 1 held its regular meeting on May 8 at the First Presbyterian Church. It was voted to contribute the amount of ten dollars toward the expense of National Headquarters. Plans were made for the annual picnic which will be held July 27 in honor of Linda Richards' birthday. At this time, as is the custom, a special contribution will be made by the members for the Nurses' Relief Fund. A profitable programme of talks, readings, music and round table discussion was enjoyed. **Hastings.**—The Mary Lanning Memorial Hospital School of Nurses held commencement exercises on May 11 at the Methodist Church; five nurses received diplomas. S. B. Hoskins, Superintendent of Nurses during the past school year, has resigned her position and has gone to Chicago for the summer. **Lincoln.**—The Lincoln Sanitarium graduated a class of five in June. **Omaha.**—St. Joseph's Hospital graduated a class of 15 in June; University Hospital, a class of 11 on June 10.

New Hampshire.—The Graduate Nurses' Association of New Hampshire held its annual convention in Manchester, June 13. The programme opened in the morning with a good attendance. This session was given over to the Public Health Section and the League of Nursing Education. The principal meeting was held at 1:30, when election of officers was held: President, Anna C. Lockerby, Hanover; vice-presidents, Mrs. Ethelyn Jenkins, Concord and Mary Lee, Manchester; secretary, Mrs. Florence Knowles, Portsmouth; treasurer, Florence Morrill, Concord; directors for two years, Lavinia Clair, Anna McDerby. Dr. Snow, school physician of Manchester, gave a most helpful talk on Coöperation by Physicians and Nurses. After the election, the visiting nurses were entertained by the Manchester Board of Health nurses at luncheon at the Y.W.C.A. **Manchester.**—The Hospital Notre-Dame de Lourdes graduated a class of six in June. The Graduate Nurses' Association of New Hampshire held its annual meeting at the Y.M.C.A. Building, June 13. **Portsmouth.**—Henrietta B. Chisholm, formerly Superintendent of Exeter Hospital, is to take the position as Superintendent of Portsmouth Hospital, during the leave of absence of Florence L. McLennan. **Hanover.**—Anna C. Lockerby, recently Superintendent of Nurses at the City Hospital, Worcester, Mass., has been appointed Superintendent of Mary Hitchcock Hospital. **Woodsville.**—The Alumnae Association of the Woodsville Hospital holds meetings once a month with routine business and the study of parliamentary law. A banquet was given for the graduating class in June. Mrs. Lyda King has succeeded Marion H. Douglas as Field Supervisor of the Red Cross Nursing Service in New Hampshire.

New Jersey: Bayonne.—Bayonne Hospital and Dispensary graduated a class of 12

in June. **Camden.**—West Jersey Homeopathic Hospital graduated a class of five in June. **Newark.**—The Newark City Hospital held commencement exercises on May 23 at the Nurses' Home; nine nurses received diplomas. The address to the class was given by Rev. John C. Donnell, D.D., and the presentation of diplomas was made by Hon. Frederick C. Breidenbach. The Newark City Hospital Alumnae Association held its annual reception on May 22, in honor of the graduating class, in the Nurses' Residence. **Plainfield.**—The Muhlenberg Hospital graduated a class of nine in June. **New Brunswick.**—St. Peter's General Hospital Training School gave a pageant, Nursing Through the Ages, at Columbia Hall, on May 24. Graduate and student nurses took part, aided by Dr. Fred B. Kilmer as Historian, Mrs. Kilmer as Sairey Gamp, and Boy Scouts. The graduating exercises followed the Pageant.

New York: Buffalo.—Katherine M. Danner, Superintendent of the Deaconess Hospital, has resigned her position. The alumnae regret her departure and follow her with their best wishes. The Buffalo General Hospital graduated a class of 16 on June 12; the Children's Hospital graduated a class of six in June. **Jamestown.**—The W.C.A. Hospital graduated a class of four in June. **Lockport.**—The Lockport City Hospital graduated a class of three in June. **Rochester.**—District 2 held its annual meeting on May 29, at Tip Toe Inn. Officers elected are: President, Eunice A. Smith; vice-presidents, Alice V. Newton, Anna L. MacPherson; secretary, Mabel E. Hoffman; treasurer, Miss Hall; directors, Mary Scanlon, Emily Jones; members of Club House Committee, Julia Bailey, Lillian Douglass, Helen Ward. The June meeting was held at Koshong Point, Seneca Lake, the Geneva members being hostesses. Graduating exercises were held on June 6, at Convention Hall, for classes of the Highland Hospital, 19 members; the Rochester General, 32 members, and the Rochester Homeopathic, 12 members. The address was given by Dr. Livingston Farrand, President of Cornell University. At the opening of the fall classes of these three hospitals, the Preliminary Instructor, Susie A. Watson, will be assisted by Eunice B. Paulding, class of 1921, Peter Bent Brigham Hospital. The Rochester State Hospital held commencement exercises in Assembly Hall, June 14, for a class of seven. The address was given by Smith O'Brien; the diplomas were presented by Dr. Eugene H. Howard. A reception and dancing followed the exercises. St. Mary's Hospital graduated a class of nine in June. Lee Private Hospital graduated a class of five on June 5. The address was given by Dr. Claude A. Burrett; the diplomas were presented by Mrs. E. R. Huddleston. The February Section of the class of 1926, Rochester General Hospital, held Going-up Day Exercises on June 13. Mary E. Morris has resigned her position as Superintendent of Nurses, Park Clinical Hospital, after seven years of faithful service. Ruth Abbott, a supervisor in the Hospital, has resigned and will take the summer course at the University of Iowa. She is succeeded by Mrs. Freda Cleaver Woodworth. The Intermediate Class gave a dance to the school on June 5. On June 20, the Board of Directors entertained the students and their friends at a sausage roast. The Alumnae gave a sausage roast to the school on June 22. Rena Moore, a graduate of Park Clinical Hospital, Rochester, N. Y., has resigned her position at the Brooklyn Hospital; Mildred Bareham has resigned her position at the Woman's Hospital, New York. **Canandaigua.**—The Frederick Ferris Thompson Hospital Alumnae Association gave a tea for Miss Kraemer on May 31, in the new Supervisors' Building and presented her with a beautiful wrist watch as an expression of their affectionate regard. **Clifton Springs.**—The Clifton Springs Training School held graduating exercises for a class of 13 on June 7. The Alumnae Association presented each graduate with a subscription to the Journal. **Syracuse.**—The Hospital of the Good Shepherd of Syracuse University held graduating exercises for a class of 19 on June 3. On the evening of June 13, an informal reception was given to the graduates by the Alumnae Association and the Woman's Auxiliary. On May 25, Dr. Anna Young gave a tea for the class. Arvilla Everingham has accepted the position of Superintendent of the Faxton Hospital,



Reproduced from the Souvenir History of Bellevue.

PREPARATION FOR AN OPERATION IN THE OLD DAYS

Utica. **Auburn.**—AUBURN CITY HOSPITAL graduated a class of two in June. **Binghamton.**—THE BINGHAMTON STATE HOSPITAL graduated a class of three in June. **Oswego.**—THE OSWEGO HOSPITAL graduated a class of five in June. **Utica.**—ST. ELIZABETH'S HOSPITAL graduated a class of eight on June 28; UTICA HOMEOPATHIC HOSPITAL a class of 12 in June; UTICA STATE HOSPITAL, a class of six, in June. **Saranac Lake.**—DISTRICT 8 held a regular meeting in the Knights of Columbus Hall, June 6. Judge Paddock of Franklin County gave a wonderfully interesting address on The Children's Court. The public was invited. **Albany.**—THE ALBANY HOSPITAL graduated a class of 16 in June; THE HOMEOPATHIC HOSPITAL, a class of seven in June. **Cohoes.**—THE COHOES HOSPITAL graduated a class of two in June. **Troy.**—THE SAMARITAN HOSPITAL ALUMNAE ASSOCIATION, at its annual meeting, elected the following officers: President, Mary McPherson; vice-president, Clara Stahley; recording secretary, Hazel Colby; corresponding secretary, Colethia Ruether; treasurer, Ethel Trebilcox. The association is giving in the neighborhood of $400 for shrubs and the work of improving the hospital grounds. This is a class gift from the last eight classes graduated, the previous classes having each planted a tree on the grounds. The twenty-first annual banquet of the Alumnae Association was held May 26, at the Troy Club, with seventy present. Miss McPherson, the president, welcomed the graduating class. Vivian Holbritter, president of the class, responded and gave a toast to the faculty. Each class answered roll call by giving a toast to the graduating class. Very interesting addresses were given by the guests of honor; Amy M. Hilliard, Superintendent of the Hospital; Alice Marsh, Principal of the School of Nursing, and Louise F. Arnold, Superintendent of Ellis Hospital, Schenectatdy. Two of the charter members were present. The favors for the graduating class were blue leather portfolios. Dancing followed. **Schenectady.**—DISTRICT 10 at its annual meeting elected the following officers: President, Mrs. Sylvia N. Schuyler, Amsterdam; vice-presidents, Mrs. J. Rauer, Johnstown, and Nellie Ryer, Schenectady; secretary, Ione Vosburgh, Amsterdam; treasurer, Lois Gade, Amsterdam; directors, Mary T. McPherson, Mrs. E. J. Weincke. **Middletown.**—MIDDLETOWN STATE HOSPITAL graduated a class of eight in June. **Peekskill.**—THE PEEKSKILL HOSPITAL graduated a class of three in June. **Poughkeepsie.**—THE HUDSON RIVER STATE HOSPITAL graduated a class of five in June. **New York City.**—THE NEW YORK POST GRADUATE NURSES' ALUMNAE realized from donations to the "Hope Chest," $1500, which will be added to the Emergency Fund for the



Reproduced from the Souvenir History of Bellevue.

THREE OF THE FIRST NURSES OF BELLEVUE

nurses. Refreshments were served while the contents of the chest were being inspected after the regular meeting. DISTRICT 13 has a membership of forty alumnae associations. The delegates present at the June meeting were entertained by the Presbyterian Hospital Nurses' Alumnae. THE METROPOLITAN HOSPITAL graduated a class of eight at exercises held on May 31. Bird S. Coler, Commissioner of Public Welfare, presided. Addresses were made by Mary M. Roberts, Dr. Anson H. Bingham, and Dr. Royal S. Copeland, who paid a glowing tribute to the part nurses had played in the reduction of infant mortality. The prize for excellence during the entire course was won by Edna L. Hunt. Diplomas were presented to the nurses and the Hippocratic Oath was administered by Mrs. William K. Draper. A reception followed the exercises. THE CITY HOSPITAL held commencement exercises for a class of 16 at the Nurses' Home, May 24, Commissioner Coler presiding. The address to the class was given by James J. Walsh, M.D. The Hippocratic Oath was administered by Mrs. Cadwallader Jones; the diplomas were presented by Commissioner Coler; the pins by Mrs. Nicholas F. Brady. A reception and dancing followed.

King's Park.—THE STATE HOSPITAL held exercises for a class of four in June. **Brooklyn.**—THE NORWEGIAN LUTHERAN DEACONESS' HOSPITAL held graduating exercises for a class of four, on June 5. A reception followed. On June 7, the Alumnae entertained the graduating class. Dr. Theodore C. Gunther gave a most inspiring address. The Alumnae held their annual meeting in April and adopted the revised by-laws according to the American Nurses' Association plan. The officers elected are: President, Bergliot Sundberg; vice-presidents, Hedvig Larsen, Alette Berge; secretary, Sister Mathilde Gravdahl; treasurer, Agnes Wilhelmsen; directors, Petra Newfaldet and Minnie Zimmerlund. A contribution of $30 was sent to the Jane A. Delano Fund.

Flushing.—THE FLUSHING HOSPITAL held commencement exercises for a class of seven, on May 14, at the Nurses' Home. Addresses

were given by William Henry Walker and Mary M. Roberts. The Hippocratic Oath was administered by Dr. Charles B. Story. Diplomas and pins were presented by William Henry Walker. Prizes were awarded to Laura L. Quigley and Muriel J. Ellison.

North Carolina: The North Carolina State Nurses' Association held its twenty-first annual convention in Raleigh, May 29-31, with headquarters in the Parish House of Christ Church. According to the custom of all state and many district meetings, all sessions were opened by prayer, either by a minister or by the presiding officer. Rev. Milton A. Barber of Christ Church opened the meeting. After a business session lasting two hours, the Mayor of the City, Mr. Cuthbert, and a member of District Number 6, Mrs. Long, gave cordial addresses of welcome. The response was made by Mary R. Batterham. After thanking the historic city for the many favors shown to the nurses, she gave a short history of the association and its members from 1889. The President, M. Pearl Weaver, gave a synopsis of the work during the year which, on account of legislative work, had been an unusually strenuous one. In the afternoon the Private Duty Section convened, Mary Oldham, Chairman. Dr. Royal S. Copeland of New York spoke of nurses as the doughboys of the medical profession, and contrasted the nurses of this country with the bare-footed, poorly fed nurse that he saw in Russia, last year. The influence of a Good Nurse in the Home, was a very good paper contributed by a patient. Frances M. Ott, Chairman of the Private Duty Section of the American Nurses' Association, was appealed to many times for advice and counsel and gave a fine address at the evening session, in her happy style, on Applied Psychology in Private Nursing. At the close of the afternoon session, a reception was given by the Raleigh Women's Club. On May 30, after election of officers for the State Association, the League of Nursing Education, Mary P. Laxton, chairman, took charge of the meetings. Two very important discussions were in order. One on League organization, led by E. A. Kelley, and another by Fannie V. Andrews, on Curriculum and Standardization of Text Books. Dorothy Hayden read a paper on Importance of School Records, and another was sent by Mary M. Clyde on Application of Theoretical Instruction to the Practical Needs of the Hospital. Jane Van de Vrede of Georgia and Frances M. Ott, each gave a talk to North Carolina graduates, urging them to form alumnae associations in their respective schools. At the evening session, addresses on Value of Organization in Social Endeavor by C. C. Taylor, Ph.D., of the State College, and on Leadership, by Charles E. Waddell, President of Biltmore Hospital, both helped solve many social and religious problems which confront all members of the profession. On May 31, Public Health Sessions were held, M. Pearl Weaver presiding. Nutrition Classes in Public Schools was the first paper read and some very interesting data were given. Katherine Myers, State supervisor of the Public Nursing Service of the American Red Cross, spoke of the nurses' work in the Newbern fire disaster. Jane Van de Vrede gave a talk on Weakness in Strength, and Elizabeth G. Fox, President of the N.O.P.H.N., spoke on the necessity of elevating the educational standard of the Public Health service. The State Association decided to affiliate with the Woman's Legislative Council of the State. Mary L. Wyche, at the close of the meeting, when the new officers were introduced, made a gracious speech, thanking the retiring president for her devotion to the duties of her office, during her term and especially for the way in which she conducted the meetings. The secretary, Harriet Lisowski being sick, Mildred Sherwood acted as secretary pro tem. Through the efforts of Rose M. Ehrenfelt, Supervising nurse of the State Board of Health, Chairman of the Entertainment Committee, several delightful functions were in order: a reception and dance at the Raleigh Woman's Club; a dinner to the officers and visiting nurses by two married nurses, Mesdames Barbee and Wyatt; a tea and Occupational Therapy exhibit at the State Hospital; a drive by the Chamber of Commerce; a supper by District No. 6, at the Woman's Club, followed by an amateur dramatic performance of hospital scenes from Bringing up of Father amid much applause. Officers elected are: State Association, President, Blanche Stafford,

Winston-Salem; secretary, Edna Heinzerling, Winston-Salem; chairman, League of Nursing Education, Emily A. Holmes, Rutherford; chairman, Public Health Section, Iola C. Hanna, Asheville; chairman, Private Duty Section, Estelle Torrence, Charlotte. A PUBLIC HEALTH INSTITUTE was held on June 1 and 2, under the auspices of the State Board of Health, with 80 nurses in attendance. This was conducted by Rose M. Ehrenfelt and Marie T. Phelan, the latter, Consulting Public Health nurse of the Federal Children's Bureau. Dr. Albert Anderson of the State Hospital gave a talk on Mental Hygiene. Public Health nursing in its many phases was discussed. **Asheville.**—THE MERIWETHER HOSPITAL graduated a class of three in June.

Ohio: THE OHIO STATE ASSOCIATION OF GRADUATE NURSES held its annual meeting in Akron, May 3 and 4. The following officers were elected: President, Augusta M. Condit, Columbus; president-elect, Blanche Pfefferkorn, Cincinnati; vice-presidents, Mary Deaver, Cincinnati, and Clara Brouse, Akron; secretary, Lucille Grapes, 797 E. Fulton St., Columbus; treasurer, Nettie Deyell, Lima. **Columbus.**—THE HEALTH DEPARTMENT has appointed Augusta E. Condit Director of the Department of Nursing. THE MT. CARMEL SCHOOL FOR NURSES held graduating exercises for a class of 12 at Mt. Carmel Chapel on May 28. Bishop Hartley conferred the diplomas. A reception followed. **Cleveland.**—The members of the Academy of Medicine and the nursing organizations of the city united in a service held at Trinity Cathedral on May 12, under the auspices of St. Barnabas Guild, on the anniversary of the birth of Florence Nightingale. It was a beautiful and impressive service. Flowers were laid on the altar in memory of Isabel Hampton Robb and Jane A. Delano. Claribel Wheeler, Mt. Sinai Hospital, has resigned to accept the position of Superintendent of Nurses, Washington University School of Nursing, St. Louis, succeeding Helen Wood, who will, later, become the first superintendent of the new University School in Rochester, N. Y. THE MT. SINAI HOSPITAL graduated a class of 13 in June. **Lima.**—ST. RITA'S HOSPITAL graduated a class of five on June 1. **Cincinnati.**—DISTRICT 8 met at the Nurses' Residence, Mercy Hospital, Hamilton, May 28. Officers of the Public Health Section for the coming year: Mary Fisher, Chairman; Mrs. Louise Tooker, vice-chairman; Margaret Kaufman, secretary. The delegates to the State Convention gave their reports. Marguerite Fagen reported on the League of Nursing Education and the Public Health Section; Emma Ardill reported on the State Association and the Private Duty Section. The Sisters and Nurses of Mercy Hospital assisted by the Women's Auxiliary had planned a delightful programme of music and dancing by little girls, after which delicious refreshments were served on the lawn. CHRIST HOSPITAL ALUMNAE ASSOCIATION held its annual meeting and banquet at the Hotel Gibson, May 18. There were 118 present and a class of 22 were taken into the association. Besides the regular business, a very interesting report was given by the delegate to the State Convention. The treasurer's annual report showed that the Association had contributed toward the Jane A. Delano Fund, the Veterans' Memorial Fund and the Nurses' Relief Fund during the past year. Officers for the following year are: Louise Schroeder, president; Mable Hannaberry, vice-president, and May Schrimper, secretary. The Cincinnati General Hospital graduated a class of 24 in June. **Hamilton.**—MERCY HOSPITAL held its annual commencement exercises at the High School Auditorium on May 15, Reverend Francis Kelly, Diocesan Director of Hospitals of Cincinnati, was the principal speaker of the evening. Darrell Joyce, Superintendent of the Public Schools, gave the introductory address. The diplomas and medals were presented to the class by Dr. Mark Millikin, chief of staff. The Matthias Scholarship of $500 was divided among the four graduates. Alumnae Day was celebrated on May 16, beginning with high mass, when Father Alexander gave a talk to the class. In the afternoon the annual meeting of the Association was held. Helen Taylor read a paper on Private Duty Nursing. The following members were chosen officers of the association for the coming year: Helen Taylor, president; Katherine Barry, vice-president; Josephine Klenke, secretary; Irene Ruhl, treasurer; Anna Murphy, auditor. At six o'clock the members were the guests of Dr. Mark Millikin

at the Butler County Country Club. THE ELEVENTH DISTRICT ASSOCIATION gave a dance and card party in April for the purpose of raising the money to pay the remainder of their obligation to the Florence Nightingale Centenary Foundation. The affair was a great success in every way. The nurses have given one or two other similar affairs and each one has been a success. **Ashtabula.**—THE ASHTABULA GENERAL HOSPITAL graduated a class of three in June. **Attica.**—A "Road of Remembrance" was dedicated recently along the Scioto trail near Attica, in honor of Edith Ayres, the first American Red Cross nurse to give up her life in the World War. The memorial trees extend for a distance of a mile.

Oregon: A PUBLIC HEALTH CONFERENCE was held in Portland, June 11 and 12, for health officers and public health nurses. MULTNOMAH HOSPITAL graduated a class of seven on June 1; ST. VINCENT'S HOSPITAL, a class of 26 in June. **Medford.**—SACRED HEART HOSPITAL graduated a class of three in June.

Pennsylvania: THE BILL FOR AMENDING THE LAW for nurse registration passed both houses and was signed by the Governor. It will be printed in full, later. An all-nurse board has been secured. **Ashland.**—THE STATE HOSPITAL graduated a class of 19 in June. **Bradford.**—BRADFORD HOSPITAL graduated a class of 18 in June. **Danville.**—THE GEORGE F. GEISINGER MEMORIAL HOSPITAL graduated a class of eight in June. **Meadville.**—DISTRICT No. 7 held a regular meeting at Christ Church, May 24. Luncheon was served by the City Hospital Alumnae. Delegates were present from Erie, Warren, Oil City, Franklin, Mercer, and Corry. Professor Hutcheon of Meadville Theological Seminary gave an interesting lecture on Psychology. At the close of the afternoon session, tea was served by the Spencer Hospital Alumnae. **Philadelphia.**—THE NURSES' ALUMNAE ASSOCIATION OF THE CHESTNUT HILL HOSPITAL held its annual meeting in Vaux Hall, June 5. The following officers were elected: President, Elsie Groat; first vice-president, Alice Dane; secretary, Mrs. John E. Green; treasurer, Mrs. Charles G. Hall. Graduation exercises were held on May 25, at the Philadelphia Cricket Club, St. Martins, for a class of six. Mrs. J. Brinton Cox, president of the hospital, addressed the class and the prizes were presented by Dr. Norris Vaux, to Ruth Britsch, Ruth Risley and Katherine Donaldson. Dancing followed the exercises. ST. MARY'S HOSPITAL TRAINING SCHOOL held graduating exercises for a class of twelve, on May 10, Cardinal Dougherty presiding. In the evening the Alumnae held a reunion banquet and dance, at which the graduates were guests. THE WOMAN'S HOSPITAL TRAINING SCHOOL held graduating exercises for a class of nine, on May 16. Several speakers addressed the class, including Hortense Snowdon, Dean of Women of the University of Pennsylvania and Dr. Lida Stewart Cogill, of the staff of the Woman's Hospital. The Alumnae entertained the graduates at a delightful lawn party and tea at the home of Miss Coe, in Overbrook, May 23. Plans are being made for a reunion of all of the Woman's Hospital graduates, in the form of a banquet, which will take place next fall. All graduates are requested to send their addresses and the year in which they graduated, to Miss C. K. Swank, Directress of Nurses, Woman's Hospital, 2137 North College Avenue, Philadelphia, Pa. MT. SINAI HOSPITAL held graduating exercises on June 7 for a class of three. THE ALUMNAE ASSOCIATION of the School gave a dance in honor of the graduating class on May 12 at the Nurses' Home. The Association held its regular meeting on May 25, the greater part of the evening was devoted to revision of by-laws. After all business was disposed of, an address was given by Helen F. Greaney, President of the First District Association. FRANKFORD HOSPITAL graduated a class of seven in June; THE AMERICAN HOSPITAL FOR DISEASES OF THE STOMACH, a class of five on June 6. **Nanticoke.**—THE STATE HOSPITAL graduated a class of six on June 1. **Palmerton.**—THE PALMERTON HOSPITAL graduated a class of five on June 20. **Pittsburgh.**—DIANA G. NULLIGAN, who has been Executive Secretary of the Local Committee on Red Cross Nursing Service, has resigned after three years of splendid work, to take up social service work in Tennessee. THE CHILDREN'S HOSPITAL suffered loss by fire on May 31, the central part of the hospital being destroyed. Mrs. Ford, the Superintendent, was out of

town; Laura E. Wilson, Superintendent of Nurses, was cut off from the rest of the building and was carried by firemen down a ladder, after which, undaunted, she directed nurses and attendants, all of whom worked so well that no child was lost and none was badly frightened. The Montefiore Hospital Alumnae entertained the six graduates of 1923 with a dinner at Sanders Inn on May 15. Miss Kram and Miss Noel were also guests. The Pittsburgh City Home and Hospitals held commencement exercises at Mayview for a class of six on June 6. A reception and dance followed. Passavant Hospital graduated a class of eight in June; The Presbyterian Hospital, a class of nine in June. **Warren.**—Warren General Hospital graduated a class of eight in June. **Reading.**—The Reading Hospital held its thirty-third commencement at the Orpheum Theatre on May 18, for a class of 13. The address was given by C. H. Gramm, D.D. The diplomas were presented by Frank S. Livingood. Presentation of the medal, class of 1922, was by Dr. Wellington A. Lebkicher; announcement of the Alumnae Scholarship by Edna M. Hain; presentation of the hospital badge, class of 1924, Carrie H. Tucker. The alumnae scholarship is a memorial to three graduates who died in service during the World War,—Eleanor Cassidy, Marie Hidell, and Mary J. Scheirer. Eighty graduates of the school attended the exercises, in uniform, and marched after the graduating class, student body and faculty. On May 12, the Alumnae held a reception at the Nurses' Home in honor of the class.

Rhode Island: Pawtucket.—The Alumnae Association of the Memorial Hospital was addressed at its regular meeting, May 9, by Elizabeth Bury, who told of her work in the Near East. The Association gave a dance for the graduating class on June 5. Graduating exercises were held earlier in the day for a class of 17. **Providence.**—Grace L. McIntyre has been made Superintendent of Nurses of the Rhode Island Hospital. The Alumnae Association has issued the first number of *The Echo,* which is to appear three times a year. It is full of items of interest to the members. Grace L. Burdick, who has been in charge of the Out-patient Department of the Hospital, was given a surprise party before her marriage, and was presented with $100 in gold. The Rhode Island Industrial Nurses' Club has been holding bi-monthly meetings during the past year. An address was given by Elizabeth Ahern O'Neill, the first Woman Representative elected to the Rhode Island Legislature, who spoke on the methods employed by that body and of the action taken on several Welfare Bills which she had been instrumental in having presented. She also gave very interesting accounts of her general work in the Legislature. Catherine Colton, Physical Director of the Women's College, Brown University, gave a helpful talk on Posture, illustrating this subject by demonstrating corrective measures for Health Promotion in special and varied cases. A visit was made to the Sophia Little Home, one of the Social Agencies in Providence dealing with special problems of girls. An invitation was extended to the nurses by the Social Workers in connection with the Providence Charity Organization Society and a pleasant and helpful evening was spent at one of their Social Centers. The Club's membership is steadily increasing, due to the large number of nurses who are being employed in the various manufacturing centers of Rhode Island. **Newport.**—The Newport Hospital graduated a class of 15 in June.

South Carolina: Columbia.—The South Carolina State Hospital graduated a class of 12 in June.

South Dakota: Madison.—The New Madison Hospital graduated a class of five in June. **Mitchell.**—The Methodist State Hospital graduated a class of eight in June.

Tennessee: Chattanooga.—The West-Ellis Private Hospital graduated a class of seven in June. **Nashville.**—The Protestant Hospital graduated a class of 17 in June.

Texas: The Graduate Nurses' Association of Texas held its sixteenth annual meeting at Waco, May 15-17. One hundred and fifty nurses registered. Some members traveled thirty-six hours, some thirty-two, and the shortest time traveled by any nurse was five hours. The first morning was given up to business routine, with invocation, address of welcome by the Mayor, response by Miss E. L. Brient, of San Antonio, and address

of the President, Helen T. Holliday, of Dallas. The annual report of the Secretary showed that the membership had increased from 522 in 1921, to 913 in 1923. The Treasurer reported that the cost of the legislative work was less than $1200, all of which was given by the ten district associations of the State. The Delano Fund reported $110 sent in; the Nurses' Relief reported $471.30. The *Journal* chairman's report was not as good as she had hoped, but special chairmen having been appointed in some cities, and nurses sending in individual subscriptions, had materially reduced her total. The report of the Seattle meeting by Miss Brient was greatly enjoyed and created so much enthusiasm that plans are already being made to take at least fifty nurses to Detroit in 1924. At noon a luncheon for Public Health Nurses was given. The afternoon session was given entirely to the report of the Legislative Committee. At six p. m., a dinner for Private Duty nurses in charge of Ella R. Arbona, of Waco, was held at the Manhattan Cafe. At eight o'clock papers and discussions on Private Duty were listened to. A talk by Mrs. John Granberry, of Georgetown, editor of the *New Citizens,* on the work of the joint Legislative Committee of women at Austin was greatly enjoyed, and the Nurses' Association is proud to be affiliated with the League of Women Voters, which she represented. Dr. Duggin, of Waco, also spoke, paying a very high tribute to the work of the graduate nurse as an associate of the physician and surgeon. *Wednesday morning,* the League of Nursing Education convened, and after the usual routine of business, held the following programme: Courses in Public Schools for Student Nurses, by Miss Barbour, of Austin. The Report of the Rockefeller Foundation, by Ella Read, of Galveston. Teaching Schools of Nursing, by Miss Gardner, Dallas, Texas. Play for Nurses, by Amanda Stoltzfus, University of Texas, Austin. Plans were made to combine the Nutrition Institute with the League of Nursing Education Institute, this coming year, and hold it for five days, probably in February. *Wednesday afternoon* the Public Health Nursing Organization completed its organization, adopted its constitution and by-laws and then proceeded with the following speakers on the programme: Dr. Beesley, State Health Officer; Olive Chapman, Supervisor of the S. W. Division, Red Cross; Mary Kennedy, Supervising Field Nurse of Texas; Mrs. Bess Leadbetter, Secretary of the Child Hygiene Bureau; Ella Yeager, State Inspector of Maternity Homes; Edith Hershey, Home Extension Department of the University of Texas; Martha Juve, Denton County Nurse. Mr. Mitchell, of State Health Department, entertained the audience by teaching the Public Health Nurses how to draw cartoons to illustrate their reports. *Thursday, May 17,* was given up to reports from the eleven district associations. Every one showed a very healthy condition of the district financially and in membership and work. A paper by Miss S. J. McIntyre, a missionary nurse to the Navajo Indians, at Farmington, N. M., was read and enjoyed. A paper on Nursing Ethics, by Arline McDonald, of Temple, was very inspiring. Many student nurses attended the sessions, and Miss Matula, a student nurse in Providence Sanitarium, Waco, gave a paper on her impressions of the meeting. The sum of $60 was voted for Miss McIntyre and her work; $25 for the relief of the Russian nurses, and $100 for the Nurses' Relief Fund. The banquet held at Spring Lake club house was a great success, with one hundred and sixty-three nurses present. The tables were beautiful, the menu cards in the colors of the State Association contained pictures of those nurses who have served the Association as its Presidents. A. Louise Dietrich, Secretary, and Chairman of the Legislative Committee, was presented at this time with a very handsome suitcase with complete fittings and twenty dollars in gold, as a token of appreciation from the members of the district associations of the State. Fifteen student nurses were guests at this banquet. Officers elected are: President, Mary Grigsby, Providence Hospital, Waco; vice-presidents, Ella Read, Galveston; Mrs. C. R. Hannah, Dallas, and Agnes Hogg, Paris; secretary-treasurer, A. Louise Dietrich, El Paso; Helen Holliday, Dallas; Jane Duffy, Austin; Gladys Lastinger, Waco. The meeting place for 1924 will be Dallas. Officers for League of Nursing Education: President Ella Read, Galveston; secretary-treasurer, Jane Duffy, Austin. Public Health Nurses'

Organization: President, Jane Duffy, Austin; secretary, Ella Yeager, Austin. **Waco.**—PROVIDENCE SANITARIUM graduated a class of eight in June.

Vermont:—THE VERMONT STATE NURSES' ASSOCIATION held its annual meeting at the New Sherwood Hotel, Burlington, May 25, with sixty members present. The morning session was taken up with reports of officers and committees. A luncheon was held in the Grill Room. After luncheon there was a brief programme of speaking by Elizabeth Van Patten, Burlington; Mrs. J. Blakley, Montpelier; Mrs. R. A. Lawler, Springfield. Responses were given by Katherine Kinsly and Anastatia Correy. The afternoon was given to reading and discussion of the proposed law for state registration. An enthusiastic vote of thanks was given to the Committee of Arrangements for its splendid work for the New England convention which had just closed. Officers for the coming year are: President, Mabel Ware, Burlington; vice-president, Amelia Perkins, Burlington; secretary, Mrs. Rose A. Lawler, Springfield; directors, Elizabeth Van Patten, Anastatia Correy.

Virginia: THE GRADUATE NURSES' ASSOCIATION OF VIRGINIA held its twenty-third annual convention and the State League of Nursing Education held its fifth annual convention at the Jefferson Hotel, Richmond, May 23-25. *May 23,* the morning began with a breakfast. At ten, there was a business meeting, with an address of welcome by Mayor George Ainslie; response by Blanche Webb; President's address, L. L. Odom; reports of officers and committees. In the afternoon, the delegate to the Seattle convention gave her report. In the evening addresses were given on History of the State Association, Agnes Randolph; Care of Crippled Children, William Tate Graham, M.D. *On May 24,* two section meetings were held. Private Duty Section had papers on In Defence of Private Duty Nursing, Katherine Sorrell; The Call to Private Nursing, Cornelia Boyd; Maternity Work in the Home, L. P. Walker. Caroline Terry was chairman. The Public Health Section, Alice Dugger, chairman, had as its programme: State Plan for Rural Sanitation, Dr. H. McG. Robertson; Standards for Public Health Nursing, I. Malinde Havey; Training Nurses for Public Health through a Visiting Nurse Association, Juanita Woods; Preparing Pupil Nurses for Public Health Work, Mrs. Ruth H. Phillips; Value of Public Health Nursing from the Community Standpoint, Rev. B. Duval Chambers. An alumnae luncheon was held at 1 p. m. *Afternoon Session,* Having the Community Work with the Nurse, Powhatan Stone; Development of Child Hygiene, Marie T. Phelan. At 4, there was an automobile drive. The evening session at the Second Baptist Church was under the auspices of the State League. Dr. Howard Rondthaler gave the address. *May 25* was given to the State League meetings. The President, Virginia Thacker of Roanoke presided. The meeting was well attended. Perhaps the most interesting feature was the exhibition of a model class room with full equipment. Lists of all articles used in this equipment were distributed to all the Superintendents. The League officers elected for the ensuing year were: President, Martha V. Baylor, St. Luke's Hospital, Richmond; vice-president, Nora Spencer Hammer, Richmond; secretary, Honora D. Moomaw, Stuart Circle Hospital; treasurer, Florence A. Bishop, Kings Daughter's Hospital, Portsmouth; executive committee, Rose Z. Van Vort, S. Virginia Thacker, Ethel Smith.

Washington: Seattle.—PROVIDENCE HOSPITAL graduated a class of 26 in June. **Spokane.**—THE DEACONESS HOSPITAL graduated a class of 11 on June 1. **Tacoma.**—ST. JOSEPH'S HOSPITAL graduated a class of 13 on June 20; TACOMA GENERAL HOSPITAL, a class of 18 on June 7. **Yakima.**—ST. ELIZABETH'S HOSPITAL graduated a class of five in June.

West Virginia: Charleston.—THE KANAWHA VALLEY HOSPITAL graduated a class of four on June 28. **Clarksburg.**—THE MASON HOSPITAL graduated a class of two on June 5.

Wisconsin: Kenosha.—ST. CATHARINE'S HOSPITAL graduated a class of one in June. **Green Bay.**—ST. MARY'S HOSPITAL graduated a class of seven on June 7. **Janesville.**—MERCY HOSPITAL graduated a class of nine in June. **Madison.**—MADISON GENERAL HOSPITAL graduated a class of ten in June; MADISON SANITARIUM, a class of two in June **Milwaukee.**—TRINITY HOSPITAL graduated a class of ten on June 15. On May 24, the

Alumnae Association of the Milwaukee County Hospital entertained the graduating class at a dinner dance at the Hotel Pfister, and on May 15 gave a benefit card and bunco party at the club house for the club. The Private Duty Section of the Fourth and Fifth Districts on May 8 met with the hospital superintendents. Various problems were discussed. May 22, the South Side Social Workers Conference met at St. John's Guild Hall for lunch. Cases were presented by the Visiting Nurses' Association and the School Welfare Department. May 18, the Wisconsin Nurses' Club held the monthly meeting at the club house. Dr. Francis Murphy spoke on the new treatment for diabetes. The annual meeting of the Tenth District was held at the Luther Hospital, May 8. Election of officers for the coming year resulted as follows: President, Hazel Wagner; vice-presidents, Sister Agnella and Elizabeth Burr; secretary, Florence Hasley; treasurer, Mrs. J. E. Baird. A musical programme was rendered and a luncheon served at 4:30. **Racine.**—St. Mary's Hospital graduated a class of six in June. **Oshkosh.**—The Sixth District held its annual meeting at the Chamber of Commerce, May 23. Previous to the meeting about thirty nurses attended a luncheon at the Hotel Athern, where Mrs. M. Featherstone, Nutrition expert of the Elizabeth McCormick Foundation of Chicago, was guest of honor. Many of the nurses after luncheon went to the exhibit at the Beech Vocational School, where the health exhibit under the direction of Mrs. Emily F. Nelson brought much favorable comment. At 2:30 Mrs. Featherstone gave a most instructive and inspiring talk on "Nutrition and the Malnourished Child." The business meeting comprised the reports of the various officers and committees of the past year. The association has given active support to the State Anti-Tuberculosis Association, the Nurses' Relief Fund, the Jane Delano Memorial Fund and the relief work among the stricken Russian nurses. Through the redistricting of the state, the district loses the counties of Manitowoc and Calumet and gains Outgamie, Waushara and northern part of Dodge County. There was an election of officers and the following were chosen: President, Katheryn Weinman; vice-presidents, Mrs. E. C. Arneman and Margaret Foley; secretary, Mrs. R. Bitter; treasurer, Ester Allen; directors, Ellen Stuart, Jemina Bell, Helen Stimpson, Mrs. E. C. Nelson and Ellis J. Walker. There were almost 100 in attendance, larger than the association has members! there are about 80 members in the association. The attendance proves that the organization has not only the loyalty of its members, but the interest of its friends. **Marshfield.**—The Eighth District held its annual meeting in the St. Joseph's Hospital Auditorium, May 15. Five new members were admitted. Ten dollars was given to the Jane Delano Memorial Fund. Dr. W. G. Sexton addressed the nurses on Nursing Problems of the Day from a Layman's Viewpoint. Mary A. Wheeler gave a very interesting paper on anesthesia as used at the present time. Officers were elected for the ensuing year as follows: President, Emma Long; vice-presidents, Sister Bartholomea and Ruby McKenzie; secretary, Mary Wenner; treasurer, Alma Zimmerman; directors, Ione Levate, Helen Joch and Mary MacDonald. After the meeting a luncheon was served by the Sisters of the Hospital.

BIRTHS

To Mrs. W. H. Griffin (**Sara Alexander,** class of 1920, Lankenau Hospital, Philadelphia), a daughter, Beatrice Marie, April 24.

To Mrs. E. D. Haisley (**Stella M. Beatty,** Visiting Nurse Association, Chicago), a son, Jack, April 11.

To Mrs. Floyd Farner (**Hazel Bethel,** class of 1921, Mary Lanning Memorial Hospital), a son, March 17.

To Mrs. Jack Lawler (**Helen Bigelow,** class of 1918, St. John's Hospital, Pittsburgh, Pa.), a daughter, May 15.

To Mrs. Edward F. Blandford (**Lydia M. Bracken,** class of 1918, City Hospital, Bloomington, Indiana), a son, William Edward, May 18.

To Mrs. L. W. Leonard (**Lillian E. Burdorf,** Army School of Nursing), a daughter, March 25.

To Mrs. Ed. Ferguson (**Martha Casteel,** class of 1914, Julia F. Burnham Hospital, Champaign, Ill.), a daughter, Harriet Louise, May 28.

To Mrs. Vernon McConachie (**Chloe Clark,** class of 1921, Missouri Baptist Sanitarium, St. Louis), a daughter, May 4.

To Mrs. Edward J. Saari (**Matilda Cleberg,** class of 1914, Luther Hospital, Eau Claire, Wis.), a daughter, May 26.

To Mrs. J. A. Torrence (**Bernadette E. Dillon,** St. Joseph's Hospital, Hot Springs, Ark.), a son, March 3.

To Mrs. Al Somers (**C. Donovan,** Mercy Hospital, Chicago), a son, April 14.

To Mrs. Harold Schaeffer Miller (**Marie Eenberg,** class of 1917, Norwegian Lutheran Hospital, Brooklyn, N. Y.), a daughter, May 22.

To Mrs. George Lefferts (**Harriet Ellis,** class of 1910, Germantown Dispensary and Hospital, Philadelphia), a daughter, April 8.

To Mrs. Cunningham (**Helen Fessenden,** class of 1921, Milwaukee County Hospital, Wauwatosa, Wis.), a daughter, May 21.

To Mrs. Albert S. Brenneman (**Hazel C. Frederick,** class of 1914, Germantown Dispensary and Hospital, Philadelphia), a daughter, Claire Frederick, April 18.

To Mrs. Elmer Funkhouser (**Margaret L. Gerin**, class of 1917, Indianapolis City Hospital), a daughter, Mary Josephine, May 28.

To Mrs. F. R. Hammersten (**Julia Hamargren**, class of 1913, Mounds Park Hospital, St. Paul), a daughter, in May.

To Mrs. Charles Howe (**Florence E. Hardwick,** class of 1917, Metropolitan Hospital School of Nursing, Welfare Island, New York City), a daughter, April 17.

To Mrs. Shepard Simonson (**Dora B. Hickey,** class of 1918, Metropolitan Hospital School of Nursing, Welfare Island, New York City), a daughter, April 20.

To Mrs. **Ruth Shurtleff Hobart** (class of 1918, Massachusetts Homeopathic Hospital, Boston), a son, Russell Adams, April 15.

To Mrs. Carlton Wertz (**Ethel Hurlburt,** class of 1912, Deaconess Hospital, Buffalo, N. Y.), a son, Carlton Junior, in March.

To Mrs. Paul Stecher (**Eunice Lanzon,** class of 1921, St. Joseph's Hospital, Tacoma, Wash.), a son, Paul, April 26.

To **Mrs. Marion Douglas La Pointe** (class of 1920, Hospital of the Good Shepard, Syracuse, N. Y.), a daughter, May 18.

To Mrs. Edwin Dickey (**Ethel Long,** class of 1917, Flower Hospital, New York City), a son, May 9.

To Mrs. Brian Sword (**Margaret M. MacMullen,** class of 1919, Metropolitan Hospital School of Nursing, Welfare Island, New York City), a son, April 29.

To Mrs. Kanzo Oguri (**Augusta Nagahama,** class of 1919, Metropolitan Hospital School of Nursing, Welfare Island, New York City), a daughter, May 1.

To Mrs. R. A. Kaspar (**Ida Nelson,** class of 1916, Mounds Park Hospital, St. Paul), a son, in May.

To Mrs. Harry J. Hurley (**Elizabeth Niland,** Mercy Hospital, Chicago), a daughter, May 18.

To Mrs. James Caldwell (**Mary Paul,** class of 1920, City Hospital, Springfield, Ohio), a daughter, Mary Trevis, April 11.

To Mrs. F. J. Raway (**Minnie Peters,** class of 1915, St. John's Hospital, St. Paul, Minn.), a daughter, in May.

To Mrs. Stanley Willson (**Florence Puddington** class of 1919, Rhode Island Hospital, Providence), a son, Leslie Sinclair, March 16.

To Mrs. J. Leonard (**Olive Reiner,** class of 1920, University Hospital, Iowa City, Iowa), a daughter, May 1.

To Mrs. Charles G. Hall (**Theodora Stackhouse,** class of 1913, Chestnut Hill Hospital, Philadelphia), a daughter, Lucy, May 12.

To Mrs. Joseph Fitting (**Marie Steenland,** class of 1920, Passaic General Hospital, Passaic, N. J.), a daughter, Ruth Marie, April 22.

To Mrs. A. R. Ringoen (**Susie Steensland,** class of 1911, St. Paul), a daughter, in May.

To Mrs. Kenneth Reed (**Dasey Wiseman,** class of 1918, Eastern Maine General Hospital, Bangor), a daughter, Mary Elizabeth, June 2.

To Mrs. Hugh O'Hara (**Margaret Woods,** class of 1921, St. John's Hospital, Pittsburgh, Pa.), a daughter, April 27.

MARRIAGES

Gladys E. Akam (class of 1921, Corry Hospital, Corry, Pa.), to Ivan E. Smith, May 25. At home, Corry.

Helen Viola Armbruster (class of 1917, Lankenau Hospital, Philadelphia), to Charles S. Dickinson, June 5. At home, Buffalo, N. Y.

Grace Beaman (Park Clinical Hospital, Rochester, N. Y.), to Ralph Avery, April 26.

Natalie Marie Bergman (class of 1921, St. Luke's Hospital, Marquette, Mich.), to Jerome Powers, M.D., May 24. At home, in Tennessee.

Elizabeth Blackburn (class of 1922, City Hospital, Springfield, Ohio), to Walter Dressler, May 9. At home, Portsmouth, O.

Phyllis Brown (class of 1921, University Hospital, Iowa City, Iowa), to A. A. Eggleston, M.D., May 16. At home, Montana.

Constance D. Bryson (Visiting Nurse Association, Chicago), to Robert Thorn, April 4.

Susanna Carriker (Highland Hospital, Asheville, N. C.), to Charles Atkins, May 31. At home, Asheville.

Elizabeth B. Casey (Sacred Heart Hospital, Manchester, N. H.), to Arthur J. Hartnett, June 5.

Edna P. Cundill (class of 1920, Mercy Hospital, Davenport, Ia.), to Joseph Coughlin, May 15.

Blanche Deaton (class of 1920, City Hospital, Springfield, Ohio), to Rev. Christian Wessel, May 7. At home, Greenville, Ohio.

Lucy A. Dennis (class of 1920, Mt. Sinai Hospital, Cleveland, Ohio), to Carl March, April 9. At home, Jefferson, O.

May Ruth Dougherty (class of 1923, Biltmore Hospital, Biltmore, N. C.), to Frank T. Arthur, June 3. At home, Biltmore.

Ellen L. Dukes (class of 1920, Mobile Infirmary, Mobile, Ala.), to George Harris, May 10. At home, Mobile.

Rose Ernstmeyer (class of 1920, Lutheran Hospital, York, Neb.), to Arthur Trute, April 22. At home, Seward, Neb.

Jessie C. Fraser (class of 1913, Rhode Island Hospital, Providence), to Henry Hunt Watson, April 3.

Hope Fuller (class of 1920, Indianapolis City Hospital), to Charles O. Grinslade, May 30. At home, Broad Ripple, Indiana.

Miss Graves (Public Health nurse, Peoria, Ill.), to Martin Coogan, June 6.

Mabel H. Gunsten (class of 1922, Norwegian Lutheran Hospital, Brooklyn, N. Y.), to Donald M. Dugliss, April 4. At home, Flushing, L. I.

Ethel Huntley (class of 1921, Hospital of the Good Shepherd, Syracuse, N. Y.), to Elbridge Teel, May 19. At home, Medford, Mass.

Della Jacobs (St. Luke's Hospital, Duluth), to Thomas Brown, in June. At home, Grand Forks, N. D.

Elsie Johnson (class of 1921, University Hospital, Iowa City, Iowa), to E. E. Jones, M.D., June 9. At home, Des Moines, Iowa.

Martha Kiern (Army School of Nursing), to Farley Clifton Broyles, March 12.

Lydia Kruse (class of 1922, Lutheran Hospital, York, Neb.), to Ed. Tyner, May 15. At home, Cairo, Neb.

Ruth Lamphere (class of 1917, Madison General Hospital, Madison, Wis.), to Luther A. Leitz, March 15.

Vivian E. Lawrence (Visiting Nurse Association, Chicago), to John Hahn Pratt, M.D., April 18. At home, Manchester, N. Y.

Margaret MacArthur (St. Luke's Hospital, Duluth, Minn.), to John Gillis, in June. At home, Hibbing, Minn.

Mary Elizabeth McGoffin (class of 1920, St. Joseph's Hospital, Aberdeen, Wash.), to William Victor Bennett, April 25. At home, Tacoma, Wash.

Elizabeth C. McPherson, to David Weild, Jr., May 9. At home, Brooklyn, N. Y.

Naomi McShane (Mercy Hospital, Chicago), to Alfred J. Christenson, June 9.

Helen Martin (class of 1921, Milwaukee County Hospital, Wauwatosa, Wis.), to D. Sprague, in May. At home, Milwaukee.

Pearl Mash (class of 1921, St. John's Hospital, Pittsburgh, Pa.), to Michael Yates, June 6.

Stella Motzer (class of 1923, City Hospital, Springfield, Ohio), to Joseph Kennedy, April 7. At home, Springfield, Ohio.

Theresa Elizabeth Murphy (class of 1921, St. Francis Hospital, Pittsburgh, Pa.), to Joseph E. Sunders, M.D., June 6. At home, Delmont, Pa.

Alice O'Connor (Mercy Hospital, Chicago), to Stace C. Crowl, May 24.

Alice May Ostrom (Army School of Nursing), to Oliver M. Spaeth, March 31. At home, Evansville, Minn.

Katharine Dorrance Parks (class of 1921, St. Luke's Hospital, Bethlehem, Pa.), to Marcus W. Crenshaw, May 23. At home, Huntington, W. Va.

Eugenia Marguerite Piccardo (class of 1920, St. Francis Hospital, Pittsburgh, Pa.), to

George H. Traugh, M.D., June 6. At home, Fairmont, W. Va.

Edith Pilblad (class of 1922, Memorial Hospital, Pawtucket, R. I.), to James Russell, June 12. At home, Pawtucket.

Ione Rudolph (class of 1921, South Side Hospital, Pittsburgh, Pa.), to Lawrence A. Dinkel, May 22. At home, Pittsburgh.

Martha Schinkel (class of 1921, Lutheran Hospital, York, Neb.), to Karl Grattopp, June 12. At home, Vaningo, Neb.

Mrs. Elsie Story (class of 1916, Massachusetts Homeopathic Hospital, Boston), to George A. Hersam, May 12. At home, Stoneham, Mass.

Harriet I. Vail (class of 1909, St. Luke's Hospital, Bethlehem, Pa.), to William Green, March 23. At home, Los Angeles, Cal.

Laura Williamson (class of 1907, south Side Hospital, Pittsburgh, Pa.), to T. H. Bailey Whipple, May 4. At home, Pittsburgh.

DEATHS

Frances Leah Brand (class of 1915, St. Luke's Hospital, St. Paul, Minn.), June 2, in South Britain, Conn. Miss Brand had not been well since last fall and suffered a nervous breakdown several months ago. Following her graduation she took a postgraduate course at the Presbyterian Hospital, New York. During 1917 she held a responsible position in the Nursery and Child's Hospital, New York, and during the World War she served as a Red Cross Nurse, being located in Columbia, S. C. To few persons are given the charm of personality, the vivacity of expression, and the power of making devoted friends, which were possessed by Miss Brand. She was buried from the home of her father, La Moure, N. D.

Clara L. Cole (class of 1909, Presbyterian Hospital, Philadelphia), suddenly, on May 23. Miss Cole served with Base Hospital No. 10, in France. She was an active worker and faithful member of her alumnae association and of Helen Fairchild Post 412, American Legion. Her sudden death was a great shock to her many friends. She was buried in Mount Moriah Cemetery, Philadelphia, with military honors.

Loretta M. Duffy (class of 1915, Rhode Island Hospital, Providence), on April 4. Miss Duffy had been ill, but was better and went to Fall River, where she had a cardiac attack and died very suddenly. She was a fine woman, a credit to her profession and will be greatly missed.

Winifred Evans (class of 1894, Illinois Training School, Chicago), on March 22, in Los Angeles, California, of diabetes.

Mrs. I. Timmerman (**Johanna Fischer,** class of 1914, Bridgeport Hospital, Bridgeport, Conn.), on May 30. Mrs. Timmerman with her husband and eighteen months' old daughter were in their automobile, and all were instantly killed by a fast train, at Elm Hill Crossing, not far from their home in New Britain. Miss Fischer did private duty nursing, also industrial nursing, before her marriage. Six Bridgeport nurses attended the funeral.

Mrs. Paul Johnson (**Anna Floyd,** class of 1921, Lakeside Hospital, Chicago, Ill.), on June 7, at her home in Morocco, Ind., after a long illness.

Christina Grau (class of 1921, Synodical Presbyterian Hospital, Waterloo, Iowa, and graduate of the Chicago Lying-in Hospital), on October 27, at her home, Cedar Falls, Iowa, of scarlet fever. Miss Grau was a private duty nurse; she loved her work and never considered herself and her strength; she was caring for a scarlet fever patient when taken ill.

Mary C. Haarer, in June, at St. Joseph's Sanitarium, Ann Arbor, Michigan. Miss Haarer was well known in Michigan and in Iowa. (A fuller notice will appear later.)

Katherine Belle Harper (class of 1903, Brooklyn Hospital, Brooklyn, N. Y.), May 17, at Brooklyn Hospital. Miss Harper did private duty nursing for a few years after graduation until her health failed. For three years she acted as registrar at the Club House and was unfailing in courtesy and interest with doctors, nurses and clients. Burial was at Montreal, Canada.

Nancy Jane Hicks (class of 1916, Grady Hospital, Atlanta, Ga.), on April 8, at her home, in Sparks, Georgia. Miss Hicks had been in poor health the past two years; she

bore her sufferings with the greatest fortitude. Her unfailing good humor and cheerfulness endeared her to many friends.

Irma M. Jones (class of 1918, Memorial Hospital, Pawtucket, Rhode Island), on May 2, after a short illness. Miss Jones was night supervisor of the hospital from January, 1919, to January, 1923. Since then she had been acting as anesthetist. Burial was at Deep Brook, Nova Scotia.

Cora Lund (class of 1921, University Hospital, Iowa City, Iowa), at the Children's Memorial Hospital, Chicago.

Katherine Masterson, on May 20, after a short illness. Miss Masterson was with the Milwaukee Health Department as field nurse, for seven years. She was in service for eighteen months during the World War.

Elda Schwake (class of 1921, Hospital of the Minnesota School for Feeble Minded, Faribault), on May 28, of diabetes mellitus. After graduation Miss Schwake was Superintendent of Nurses at the Home Hospital, Slayton, Minn., for a few months. She resigned on account of her health. Miss Schwake was buried in uniform with six nurses acting as pall bearers. She leaves many friends to mourn her untimely death.

Annie Taylor (class of 1915, Massachusetts Homeopathic Hospital, Boston), on May 21, at Fall River, Mass. Miss Taylor leaves a host of friends, for every one who came in contact with her in a professional or social way, admired and loved her for her bright and happy disposition, and she endeared herself to her patients.

"When the conduct of men is designed to be influenced, persuasion, kind, unassuming persuasion should ever be adopted. It is an old and true maxim 'that a drop of honey catches more flies than a gallon of gall.' So with men. If you would win a man to your cause, first convince him that you are his sincere friend. Therein is a drop of honey that catches his heart, which, say what he will, is the great highroad to his reason, and which, when once gained, you will find but little trouble in convincing his judgment of the justice of your cause, if indeed that cause really be a just one. On the contrary, assume to dictate to his judgment, or to command his action, or to mark him as one to be shunned or despised, and he will retreat within himself, close all the avenues to his head and his heart and though your cause be naked truth itself, transformed to the heaviest lance harder than steel, and sharper than steel can be made, and though you throw it with more than herculean force and precision, you shall be no more able to pierce him than to penetrate the hard shell of a tortoise with a straw. Such is man and so must he be understood by those who would lead him even to his own best interests."

ABRAHAM LINCOLN.

BOOK REVIEWS

ANIMAL PARASITES AND HUMAN DISEASES. By A. C. Chandler, M.S., PH.D., Instructor in Biology, Rice Institute, Houston, Texas. John Wiley & Sons, Inc., New York. 528 pages, not including source material and index. Price, $4.50.

It is the aim of the author to present the important facts of parasitology in such a manner as to make it useful to those interested in public health and preventive medicine. The book was written primarily for the laity, as the author believes the crying need of the present time is not so much addition to our knowledge of the cause, control, and prevention of disease, as the efficient application of what we already know. He believes it absolutely essential that the people as a whole be educated concerning the many subjects of vital importance with which the book deals, since at the present time our modern facilities for transportation bring the ends of the earth together, making it possible for any part of the world to be infected by any other part, under suitable conditions.

The table of contents is divided into three parts: The Protozoa, Worms, and Anthropods. Its content includes a history of syphilis, its transmission, diagnosis and treatment; detailed information concerning yellow fever and malaria, with a clear illustration of the life history of the malaria parasite; sleeping sickness is discussed and a full chapter is given to flies, mosquitoes, and insects.

Instead of detailed descriptions of parasites, the emphasis is placed on facts that will be of direct importance in arousing more students in this branch of science.

The many illustrations have been done by the author from laboratory specimens and give more accurately what can be seen with the eye than does a photograph.

I believe the book would be of value for assigned readings for student nurses in classes in Household Economics, Bacteriology, and in the study of skin and venereal diseases.

ELSIE MAURER, R.N., B.S.,
New York City.

PERSONNEL ADMINISTRATION. By Ordway Tead and Henry C. Metcalf, Ph.D. McGraw-Hill Book Company, New York. Price, $5.

Dr. Metcalf is a lecturer in the course in Hospital Administration, Teachers College, Columbia. The book deals with human relations in industry, but as a matter of fact, the principles which it sets forth are applicable to other groups of workers as well, to the variety of workers found in every hospital, even to groups of nurses associated together in visiting nurse associations, boards of health, and philanthropic organizations.

Emphasis is put from the beginning on the fact that workers are human beings and that they must be studied and treated as human beings with all their characteristic tendencies and impulses, hopes and aspirations, actions and reactions. Conflict and maladjustment come from a lack of such understanding or from failure to apply it.

Some of the chapters which will appeal particularly to administrators and educators are: Sources of Labor Supply,

Methods of Selection and Placement, Hours and Working Periods, Standards of Physical Working Conditions, Training Executives, Training Employees, Arousing Interest in Work, Transfer and Promotion.

Industrial nurses will find the whole book very helpful. From the standpoint of the community at large, the main interest of the book will be the later chapters dealing with some of the newer experiments in coöperation between employers and employees in industrial management.

CORINNA FRENCH, R.N., B.S.,
Philadelphia.

THE ART OF ANAESTHESIA. By Paluel J. Flagg, M.D. Third edition revised. 136 illustrations. J. B. Lippincott Company, Philadelphia. Price, $4.50.

This edition reviews and re-edits the first two editions and adds new material. It is intended for the use of the student interne and the general practitioner, but certain chapters are devoted to the nurse. In the new preface, Dr. Flagg frankly states his belief that gas-oxygen anesthesia has passed its peak of usefulness, and that a decided reversion to the use of ether has taken place. For this reason he emphasizes the administration of ether. On this point we disagree with Dr. Flagg. Nitrous oxid-oxygen anesthesia has by no means attained its peak, but in view of the fact that it is the least harmful of all the anesthetic agents available, we sincerely hope it will.

In the preface to the second edition, reprinted in this, he relegates the nurse anesthetist, to whom he refers constantly as a "lay anesthetist," ultimately to the realm of the technician. Fortunately for the sake of anesthesia this, too, is quite beyond Dr. Flagg's ability to accomplish. Thoughtful and wise attention is being given to the question of educating the nurse. In view of the outstandingly good work now being done by the nurse we think we can promise improvement rather than deteriortion.

After a very brief history of anesthesia, Dr. Flagg plunges, as the Scotch would say, into the "gist" of the matter. The concise way in which the phenomena of ether anesthesia are given and the administration explained fills us with admiration. We cannot, however, help feeling that a little more elaboration of certain points would make the book more helpful. The first part of the book is a very brief resume of the entire field of anesthesia under the three heads: general, local, and mixed anesthesia. The subject of administration is then taken up under the captions of induction, maintenance, and recovery. The different positions on the table are also explained and illustrated, and posture paralysis is touched upon. The stage of recovery under the heading "recovery by crisis and recovery by lysis" is well given. The suggestions for the control of nausea are helpful . The instruction for the nurse is rather too brief, but does cover the essential points.

In Chapter 3, Dr. Flagg takes up in a practical way the signs of anesthesia, putting rightly the respiratory signs first. The subject matter on artificial respiration is well given and helpful.

Chapter 4 is devoted to the general consideration and illustration of different methods in administration of ether. Following this, without any obvious reason for the dissertation, Dr. Flagg gives a description of an ether clinic in which,

presumably, a nurse anesthetist is in charge. That the judgment passed is prejudiced and severe is evident and takes away the sense of fairness which so well written a text book should present.

The vapor method of oral insufflation and intrapharyngeal inhalations is well discussed and well illustrated, as is also intratracheal inhalation which, we agree with the author, is "a method of expediency and not a method of choice."

In the chapter devoted to ethyl chlorid the closed method of administration is favored by the author. The two definite dangers of the anesthetic are clearly put. In the chapter devoted to chloroform, the fact that it is a protoplasmic poison is emphasized and the author clearly points out that it should be used with greatest caution, if at all. In the well illustrated chapters devoted to nitrous oxid, the subject of the use and care of cylinders and reducing gauges is very briefly outlined. The concession that nitrous oxid-oxygen anesthesia is most satisfactory from the point of view of the patient is interesting coming from an avowed ether enthusiast. The different methods of administration are briefly given. Under "trouble" the untoward reflexes and reactions and care of same are dealt with concisely. The description and use of several kinds of apparatus with illustrations follow, some excellent apparatus, however, being omitted.

In the description of an anoci-association clinic, the author implies that as far as the inhalation anesthesia is concerned, it is more a matter of form than a real ability of the anesthesia to control pain. Does he realize that he is making statements in regard to the work of a very large surgical clinic where gas is the anesthetic of choice? The anoci-association clinic is a very important department, but in other clinics in this same hospital local anesthesia is not used, and the deeper zones of anesthesia required by the surgeons are secured by the anesthetist.

In regard to the safety of gas anesthesia, Dr. Flagg quotes ninety-one deaths reported by Dr. Baldwin. Recent statistics collected of the work of graduate nurses of The Lakeside School of Anesthesia in this country and in France shows a total of 112,581 cases with five deaths, or one death in 22,516 cases. This would seem to make nitrous oxid a fairly safe agent.

A short chapter on local anesthesia contains an instructive chart showing the relative sensitiveness of tissue. This is followed by one on spinal anesthesia.

The second part of the book deals with the duties of the nurse both to the patient and the anesthetist before, during, and after anesthesia. This chapter can be read with profit and covers the essential points. The chapter on emergency anesthesia is well illustrated. A very short chapter is devoted to the anesthetic record. A very well illustrated chapter is the one on aspirators, their use described, and the point of their value in throat surgery emphasized.

In presenting the patient's point of view, Dr. Flagg writes with sympathy and interest. The points of psychic control, which make this trying time so much more comfortable to the patient are, we think, not sufficiently elaborated.

In the appendix, artificial respiration and resuscitation by Meltzer's method are explained, illustrations given making the procedure clear.

Believing as we do "that the highest object of the critical faculty, it cannot be too often repeated, is not to censure faults, but to disengage excellencies," we are glad to recommend The Art of Anesthesia to all interested in the administration and teaching of anesthesia, for its many excellencies.

AGATHA HODGINS, R.N.
Cleveland, Ohio.

GETTING READY TO BE A MOTHER. By Carolyn Conant Van Blarcom, R.N. The Macmillan Company, New York. Price, $1.50.

It is unfortunate that the average American family seldom buys books, preferring rather to take its fiction, science and morals in the tabloid form offered by monthly magazines. It is for this reason, and not for any lack of simplicity that Miss Van Blarcom's latest book may fail to become the standby of the thousands of young women who every year need just such a guide, philosopher and friend in their Great Adventure of motherhood.

It is by no means too simple, however, to appeal to the woman of education or experience. Its combination of scientific accuracy and completeness of detail, with a charm of style and an atmosphere of reverence for the constant miracle of new life—all will contribute toward making it a source of information, courage and inspiration to those young mothers who will be so fortunate as to buy it or have it given them.

The last chapter, on the nutrition of the mother during pregnancy, is especially timely, emphasizing the necessity for adequate vitamins for the mother as a basis for good nutrition in the child during his whole life.

The physical make-up of the book is excellent. It is clearly printed and light to hold. One cannot help wondering at the absence of an index, though the list of seventy-five illustrations remarkable for their aptness and practical value, together with the good paragraph headings in heavy type, go far to remedy the lack.

Miss Van Blarcom has certainly set a new standard for text books, by this book and her recent Obstetrical Nursing, both as to subject matter, illustrations, and what can be only imperfectly described as "spiritual atmosphere."

BESSIE AMERMAN HAASIS, R.N.,
Asheville, N. C.

CLINICAL LABORATORY METHODS. By Russell Landram Haden, M.A., M.D. C. V. Mosby Company, St. Louis. Price, $3.75.

This is a practical handbook for an experienced laboratory worker. The preface states that the little volume is presented to physicians and laboratory workers as a series of procedures which have been thoroughly tried out and found to give satisfactory results, and all discussion of the interpretation has been intentionally avoided.

The text is short and terse, with avoidance of detail. The book is intended as a purely practical one, and as such admirably fulfills its function. The fields of urine, sputum, and feces are incompletely covered. More detail and good illustrations would have made these chapters more valuable. The methods selected are good and those generally adopted by the best workers, although the majority of workers prefer the fractional method of gastric analysis to the one given by the author, as it is

considered more accurate. One wishes the author had made the chapter on blood more comprehensive. The field of "microanalysis" has assumed in recent years, considerable importance especially in chemical analysis of the blood constituents, so that the laboratory worker who would keep abreast of the times must know the technic and pitfalls of these methods.

As a reference book for schools of nursing, it is too superficial and contains no explanatory matter to interpret results properly. There is no discussion of the clinical significance sufficient to introduce the subject to a nurse or an inexperienced worker. The arrangement of the methods is commendable, the illustrations are excellent, and the make-up of the book is good. The work should find a wide adoption by general laboratory workers.

ANNA L. GIBSON, R.N.,
Boston, Mass.

ESSENTIALS OF SURGERY. Revised. By Archibald K. McDonald, M.D. J. B. Lippincott Company, Philadelphia, Pa. Price, $2.50.

The new and revised edition of Dr. McDonald's book contains thirty more pages than the original volume, and some revisions in the text. It is a book which is invaluable as a teaching aid. Dr. McDonald has said that it was intended for Senior nurses. The material in it could be used for nurses in any year provided they had had Anatomy and Bacteriology previously.

It is written in a highly logical and lucid manner, is well classified and easy of reference, and contains nothing superfluous. It is not a book on surgical technique, but equips the nurse with a background of principles without which surgical nursing technique is never successfully and intelligently taught, and it directs the attention to the application of the principles which he sets forth.

The first sixteen pages on Bacteriology might be considered a condensed review of that subject relating it definitely with surgery. This is followed by the common types of local infection leading up to a clear understanding of general infections. The surgical aspect of Gonorrhoea and Syphilis, the necessary information on Newgrowths, the usual preparation of patients, operation and after care including complications, as shock, hemorrhage, and embolism, each receive their proportionate attention, the time devoted being not too long.

Regional surgery, including the nervous system, the head ,cranium, face, chest, urinary tract and abdomen, make the book very complete. The new chapter on Gynecology is indispensible to the class in surgical nursing because usually it is taught in conjunction with surgery.

With a very complete glossary, it is unnecessary to have a dictionary at hand. It is, perhaps, the most comprehensive and complete of any book on surgery which is small enough to be easily used and we consider it one of ten indispensible books for an Instructor of pupil nurses.

NORA ROBINSON, R.N.,
Detroit, Mich.

FEVER NURSING. By George P. Paul, M.D. Fourth Edition. W. B. Saunders Company, Philadelphia, Pa. Price, $1.75.

Since the subject of communicable diseases and their prevention has received a prominent place in the curriculum

of a school for nurses, instructors are constantly inquiring for a suitable text book. The contents of such a text should embody the following material in order to make its value general and far-reaching: 1st. A consideration of the communicable disease problem in its broadest possible aspect.

2nd. The modern atitude toward the transmission of communicable diseases which embraces the practical application of medical asepsis or aseptic technique in the care of these diseases, so that the superstitions associated with the nursing of these diseases will be dispelled, and that the prejudice commonly felt toward this phase of nursing may be removed. Illustrations showing the technique of proper isolation, operations of tracheotomy, intubation, extubation, etc., pictures showing eruptions and exanthemata, emphasis on symptoms and the description of the characters of each disease, such as the course of the disease, and the period of infectivity are vital points in the treatment of the subject.

The chief value of Dr. Paul's book is his description of the symptoms of diseases in part 2; the discussion of each subject might have been made more helpful by further elaboration. The chapters in Alleviation of the Symptoms and the Detection of Complications might better be considered under the respective diseases under which they occur, thus giving the student a clear analysis of each disease. Chapters 4, 5, 6, 28, 29, 30, 31, 33, 34, 35, touching such subjects as: diet, child hygiene, poisons and antidotes, drugs and solutions, urinalysis, and bacteriology, all of which are presented in proper relationship and detail in other text books relating to these particular subjects, could be devoted to the suggestions previously mentioned for the content of a book on communicable diseases for nurses, inasmuch as there is a wealth of valuable material that should be made available to student nurses.

Too much stress has been placed upon fumigation which is now abandoned in most of our communities, also, much stress is laid upon such ceremonies as wet sheets over the doors of rooms occupied by patients. These ceremonies are at once controversial with modern methods and ideals in managing communicable diseases. Too little emphasis is placed upon the daily practical effort to limit contamination to the least number of articles in a bed room, thereby eliminating the possibility of transmission through indirect contact.

A list of personal instructions for the nurse who assumes the care of communicable disease patients would have been helpful. Illustrations always help to illuminate subject matter, and the use of cuts showing various eruptions, etc., would have added much to the value of the book.

In the chapter on "Transmission of Disease," it would have been fitting to present some facts concerning the nursing of communicable diseases in the Pasteur Institute as early as 1890, and the introduction of Pasteur methods in the United States in 1910, with an account of the success attained in the nursing of patients under the aseptic technique method.

Isolation of the patient is duly emphasized, but the technique of isolation is omitted.

The strong feature of this book is the detailed description of the symptoms of the diseases considered. This book has

undoubtedly met the need for certain groups of nurses, and will continue to do so until a broader text is produced.

ELIZABETH F. MILLER,
Philadelphia, Pa.

HOW WE RESIST DISEASE. By Jean Broadhurst, Ph.D. J. B. Lippincott Company, Philadelphia. 138 Illustrations and four color plates. Price, $2.50.

Immunology and serum therapy present one of the most interesting and fascinating phases of biologic science today. Texts published heretofore upon the subject have included a large content of detailed laboratory technique and an elaborate terminology, both valuable to the medical student and the future laboratory worker, but neither desirable nor practicable in a shorter course of bacteriology where such inclusions tend to make for confusion rather than clearness and satisfaction.

How We Resist Disease is a simplified exposition of the principles underlying immunity and their practice. The book covers two hundred and forty-eight pages with the usual space given over to advertisements, preface, etc., a table of chapter contents, lists of illustrations and color plates, ten chapters, glossary, list of Infections and Causal Organisms discussed in the text, bibliography and index. The chapters are taken up under the following captions: Bacteria and Their Effect Upon the Human Body, Active Immunity, Passive Immunity, Toxins and Anti-toxins, Agglutinins and Precipitins, Opsonins, White Corpuscles, Lysins, Vaccines and Anaphylaxis.

An outline precedes each chapter and at the end of each chapter is a list of study suggestions. These study suggestions should prove valuable to the student as a test of her knowledge of the chapter just covered and stimulate additional reading as well. In that the book is rich in illustrations, it offers particular value to the individual whose appreciation is quickened by visual concepts.

As stated by the writer in the preface, the terminology has been made as non-technical as possible and she further indicates that many interesting theories have been omitted for lack of space. Considering the type of book and its purpose, both of these points are well taken.

In the matter of organization and presentation the author exhibits a simplicity and clarity of style and an excellent understanding of pedagogy. The teacher, especially in the briefer courses of bacteriology, as well as the student, should find the book helpful.

How We Resist Disease well meets the need for a simplification and condensation of the subject and its publication merits a hearty welcome. It will prove a valuable addition to every Nursing School Library.

BLANCHE PFEFFERKORN, B.S., R.N,.
Cincinnati, Ohio.

APPLIED CHEMISTRY. An Elementary Text Book for Secondary Schools. By Fredus N. Peters, Ph.D. 436 pages. 72 illustrations. The C. V. Mosby Company. St. Louis. Price, $3.50.

OFFICIAL DIRECTORY

International Council of Nurses.—Secretary, Christine Reiman, Kronprinsessegade 50, Copenhagen, Denmark.

The American Journal of Nursing Company.—Headquarters, 370 Seventh Avenue, New York. Business Office, 19 West Main Street, Rochester, N. Y. President, Sarah E. Sly, Birmingham, Mich. Secretary, Elsie M. Lawler, Johns Hopkins Hospital, Baltimore, Md.

The American Nurses' Association.—Headquarters, 370 Seventh Avenue, New York. President, Adda Eldredge, Bureau of Nursing Education, Board of Health, Madison, Wis. Secretary, Agnes G. Deans, 370 Seventh Avenue, New York. Treasurer, V. Lota Lorimer, 141 South Third Street, Columbus, Ohio. Sections: **Private Duty,** Chairman, Frances M. Ott, 119 South Shore Drive, Elkhart, Ind. **Mental Hygiene,** Chairman, May Kennedy, Chicago State Hospital, Chicago, Ill. **Legislation,** Chairman, Roberta M. West, Room 150, 34 S. 17th Street, Philadelphia, Pa. **Relief Fund Committee,** Chairman, Elizabeth E. Golding, 317 West 45th Street, New York, N. Y. Treasurer, V. Lota Lorimer, 141 South Third Street, Columbus, O.

The National League of Nursing Education.—Headquarters, 370 Seventh Avenue, New York. President, Laura R. Logan, General Hospital, Cincinnati, O. Secretary, Martha M. Russell, 317 West 45th Street, New York. Treasurer, Bena M. Henderson, Children's Memorial Hospital, Chicago, Ill. Executive Secretary, Effie J. Taylor, 370 Seventh Avenue, New York.

The National Organization for Public Health Nursing.—President, Elizabeth G. Fox, 3800 14th Street, N. W., Washington, D. C. Director, Anne Stevens, 370 Seventh Avenue, New York.

Isabel Hampton Robb Memorial Fund Committee.— Chairman, Elsie M. Lawler, Johns Hopkins Hospital, Baltimore, Md. Treasurer, Mary M. Riddle, 223 Newbury Street, Boston, Mass.

New England Division, American Nurses' Association.—President, Mary M. Riddle, 223 Newbury St., Boston, Mass. Secretary, Esther Dart, Stillman Infirmary, Cambridge, Mass.

Nursing Service, American Red Cross.—Director, Clara D. Noyes, American Red Cross, Washington, D. C.

Army Nurse Corps, U. S. A.—Superintendent, Major Julia C. Stimson, Office of the Surgeon General, Army Corps Division, War Department, 19th and B Streets, Washington, D. C.

Navy Nurse Corps, U. S. N.—Superintendent, J. Beatrice Bowman, Bureau of Medicine and Surgery, Department of the Navy, Washington, D. C.

U. S. Public Health Service Nurse Corps.—Superintendent, Lucy Minnegerode, Office of the Surgeon General, U. S. Public Health Service, Washington, D. C.

Nursing Service, U. S. Veterans' Bureau.—Superintendent, Mrs. Mary A. Hickey, Hospital Section, U. S. Veterans' Bureau, Washington, D. C.

Department of Nursing and Health, Teachers College, New York.—Director, M. Adelaide Nutting, Teachers College, Columbia University.

STATE ORGANIZATIONS OF NURSES

Alabama.—President, Bertha Clement, 2019 Avenue F., Birmingham. Secretary, Ruth Davis, Selma. State League, President, DeWitt Dillard, Mobile Infirmary, Mobile. President examining board, Helen MacLean, 1808 North 7th Ave., Birmingham. Secretary, Linna H. Denny, 1808 North 7th Avenue, Birmingham.

Arizona.—President, Louise E. Perritt, Prescott. Secretary, Catherine Beagin, Prescott. President examining board, Edith P. Snowden, Phoenix. Secretary, Gertrude F. Russell, State House, Phoenix.

Arkansas.—President, Mrs. James D. Moncure, Route 4, Box 200, Little Rock. Secretary, Blanche Thomaszewska, 815 Laurel St., Pine Bluff. President examining board, Walter G. Eberle, M.D., First National Bank Building, Fort Smith. Secretary-treasurer, Eva Atwood, St. John's Hospital, Fort Smith.

California.—President, Mrs. E. B. Conzelmann, State Hospital, Stockton. Secretary, Mrs. J. H. Taylor, Route A. Galt. State League President, Lina L. Davis, Pasadena Hospital, Pasadena. Secretary, Evelyn Wood, San Francisco Hospital, San Francisco. Director, Bureau of Registration of Nurses, Anna C. Jamme, 724 Wells Fargo Building, San Francisco.

Colorado.—President, Jessie D. Stewart, 220 E. Yampa St., Colorado Springs. Secretary, Mrs. Mae M. Carpenter, 1027 Fillmore St., Denver. State League President, Mrs. Gertrude Loutzenheiser, Children's Hospital, Denver. Secretary, Loretto Mulherin, St. Joseph's Hospital, Denver. President examining board, Blanche I. Lewis, 1116 East Boulder Street, Colorado Springs. Secretary, Louise Perrin, State House, Denver.

Connecticut. — President, A. Elizabeth Bigelow, 69 East Main Street, Meriden. Secretary, Kathryn E. Sherman, 220 Farmington Avenue, Hartford. State League President, Sarah E. Hyde, Middlesex Hospital, Middletown. Secretary, Amelia M. Jones, Middlesex Hospital, Middletown. President examining board, Martha P. Wilkinson, 34 Charter Oak Avenue, Hartford. Secretary, Mrs. Winifred A. Hart, 109 Rocton Avenue, Bridgeport.

Delaware.—President, Marie T. Lockwood, Ford Building, Wilmington. Secretary, Amy E. Wood, 213 Seventh Street, Wilmington. President examining board, Harold L. Springer, M.D., 1013 Washington Street, Wilmington. Secretary, Mary A. Moran, 1313 Clayton Street, Wilmington.

District of Columbia.—President, Eleanor Maynard, 2520 14th Street, N. W., Washington. Secretary, I. Malinde Havey, 3800 14th St., N. W., Washington. District League President, Minnie Goodnow, Children's Hospital, Washington. Secretary, Anne H. Raffin, Emergency Hospital, Washington. President examining board, Mary G. Wolford, 1337 K Street, N. W., Washington. Secretary-treasurer, Mary E. Graham, 1337 K Street, N. W., Washington.

Florida. — President, Theresa P. Fremd, Orange General Hospital, Orlando. Secretary, Elizabeth Steil, Riverside Hospital, Jacksonville. President examining board, Anna L. Felting, Box 196, Miami. Secretary-treasurer, Mrs. Louisa B. Benham, Hawthorne.

Georgia.—President, Mrs. Mae M. Jones, State Sanatorium, Millidgeville. Secretary, Chloe M. Jackson, 602 Chamber of Commerce, Atlanta. State League President, Mrs. Eva S. Tupman, Macon City Hospital, Macon. Secretary, Jean Harrell, Baptist Hospital, Atlanta. President examining board, Jessie M. Candish, 20 Ponce de Leon Ave., Atlanta. Secretary-treasurer, Jane Van De Vrede, 688 Highland Avenue, Atlanta.

Idaho.—President, Barbara Williams, St. Luke's Hospital, Boise. Secretary, Louise W. Gerrish, St. Luke's Hospital, Boise. Department of Law Enforcement, Bureau of Licenses, Examiner, Napina Hanley, State Capitol, Boise.

Illinois.—President, Mabel Dunlap, 1531½ Third Avenue, Moline. Secretary, May Kennedy, Chicago State Hospital, Chicago. State League President, Mary H. Cutler, 1750 Congress St., Chicago. Secretary, Dora C. Saunby, Michael Reese Hospital, Chicago. Superintendent of Registration, Addison M. Shelton, State Capitol, Springfield.

Indiana. — President, Ina Gaskill, State Board of Health, Indianapolis. Secretary, Eugenia Kennedy, St. Vincent's Hospital, Indianapolis. President State League, Mary M. Peterson, Robert W. Long Hospital, Indianapolis. Secretary, Lizzie L. Goeppinger, Protestant Deaconess Hospital, Indianapolis. President examining board, Nellie G. Brown, Robert W. Long Hospital, Indianapolis. Secretary, Ida J. McCaslin, 501 East Noble Street, Lebanon.

Iowa. — President, Amy Beers, Jefferson County Hospital, Fairfield. Secretary, Nelle Morris, The Summit, D-1, Iowa City. President examining board, C. F. Launder, M.D., Garwin. Secretary, Rodney P. Fagan, M.D., Des Moines.

Kansas. — President, Ethel L. Hastings, Bethany Hospital, Kansas City. Secretary, Caroline E. Barkemeyer, Halstead. President examining board, Sister Catherine Voth, Newton. Secretary-treasurer, Sister Mary Helena, St. Luke's Hospital, El Dorado.

Kentucky.—President, Edith E. Bush, 1112 South 4th Ave., Louisville. Corresponding secretary, Gertrude Bethel, 700 Francis Building, Louisville. State League President, Anne R. Manuel, Norton Infirmary, Louisville. Secretary, Lillian E. Rice, St. Mary and Elizabeth Hospital, Louisville. President examining board, Sophia F. Steinhauer, Speers Memorial Hospital, Dayton. Secretary, Flora E. Kern, Somerset.

Louisiana.—President, Mrs. Lydia Breaux, 521 S. Hennessy St., New Orleans. Secretary, Mrs. Clara McDonald, 1624 Marigny St., New Orleans. President examining board, J. T. Crebbin, M.D., 1207 Maison Blanche, New Orleans. Secretary, J. S. Hebert, M.D., 27 Cusachs Building, New Orleans.

Maine. — President, Mrs. Lou S. Horne, 122 Emery St., Portland. Secretary, Louise Hopkins, 246 Essex Street, Bangor. President examining board, Margaret M. Dearness, Maine General Hospital, Portland. Secretary-treasurer, Rachel A. Metcalfe, Central Maine General Hospital, Lewiston.

Maryland,—President, Elsie M. Lawler, Johns Hopkins Hospital, Baltimore. Secretary, Sarah F. Martin, 1211 Cathedral Street, Baltimore. State League President, Maude Gardner, Hospital for the Women of Maryland, Baltimore. Secretary, Charlotte M. Snow. President examining board, Helen C. Bartlett, 604 Reservoir Street, Baltimore. Secretary and treasurer, Mary Cary Packard, 1211 Cathedral Street, Baltimore.

Massachusetts. — President, Carrie M. Hall, Peter Bent Brigham Hospital, Boston. Corresponding secretary, Mrs. Anna R. Ross, 636 Beacon St., Boston. President State League, Sally Johnson, Massachusetts General Hospital, Boston. President examining board, Mary M. Riddle, 223 Newbury St., Boston. Secretary, Samuel H. Caulderwood, M.D., State House, Boston.

MEAD'S

Mead's Infant Feeding Service

To Physicians

MEAD'S DEXTRI-MALTOSE NO. 1, with modified cow's milk—for the average baby.
MEAD'S DEXTRI-MALTOSE NO. 3, with modified cow's milk—for the constipated baby.
MEAD'S CASEC for fermentative diarrhoeas.
BABY SCALES of precision.

The following articles secure greater co-operation from mothers:

Special Breast Feeding Pamphlet
Formula Blanks
Adjustable Slide Feeding Tables
File Index Cabinet of Corrective Diets
Diets for Older Children
Instructions for Expectant Mothers
Weight Charts
Growth Chart

Please check off literature you wish sent to you and we will gladly forward it at once, together with samples.

THE DOCTOR'S WAY IS MEAD'S WAY

Mead Johnson & Company INFANT MEAD'S DIET MATERIALS **Evansville, Indiana**

The Duchesne Saline Heating Pad

Made by a Nurse—For Nurses

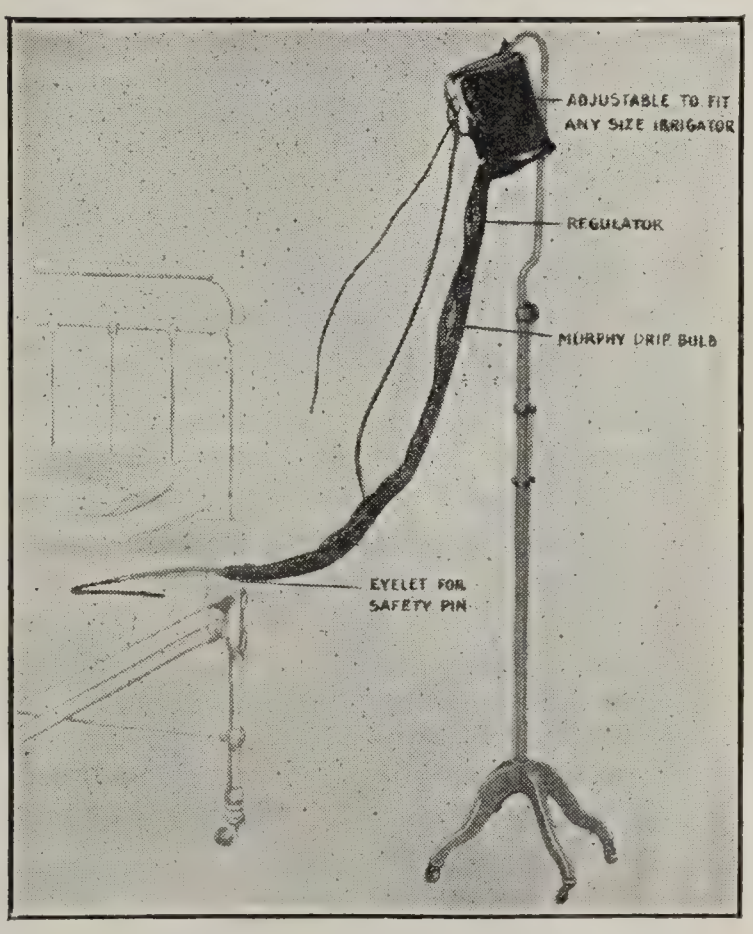
Saline solution must reach patient at even body heat for best results.

This device keeps solution at 100-102 degrees for any length of time required.

Simple in application, saving hours of time and hard work. Relieves patient of the annoyance of readjustments.

The time saved, with improved results, means less cost to the hospital. Tested in 12 hospitals over 7 months before offered for sale.

Ask your dealer or write us for complete information.



The Whitney Company, 143 Liberty St., New York City

Michigan.—President, Mary A. Welsh, Grand Rapids. Corresponding Secretary, Mabel Haggman, Flint. State League President, Maud McClaskie, Harper Hospital, Detroit. Secretary, Helen M. Pollock, Flint. President examining board, Richard M. Olin, M.D., Lansing. Secretary, Mrs. Helen de Spelder Moore, 206 State Office Building, Lansing.

Minnesota. — President, Irene English, Northern Pacific Hospital, St. Paul. Secretary, Dora Cornelisen, Old State Capitol, St. Paul. President State League, Caroline Rankiellour, 3915 Eleventh Ave. S., Minneapolis. Secretary, Pearl L. Rexford, Northwestern Hospital, Minneapolis. President examining board, Jennette M. McLaren, M.D., 805 Lowry Building, St. Paul. Secretary, Dora Cornelisen, Old State Capitol, St. Paul.

Mississippi.—President, Mrs. B. M. Hopper, Mattye Hersey Hospital, Meridian. Secretary, Mrs. James A. Cameron, 511 Bay Street, Hattiesburg. President examining board, Dr. J. H. Fox, Jackson. Secretary-treasurer, Mrs. Ernestine Bryson Roberts, Starkville.

Missouri. — President, M a n c e Taylor, Parker Memorial Hospital, Columbia. Secretary, Bertha Love, Parker Memorial Hospital, Columbia. State League President, Eleanor Keeley, Columbia. Secretary, Glory H. Ragland, 3908 Olive Street, St. Louis. President examining board, Mary G. Burman, Children's Mercy Hospital, Kansas City. Educational director-secretary, Harriet L. P. Friend, 620 Chemical Building, St. Louis.

Montana.—President, Mrs. Clara Barrington, Ford Building, Great Falls. Secretary, F. L. Kerlee, 514 Eighth Ave., Helena. President examining board, E. Augusta Ariss, Deaconess Hospital, Great Falls. Secretary-treasurer, Frances Friederichs, Box 928, Helena.

Nebraska.—President, Lulu F. Abbot, 847 North 26th Street, Lincoln. Secretary, Cora E. Higgins, 2100 South St., Lincoln. State League President, Charlotte Burgess, University Hospital, Omaha. Secretary, Bertha A. Bryant, Grand Island Hospital, Grand Island. Bureau of Examining Board, secretary, H. H. Antles, Department of Public Welfare, State House, Lincoln.

Nevada.—President, A. Craven, Reno Hospital, Reno. Secretary, Margaret A. Ross, 243 West 3d St., Reno.

New Hampshire. — President, Anna C. Lockerby, Laconia Hospital, Laconia. Secretary, Mrs. Florence M. Knowles, Portsmouth. President examining board, Mae Morrison, Whitefield. Secretary, Ednah Cameron, 8 North State Street, Concord.

New Jersey.—President, Virginia Chetwood, 50 Hudson Street, Hackensack. Secretary, Marie Louis, Muhlenberg Hospital, Plainfield. State League President, Florence Dakin, 468 Ellison St., Paterson. Secretary, Marie Louis, Muhlenberg Hospital, Plainfield. President examining board, Mary J. Stone, Room 302, McFadden Building, Hackensack. Secretary-treasurer, Elizabeth J. Higbid, Room 302, McFadden Building, Hackensack.

New Mexico.—President, Mrs. Blanche A. Montgomery, Women's and Children's Hospital, Albuquerque. Secretary, Mary Priest Wight, Presbyterian Sanatorium, Albuquerque.

New York.—President, Mrs. Anne L. Hansen, 181 Franklin Street, Buffalo. Secretary, Ella F. Sinsebox, 443 Linwood Avenue, Buffalo. State League President, Amy M. Hilliard, Samaritan Hospital, Troy, N. Y. Secretary, Helen Young, Presbyterian Hospital, New York. President examining board, Lydia E. Anderson, 461 Washington Avenue, Brooklyn. Secretary, Alice Shepard Gilman, State Education Building, Albany.

North Carolina.—President, Blanche Stafford, Winston-Salem. Secretary, Edna Heinzerling, Winston-Salem. State League Chairman, Emily A. Holmes, Rutherford. Secretary, Gilbert Muse, High Point. President examining board, Mary P. Laxton, Biltmore. Secretary-treasurer, Dorothy Hayden, Greensboro.

North Dakota. — President, Sarah Sand, Osgood Flats, Fargo. Corresponding secretary, Esther Teichmann, 720 Fifth Street South, Fargo. President examining board, Ethel Stanford, 703 Fourth Street, South, Fargo. Secretary, Mildred Clark, General Hospital, Devils Lake.

Ohio.—President, Augusta M. Condit, 141 South Third St., Columbus. Secretary, Lucille Grapes, 797 East Fulton St., Columbus. State League President, Blanche Pfefferkorn, Cincinnati General Hospital, Cincinnati. Secretary, E. Muriel Anscombe, Mt. Sinai Hospital, Cleveland. Chief examiner, Caroline V. McKee, 275 South 4th St., Columbus. Secretary, Dr. H. M. Platter, Hartman Hotel Building, Columbus.

Oklahoma.—President, Olive Salmon, Pawhuska. Secretary, Virginia Tolbert, University Hospital, Oklahoma City. State League President, Candace Montfort, University Hospital, Oklahoma City. Secretary, Sister M. Lucia, St. Anthony's Hospital, Oklahoma City. President examining board, Mrs. Idora Rose Scroggs, 324 West Grey Street, Norman. Secretary-treasurer, Olive Salmon, 204 Triangle Building, Pawhuska.

Oregon. — President, Grace Phelps, 616 Lovejoy Street, Portland. Secretary, Margaret A. Tynan, St. Vincent's Hospital, Portland. President examining board, Jane V. Doyle, 660 Johnson St., Portland. Secretary-treasurer, Mrs. O. E. Osborne, 512 Oakdale Avenue, Medford.



Nurses Appreciate The Exceptional Purity Of These Products

THE nurse, like the physician, appreciates to an unusual degree the need for purity in products used in the home.

It is the endeavor of the Squibb Laboratories to have each Squibb Product combine purity with some essential point of superiority.

Squibb's Cold Cream, for instance, in addition to its purity, differs from ordinary cold cream in that it is not absorbed by the skin. It cleanses thoroughly, but can be wiped away without leaving the skin greasy or shiny. It is a wonderful aid in keeping the skin clear and fresh.

Squibb's Benzoinated Cream

This Squibb Quality Product is valuable as a soothing, healing cream for sunburn, and shapped lips, hands or face. It is also beneficial in soothing fever sores, insect bites, itching, and other conditions of the skin.

We shall gladly send you full-size packages of each of the products upon request. Please use the coupon below.

SQUIBB

THE "PRICELESS INGREDIENT" OF EVERY PRODUCT IS THE HONOR AND INTEGRITY OF ITS MAKER

Z-7

E. R. SQUIBB & SONS

80 Beekman St., New York City

Please send me free full-size packages of Squibb's Cold Cream and Benzoinated Cream.

Name _____

Address _____

City _____ State _____

Copyright 1923, E. R. Squibb & Sons

Pennsylvania. — President, Margaret A. Dunlop, Pennsylvania Hospital, Philadelphia. Secretary-treasurer, Gertrude Heatley, South Side Hospital, Pittsburgh. State League President, Mrs. Helene Herrmann, 1818 Lombard St., Philadelphia. Secretary, Susan Heitzenrater, Punxsutawney Hospital, Punxsutawney. President examining board, Albert M. Blackburn, M.D., 34 South 17th Street, Philadelphia. Secretary-treasurer, Roberta M. West, Room 150, 34 S. 17th Street, Philadelphia.

Rhode Island. — President, Amy Allison, Rhode Island Hospital, Providence. Corresponding secretary, Edith Barnard, 425 Broadway, Providence. State League President, Ellen M. Selby, Memorial Hospital, Pawtucket. Secretary, Elizabeth F. Sherman, 85 Tobey St., Providence. President examining board, Henry C. Hall, M.D., Butler Hospital, Providence. Secretary-treasurer, Lucy C. Ayres, Woonsocket Hospital, Woonsocket.

South Carolina. — President, Frances J. Bulow, 40 Coming Street, Charleston. Secretary, E. Z. Loring, Baker Sanatorium. Secretary, board of nurse examiners, A. Earl Boozer, M.D., Columbia.

South Dakota.—President, Ellen McArdle, Aberdeen. Corresponding secretary, Carrie E. Clift, Rapid City. President examining board, Clara S. Ingvalson, Flandreau. Secretary-treasurer, Mrs. Elizabeth Dryborough, Rapid City.

Tennessee. — President, Mrs. Dorsey T. Gould, 1305 Edgewood place, Nashville. Secretary, Annie Feltus, 809 Madison Avenue, Memphis. President examining board, Willie M. McInnis, University of Tennessee, Memphis. Secretary-treasurer, Dr. Reese Patterson, Knoxville.

Texas.—President, Mary Grigsby, Providence Hospital, Waco. Secretary-treasurer, A. Louise Dietrich, 1001 E. Nevada Street, El Paso. State League President, Ella Read, Galveston. Secretary, L. Jane Duffy, University of Texas, Austin. President examining board, Helen T. Holliday, Baylor Hospital, Dallas. Secretary, Eula Whitehouse, 707 North 16th Street, Waco.

Utah.—President, Claire Haines, Salt Lake City. Secretary, Jane Rawlinson, 704 W. North Temple St., Salt Lake City. Department of Registration, Capitol Building, Salt Lake City.

Vermont.—President, Mabel Ware, Mary Fletcher Hospital, Burlington. Secretary, Mrs. Rose A. Lawler, Springfield. President examining board, Donley C. Hawley, M.D., Burlington. Secretary, Mrs. J. M. Allen, 50 Eastern Avenue, St. Johnsbury.

Virginia.—President, L. L. Odom, Sarah Leigh Hospital, Norfolk. Secretary, Blanche Webb, King's Daughters' Home, Norfolk State League President, Martha V. Baylor, St. Luke's Hospital, Richmond. Secretary, Honoria D. Moomaw, Stewart Circle Hospital, Richmond. President examining board, Virginia Thacker, Lewis-Gale Hospital, Roanoke. Secretary-treasurer, Ethel Smith, Craighville.

Washington.—President, Mrs. W. M. McKinney, 5302 14th Street, N. E., Seattle. Secretary, Katherine Major, King County Hospital, Seattle. State League President, Evelyn H. Hall, Seattle General Hospital, Seattle. Secretary, Johanna Burns, American Red Cross, Spokane. Director of Licenses, Fred J. Dibble, Olympia.

West Virginia. — President, Mrs. Susan Cook, Lock Box 457, Wheeling; home address, Bridgeport, Ohio. Secretary-treasurer, Mrs. R. J. Bullard, Lock Box 457, Wheeling; home address, 510 Catawba Street, Martin's Ferry, Ohio. President examining board, Frank LeMoyne Hupp, M.D., Wheeling. Secretary, Jessie A. Clarke, Ohio Valley General Hospital, Wheeling.

Wisconsin. — President, Agnes W. Reid, Bradley Memorial Hospital, Madison. Secretary, Erna Kowalke, 85 Oneida St., Milwaukee. State League President, Marion Rottman, Mount Sinai Hospital, Milwaukee. Secretary, Cornelia van Kooy, 558 Jefferson St., Milwaukee. Director, Bureau of Nursing Education, Adda Eldredge, State Board of Health, Madison.

Wyoming.—President, Ida Mae Stanley, Wyoming General Hospital, Rock Springs. Secretary, Mrs. Clyde W. Peterson, 2004 Maxwell Street, Cheyenne. President examining board, S. J. McKenzie, St. John's Hospital, Cheyenne. Secretary, Mrs. H. C. Olson, 3122 Warren Avenue, Cheyenne.

TERRITORIAL ASSOCIATION

Hawaii. — President, Alice M. Yates, 1250 Manumea Avenue, Honolulu. Secretary, Harriet B. Delamere, Queen's Hospital, Honolulu.

WHERE TO SEND MATERIAL FOR THE JOURNAL

Send all news items, notices and reports of meetings, subscriptions, changes of address, advertisements, and all business correspondence to the Rochester Office, 19 West Main Street, Rochester, N. Y.

Send articles for publication, books for review, and editorial correspondence to the New York office, 370 Seventh Avenue, New York.


Photo by
FAIRFIELD
348
HUNTINGTON AVE.
BOSTON


Annual Convention
National League of
Nursing Education
Swampscott, Mass.
June 18-22, 1923

THE AMERICAN
JOURNAL OF NURSING

VOL. XXIII AUGUST, 1923 No. 11

RETROSPECT AND PROSPECT

BY LAURA R. LOGAN, A.B., R.N., B.S.

THIS is for nursing in America a Jubilee year. Fifty years ago our first schools of nursing were founded on these eastern shores. In these fifty years schools of nursing in hospitals have multiplied and spread all over this country until they have reached the shores of the West, the North, and the South. Where there were 15 schools with 323 pupils at the end of the first ten years of nursing in this country, at the end of 50 years we find 1800 schools with 55,000 pupils. Time will not permit a review of every milestone. A few strokes will suffice to bring vividly before us the panorama of growth in nursing in America for the last 50 years, a panorama beginning with the reformation and regeneration of hospitals with the formation of the first schools of nursing, a panorama ending in this jubilee year with the founding at Yale University of a school of nursing, an independent school with its own Dean, its own faculty, its own buildings, and its own budget.

TEACHING young women to engineer in human health demands expert hospital and field teachers and supervisors in nursing. This is undoubtedly the greatest fundamental need in the field of nursing education today.

The growth of nursing rather parallels, while it is indeed a part of, the woman movement in its advance. Is it not a coincidence that in England in 1857 women were first granted by Parliament the right to use their own wages—just three years before the founding of the Nightingale School of Nursing, that first step in Florence Nightingale's far-seeing plan to bring health to every family in the world—while over half a century later in America, this first nursing school on what we may call the emancipated plan is founded in Yale, one of our oldest, most conservative universities—just three years after women in America have been granted the right to vote?

Our historian in nursing tells us that the time between 1873 and 1895 was a time of active renovation in hospitals. "Within that period in by far the majority of instances the work of reconstruction was taken up and carried to success by volunteer nursing school committees composed largely or entirely of women,

[1] From the President's address given at the annual meeting of the National League of Nursing Education at Ford Hall, Boston, Mass., June 19, 1923.

over and over again they pushed their way in the face of opposition and disbelief. Although in some instances separate committees of women were dismissed with thanks by hospital directors as soon as their work was running smoothly with value proved, yet such share as we see women taking in hospital management today arose from the vantage point gained by this early demonstration."

In 1893 our educational group consciousness began to make itself felt. The Society of Superintendents of Training Schools for Nurses, the early name of the National League of Nursing Education, was founded. A little later (1896) the Associated Alumnae began slowly but surely to form itself into what was to become the great American Nurses' Association which today has a membership of forty thousand.

The historian of nursing renders to this first nursing organization, the National League of Nursing Education, "a slight meed of gratitude which," she says,

> it so richly deserves from nurses. One who knew it for years in its most intimate relations can truly say that a more conscientious and high minded group of women could not be found or one more free from self-seeking. Their thought was ever how best to fulfill their three-fold obligation, to the hospital, their pupils, and the public—an altruistic band of leaders and teachers, encouraging their alumnal groups to self development, the Superintendents' Society has been almost self-effacing in its parent-like wish to bring its children forward.

The next milestone came directly as a result of the deliberations of this society. I refer to the founding over twenty years ago of the Department of Nursing and Health at Teachers' College, Columbia University, in response to the insistent appeal from certain leading women of this Superintendents' Society. Without doubt the educational stimulus given by the Department of Nursing and Health which the society was instrumental in organizing at Columbia University has had a very great and far-reaching effect upon standards of nursing education in America.

The struggle for state registration beginning in 1903 and continuing even until now, constitutes a dramatic chapter in nursing education fraught with untiring endeavor and persistence. In addition to all the benefits which have accrued to nursing through state registration, the struggle has served to show us the limits of legislative power when applied to ideals and standards in education.

Very early in its history the National League of Nursing Education appointed its first Education Committee. To this committee we owe much and as a society we point with pride to its investigations, its studies and publications, chief among which stands out the Standard Curriculum which since 1916 has guided the rapidly increasing number of schools of nursing in forming minimum nursing educational standards. This year the Education Committee has undertaken the task of revision of this minimum standard curriculum.

The rise and growth of university schools of nursing is the next important landmark in this panorama, marking the slow but sure advance of woman and woman's education for woman's special work. Undoubtedly the demonstrations and experiments in the university education of the nurse which have been under way since 1910 at Minnesota and 1916 in Cincinnati and



Laura R. Logan, A.B., R.N., B.S.
President National League of Nursing Education

elsewhere will serve to point the way to further developments.

No picture of nursing in America would be complete which failed to show in bright relief the story of the American Red Cross Nursing Service. It is in its war history and in its later participation in public health nursing and in international nursing education an absorbing vital record of service and achievement of which American women may well be proud.

The story of the beginnings and growth of public health nursing in America constitutes an engrossing chapter of demonstration which need not be repeated here except to call attention to the effect which its rapid advance has had upon nursing education. In fact it was because of interest in the development of public health nursing that the Rockefeller investigation into nursing began, but "It soon became clear," to these investigators,

> that the entire problem of nursing and nursing education, relating to the care of the sick as well as to the prevention of disease, formed one essential whole and must be so considered if sound conclusions were to be attained.

Another guide post in which we as nurses take especial pride is the founding of our National Nursing Headquarters. Already we are beginning to reap the benefits of a central office to which the entire country may turn, a great clearing house, as it were, for nursing and nursing education ideas, the bank

in which all may deposit and draw out at will for the furtherance of nursing.

For three years and more our Education Committee has been at work upon a plan for grading schools of nursing. This plan has already received the endorsement of the American Nurses' Association, the American Hospital Association, the American College of Surgeons, the National Organization for Public Health Nursing, and is awaiting the approval of the American Medical Association.

The plan for the Grading Committee has been modified since its presentation to you last June and now provides for equal representation from the National League of Nursing Education and from the American Medical Association. It is planned that this committee shall also have in its membership representatives from the American Hospital Association, the American Nurses' Association, the National Organization for Public Health Nursing, and the American College of Surgeons. To this committee will be added an educator of the committee's own choice. The committee will also select its own chairman. Surely from a committee so democratically composed will come far seeing practical grading standards, educationally sound for schools of nursing.

In a changing, growing world where discoveries in science are translated over night into industrial processes and results, where the very business of the maintenance of health is taking on new phases almost daily because of the disclosures of scientific research, where in all types of education reforms are urgently indicated and hotly debated, it is not at all strange that the preparation of the nurse should be under fire when the demand for increased numbers of nurses is one of the direct results of the public health movement. You will remember that last year there was much ill considered and destructive criticism of nursing. Nursing and nurses' education became a live topic at the meetings of medical societies in many states and finally the American Medical Association appointed a committee to make investigations and to bring in a report on nursing education. The Medical Society of the State of Ohio also appointed such a committee to work in conjunction with a committee from the State Nurses' Association. The committee of the American Medical Association has submitted a preliminary report; the Ohio committee has also submitted a report. It is most heartening to find that in both of these instances after intensive study of the conditions, the investigators have come forward with conclusions confirming those long projected by leaders in nursing education and more recently by the Rockefeller Committee. In fact, we find that just as in the beginning of schools of nursing in this country, the forward looking medical men of the day are our stanchest supporters.

And what of the outlook for the future? We stand on the verge of a new era in nursing education. We must not forget that the traditions with which the nursing world finds itself surrounded particularly with respect to hospital schools of nursing are the result of many centuries of religious self abnegation and acquiescence. The relationship between the hospital and nursing school has been likened to the relationship between man and wife, which but recently, and even yet in some states,

gave no well defined economic rights to the woman even though all her efforts contributed to the partnership.

I believe this group knows all too well that a quick change from the present apprenticeship conditions can not be affected. Nor are we altogether sure that it is desirable or good educational method to make too sudden or too great a transition. We may draw valuable lessons in development from the profession of engineering. Engineering colleges have had their period of experimenting at a formal class room and laboratory training for the preparation of engineers. The Dean of the Engineering College of the University of Cincinnati, Dr. Herman Schneider, was the first in this field to preach the gospel of education through constant correlation of theory with practice; that this must be done all through the student's days, that the work must be learned from the bottom up, that there must be constant application of class and laboratory theories to practical action in life conditions. This arrangement has been found to be in the study of engineering the highest kind of motivation, the best pedagogical method, and leading engineering educators in this country are adopting the Cincinnati co-operative plan. The word "co-operative" would seem to imply that the scheme had been arranged for the purpose of helping the poor young man to obtain an education in engineering. On the contrary, the longer the method has been tried out the more convinced have these educators become that this scheme of alternating theory and practice is the best method for preparing young men of any means as engineers of any sort. Professor Dewey tells us that the only adequate training for occupations is training through occupations. Nursing is fortunate that in its very development it has demonstrated this truth.

As engineering schools are reaching out to practice fields all over the states in which they are located and also to adjacent states by the method of alternating periods of theory with periods of practice, is it not possible that there may be established centers of nursing education which may be closely connected with hospitals in various communities (where the hospital is the health center) and where the student nurse may advance from intra to extra-mural nursing? Such method of centralizing of nursing schools would insure standardized instruction both in class and actual practice for small hospitals in isolated localities as well as large hospitals in centers of population.

In the engineering school with the co-operative system the engineering student receives an adequate financial return for his work in the shop. With the application of the coöperative system the engineering student receives an adequate financial return for his work in the shop. With the application of the coöperative system to nursing education it would be possible to give the nursing student an adequate financial return for her work in the hospital.

By arranging that the students carry such work in pairs as is done in engineering schools the shift from theory to practice would keep the work assigned to such pairs covered and constant in the hospital ward service, the dispensary or the district or school district as the case might be.

Such a scheme in the work of the various fields of engineering demands for

its success expert field teachers and supervisors. Coördinators they are called. Teaching young women nurses to engineer in human health demands expert hospital and field teachers and supervisors in nursing. This is undoubtedly the greatest fundamental need in the field of nursing education today.

As we look into the future all things are not disclosed to us. Yet we can see far enough to see certain inevitable developments.

Nursing work has risen to the dignity of a profession and with the public realization of the dignity and service of this profession there must come a reciprocal recognition on its part to adequately fit itself for its services and duties.

The nurse of tomorrow is to have a sounder preparation in the sciences fundamental to nursing, she must know of course not less but even more of those ministerial services so essential to nursing. But she will not be ignorant of a serviceable knowledge of physiology, anatomy, biology, chemistry and other allied subjects and to these should be added a knowledge of psychology, economics, and sociology to enable her the more intelligently to understand the field in which she is serving and the case with which she is immediately concerned.

In all our plans for nursing education we shall need to study closely the rapid march of the public health movement in this post-war period. We shall need to evaluate closely the work of the nurse in that movement as related to other phases of the movement and we shall need to visualize the possibilities of a much greater contribution to human health with the education of the nurse better arranged. More and more must the interest and support of the public be secured for this public utility, for such the nurse has become.

The professional education of the nurse then must have as one of its aims civic efficiency or good citizenship. These women entrusted so much with the delicate wonderful machinery of the human body must be made as socially efficient as the public or private purse will carry. To what group more than to the nurse group, to whom is given the task of carrying the message of health into each individual home is more necessary the development of the capacity to share in the give and take of experience? Professor Dewey says of social efficiency that

> it covers all that makes one's own experience more worth while to others, and all that enables one to participate more richly in the worth while experience of others.

But more and more nursing educators and nurses must remember that above all methods of teaching and above all acquirements schools of nursing can give it is the individual woman who counts and that the nursing profession will increase or lose its public power in proportion to the collective expressions of the people's faith in each nurse who touches them.

There are endless educational and real cultural possibilities in a well planned nursing course. These possibilities should before long be urged and promoted by educators generally as the tools which they should help to put into the hands of many more women everywhere to fit them for the real business of life as a woman.

As I have said before, we meet in a wonderful year in the history of

nursing. Dreams have come true so rapidly that it is not possible for us yet to see this year in its true perspective. Its significance, however, is sufficiently apparent for us to realize with a profound sense of admiration and gratitude the great work that has been done by those leaders in our profession who have gone before and those present leaders whom it is not necessary for me to mention by name. Their names are familiar to you. Their ability, their courage, their tenacity, their resourcefulness, their confidence in the triumph of the cause are beyond all praise, and serve as an example and inspiration to those of us who today are working in the field of nursing education.

But it is the old who dream dreams and the young who see visions. Let us not be looking backward too much, but let us look forward and see visions emulating and loving those figures of our dreams, but turning our efforts with all confidence into channels of fruitful energy.

AN ADDRESS [1]

By Lucy Lincoln Drown, R.N.

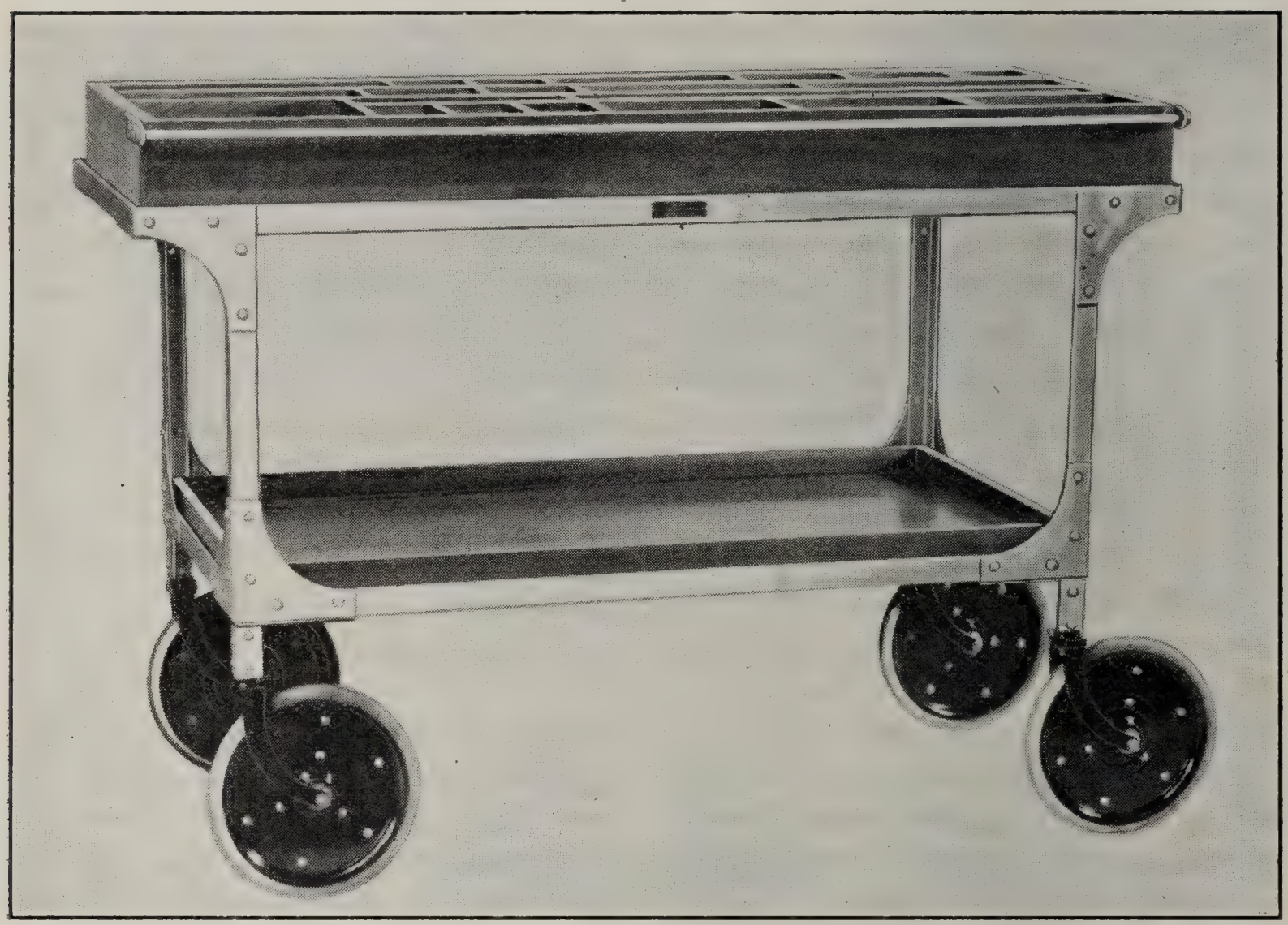
I STILL seem to be one of the links between the distant past and the present. In accepting this invitation my mind has gone back many times to that coterie of women, profound earnest women, who met together so many years ago to consider the problems that are so familiar to you. They came so fast that we hardly knew which one to choose first. The proper admission qualifications for the candidates and for the training schools, the length of the course, the curriculum of study, the better character of the nurses, the better preparation of the teachers—all these and many more had to be met as best we could. And as I look back on all the pictures on memory's walls there come before me some of the faces that I wish could assemble here tonight and see you all gathered together. First of all we would recall the noble presence of Miss Hampton, her gracious lineaments, her wise vision, her plans for the future. Then would come perhaps Miss Darche, with her kind intellectual mind, her arrangement of all that needed to be cared for, and her friend and companion and assistant worker, Miss Kimber; Miss Dock with her great originality and energy of purpose, never tiring; Miss McIsaac, whose calm deliberation led us and helped us; Miss Palmer, whose wise thought protected and advanced all the interests of nursing, especially in her journalistic work. And I would like to go on and name those dear names and have you see some of them as I and others see them.

Years have gone; the little company has gone; the nurses have come up from North and South, the East and the West; and progress thus has become manifest; and as years go on we begin to look to you for leaders to a higher sphere.

[1] An address given at a banquet to the National League of Nursing Education at the New Ocean House, Swampscott, Massachusetts, June 20, 1923.

A FRACTURE CART FOR HOSPITALS

By John Gerster, M.D.



IN the great base hospitals abroad, during the late war, large numbers of fractures had to be treated. Practical experience showed that much time could be lost setting up Balkan frames for traction suspension treatment. It was, therefore, found expedient to improvise a vehicle loaded with all the necessary tools, splints, pulleys, and other appliances necessary for the treatment of these fractures. So far as I know, the Second Surgical Division of Bellevue Hospital was the first in New York to improvise such a similar fracture cart under the direction of Drs. Kenneth Bulkeley and J. N. Worcester several years ago.

Within the past few months a manufacturer of hospital vehicles (using the photographs of the Bellevue fracture cart, a transformed four-wheel stretcher, as a guide) has constructed a stout little, steel-framed vehicle.

A hardwood tray with many compartments of various sizes is fitted into the top of the steel frame (see illustration). The contents of this top consist of hammer, pliers, wrenches, steel hack-saw, mole-skin adhesive plaster, bandages, screw hooks, bolts with wing nuts (for joints of Balkan frame), rope, etc., etc. Weights, splints, and other heavier objects are carried on a large lower tray, which is not fitted with compartments but simply has a raised edge.

Both doctors and nurses have found

this cart a great time-saver. There is no hurrying to and fro and vexatious waiting for something, the need of which could not be foreseen until the fractured limb was in actual process of being suspended.

This little vehicle is practically a workshop on wheels which is brought to the patient's bedside. When not in actual use, it is kept in the hospital splint room under lock and key. An inventory makes it the work of but a few minutes to keep the travelling workshop ready for immediate use.

NURSING IN ALASKA

By Mabel Leroy, R.N.

WHEN in the Autumn of 1918 the writer took charge of the U. S. Hospital for natives in Juneau, Alaska, (a splendidly equipped hospital of twenty-two beds), an experiment was begun, for up to this time, there had always been a doctor in charge who lived in the institution. Now, we had one of the local men, Dr. L. P. Dawes, an excellent surgeon who made rounds twice a day and attended to the dispensary in the afternoon. The hospital is a two-story building. On the first floor are the nurses' quarters, and never in any hospital have I seen better accommodations. The hospital on the second floor is reached by a separate entrance. There are two large wards as the natives prefer to be together, two private rooms, office, waiting room, diet kitchen, and a splendidly equipped operating room. With Grace Thomson of Vancouver, and a native girl, Josephine Scott, who had been in the hospital the year before, we opened the hospital which had been closed during the summer.



Josephine Scott
Alaska's First Native Nurse

In less than a month, after three or four days of heavy rain and mild weather which had melted the snow in the Basin, Gold Creek, which flowed beside the hospital, was rising rapidly and overflowing its banks. We watched many frame houses crumble like match boxes

and float down past us. We thought we were in no danger as there was a concrete foundation under the building. Soon a larger house came down, lodged against the bridge, overturning it. This changed the main course of the river, directing it straight against the hospital. We immediately began to get our ten patients ready to leave. There was one case of complete paralysis, one fracture of the femur in a cast, (a woman weighing nearly two hundred pounds), one case of dislocation of one of the cervical vertebrae, and several medical cases, including rheumatism, and a case of fish poisoning on the leg.

While the heavy timbers coming down the river were battering the foundation from under us, the natives brought a row-boat and a gaily painted old Indian war canoe to take us out. The current was so swift that it was impossible to row the boats, so ropes were fastened to each end and held by men on the street and on the hospital steps. We carried the patients down and placed them in the boats. Men walked in the icy water up to their waists beside the boats to steady them, while those on the street pulled the rope. It was all very exciting.

We were piled in trucks, delivery wagons and in autos and taken to St. Ann's Hospital, where the good Sisters sheltered us for three days, during which time we had only candles for light and the only water we had was carried from a well a block or more away. The Juneau Hospital, which was vacant, was then rented and we moved our patients there and started again with two native girls in training.

We had narrowly escaped disaster from another flood and everything was going nicely, when in just one month to a day, the territorial officials took over the hospital for "flu" patients. We were asked to remain and agreed to do so if they would care for the natives as well as the whites. The hospital was soon filled and at the end of the first three days, three of our nurses had contracted the disease. No need to describe those awful days, as everybody knows about them.

A short time later the "flu" broke out in Douglas, a small town across the Channel from Juneau. Many of the natives were taken sick. With the Rev. David Waggoner, we chartered a boat and brought over to the hospital ten or twelve of the worst cases, leaving Mrs. McEvoy, a very competent but untrained woman, in charge of quarters in a native school house, where she established a central food depot, from which were carried nourishment and medicine to the sick in their homes. In this she was assisted by any native men who were not ill. By wireless, we informed Dr. Krulish, in charge of the Red Cross, and then in the southern part of the district, who returned and took charge of the work.

In the spring of 1920, "flu" again made its appearance in Haines and Klukwan, many miles away. Betty Browne, who had come out from New York to assist me, and I were detailed to meet the piteous needs in those villages and our hospital service was interrupted for a whole month.

Our hospital had been rebuilt during the summer of 1919 and we moved into it the latter part of October, with Miss Browne, Mary Conley of Seattle and the writer, constituting the nursing staff and three native girls in training.



U. S. Hospital for Natives, Juneau, Alaska

The winter was interesting and busy. Dr. Dawes, assisted by Miss Conley, performed many major operations. Miss Browne was surgical nurse and I gave the anesthetics. Five gall stone patients, all operative, came from the village of Klukwan (only one hundred and fifty population), more than a hundred miles away.

In the early summer we had a very interesting case in the hospital, that of a young boy about eighteen years of age, who was almost killed by a brown bear. He and a companion were hunting when they met the mother bear and two cubs. The bear immediately attacked, catching poor Charley and carrying him about thirty feet. His companion screamed and brandished his gun, afraid to shoot lest he wound Charley. Finally the bear dropped him because, as Charley said, he talked to the bear saying, "Please, Mr. Bear, let me go. My family never did your family any harm." At any rate, Charley had about 125 infected wounds when he reached us, and he stayed for many days.

One of the most interesting of the year's activities, was teaching the mothers how to bathe and dress their babies. First, they watched the nurse and then they were allowed to do the work themselves, under supervision. The younger women thoroughly enjoyed it, and said they would try to give the babies the same care at home. Since the establishment of the hospital, there has been marked improvement among the mothers; many of them bring their own layettes, and in various ways manifest advancement. It is said by many of the old white residents that the improvement of the native is marked since the establishment of the medical service.

Establishing a training school for nurses for the native girls was interesting and fruitful. There were classes for nurses in anatomy, physiology and the

practical care of patients. They were very much interested in their work, and enjoyed the hospital life in winter, but when spring came, they longed for the outdoor life of their people. Their off-duty was arranged to give them as much outdoor recreation as possible. The health of the nurses was considered important; they had wholesome food, were weighed regularly and their teeth were carefully looked after by a local dentist. They were seldom off duty on account of illness.

In October, 1920, in the native Presbyterian church, we held graduating exercises for Josephine Scott, Alaska's first native nurse, of whom we were all very proud. The exercises were as nearly like those held in any hospital in the States as they could be made. There were addresses, presentation of diploma, flowers and gifts! The pupil nurses in their blue uniforms, immaculate aprons, caps and cuffs, made an impression upon the white people as well as the natives who were present. Miss Scott stayed at the hospital on salary, later did some field nursing, and is now an office nurse. The school continues and will graduate one nurse this fall.

HOSPITAL SOCIAL SERVICE

By N. F. Cummings, R.N.

THE petition for the charter of the Pennsylvania Hospital, the oldest in the United States, was presented to the Colonial Assembly by Benjamin Franklin. It was characteristic of the far sighted wisdom of Franklin, whose life work comprised so many civic services, that he regarded the hospital as a place where the persons treated

> might by the judicious assistance of Physic and Surgery, be enabled to taste the Blessing of Health, and be made in a few weeks useful members of the community, able to provide for themselves and their families.

Intensive and scientific development of "Physic and Surgery" have been charged in this generation with having caused some deterioration of the finer qualities of human nature, in the administration of hospital treatment. The highly scientific methods of technical nursing which have created exact procedure in record work, surgical nursing and the execution of similar hospital routine have been found wanting in the recognition of the patient as a person with family and community ties.

Both medical and nursing executives in hospital work are reviewing their fields and in every discussion of educational policy there is increasing recognition of the psychological and economic aspects of the plans for treating medical conditions, the responsibility for health of these elements and the contribution of the hospital to social work in the community.

Three far reaching measures have been effected in the hospital field which will determine the changing character of the hospital, growth in nursing which is appropriate for the broader conception of work, and the education of the hospital social worker. Each service is of vital concern to the other, as they are interchanging routes while bound together in a common plan. Therefore, a

common basis of knowledge and understanding of each special field is necessary to insure clear results.

A Report on the Training of the Hospital Social Worker[1] was presented at the annual meeting of the American Hospital Association in September, 1922. This action followed the Report of the Survey of Hospital Social Service[2] which was made by the Association in 1920 and 1921. Therefore, the function of this work has been officially endorsed as an essential of hospital service, although its scope has been the object of lively discussion during the past. A review of training or education must begin with a statement of the work to be performed. The Report describes hospital social work as follows:

1. Discovering and reporting to the physician facts regarding the patient's personality (including health habits and characteristic behavior tendencies) or environment which relate to his physical condition.

2. Overcoming obstacles to successful treatment such as may exist or arise in his home or at his work.

3. Assisting the physicians by arranging for supplementary care when required.

4. Educating the patient in regard to his physical condition in order that he may coöperate to the best advantage with the doctor's programme for the cure of illness or the promotion of health.

5. Group treatment. Not only individuals but groups of individuals can be dealt with according to methods of social treatment. Therefore, classes of special patients such as cardiac, tuberculosis, diabetic, etc., were formed.

(6) Research into social causes and results of disease, and teaching both students and patients in hospital social work followed. Records and statistics must be kept, facts collected and interpreted, and work must be done in such a way as to be susceptible to critical inquiry.

The first clause insures the primary service, which is aiding the physician in his knowledge of the medical social situation. It arranges for coöperative action in the family to support the plans of the medical treatment and through finished work diminish waste of hospital care.

Sometimes the family adjustment leads the visitor far into human relations as shown through a history recently presented before a meeting of the local section of the hospital social workers of New York, by the social service nurse of a leading cardiac clinic. The first visit to the family was made in behalf of a child with cardiac disorder. The home was unsanitary, the mother dead, the father kindly but uninformed, two sons were delinquent and one of them in Sing Sing prison. An elder daughter had left home because of family differences. This environment was hopeless for the home care of the child as outlined by the clinic physician, therefore the visitor placed her in a convalescent home for a time while she patiently endeavored to educate the family in the essentials of better environment, and to stimulate a stronger moral fibre. It requires heroic qualities to achieve such results, but the medical extension service which goes hand in hand with clinic treatment at this hospital is limited only by the awareness of what constitutes a finished job on the part of the clinic worker. St. Luke's Hospital is one of those which regards the social service department as

---

[1] Report of the Committee on the Training of the Hospital Social Worker. Transactions of the American Hospital Association. 1922. xxiv. 244.

[2] Report of the Committee on the Survey of Hospital Social Service. Hospital Social Service. 1921. iii. I.

cardiac, tuberculosis, diabetic, etc., were formed.

a normal unit of the organization. The net results of sustained interest through long term visits which gave new avenues of development to the members of the family although no material relief was needed, are an improved child, a united family spirit, with the sons at work in good surroundings, and such medical attention as became incidental to the routine examinations of father and children. The visitor was even consulted as to re-marriage of the father, which event was favorably consummated.

This type of service is not new, but it is still unknown in many hospitals. In others the nursing and medical executives find it as strange in medical work as the theory of the circulation of the blood as determined by Harvey, and the germ theory of Pasteur seemed to many men of their time.

The Report of the Committee on Hospital Administration and Training of Hospital Executives[3] was also discussed and endorsed at the last annual meeting of the American Hospital Association. At this point it will bring to bear a direct and revealing light upon the field in the hospital organization that is now known as hospital or medical social service, although for a long time it appeared to many hospital workers as vague and undefined. The substance of the three Reports which this comment endeavors to bring into relation to each other and to social service, will in time make the work concrete. The report of hospital administration finds the hospital

> to be the strategic place for a common meeting ground of education, coördination of community health policies and of service to the patient. It has a type of organization which provides facilities and personnel for rendering the highest possible grade of health services to patients, professional groups and the community; for educating the community to demand and support adequate health policies. In order to make the treatment there effective, a follow-up and after care, reëducation and readjustment of physical and mental activities to secure promptly the highest degree of recovery and economic efficiency is necessary.

Here the wisdom of Franklin is touched again by the leadership in hospital work of our time.

Hospitals therefore need whole time medical or hospital social workers who will devote themselves to individual conferences with patients, also to class work in group education of the cardiac, tuberculosis, diabetic, scoliosis and other patients, and to nutrition classes for those who require such service. During the conferences the individual needs are talked over in detail and points made clear as to rest, good hygiene, occupation, family problems and education or recreation. The social worker needs to know resources and how to connect with them promptly. The psychology of the conferences is stimulating and leads away from the morbid introspection which is an aftermath of illness. Dr. Cabot has said that "irruption of newly recognized social work in all hospital social work is the most important development of recent years." [4] The coördination of a system of education in hygiene and right living in direct application to hospital and clinic work will naturally constitute the formation of a department of hygiene in the hospital which will be equal in rank with every other special service. This department

---

[3] Hospital Administration and Training of Executives. Bull.

[4] Medical Social Service Experience in France. Richard C. Cabot, M.D. Hospital Social Service 1919. I. 163.

will take up the reëstablishing of the efficiency of the discharged hospital patient at the point where the clinical therapeutist with his drugs and his bedside paraphernalia lays it down unfinished. Our present medical men have effected a competent body of knowledge of hygiene and public health, but as the nurses in the hospital are not equipped for this work and the pressure of acute disease is unceasing, it has not been made a normal procedure of the treatment. No patient should be permitted to leave the hospital until he has been informed of the underlying causes of his disease and of the ways and means to correct them. Education of this type is the very foundation of hospital social service and of the function of the hospital as a community health center. The country convalescent homes which are located near some of the large cities have been valuable aids in this work. They provide for the education of the patient during the interim period by a stimulating regimen of right living. The end results of this system of education and social rehabilitation through extension medical service of the hospital are recorded and summed up for the purposes of research and for shaping policies of education of the workers.

Coincident with the other Reports on hospital service, another was issued which has important bearing on the measures in question. I refer to the Report of the Committee on Nursing and Nursing Education in the United States.[5] This Report is the first authoritative endorsement of the status of social aspects of disease and its prevention, as a requisite in nursing education by a committee which represents the university, the hospital, and medical and nursing personnel. It finds that the social, economic and hygienic elements of hospital treatment are essential to the private duty nurse as well as the public health visitor. Ignorance of the natural functions of the human organism and their maintenance in health is not confined to the so-called uneducated classes. It is, however, essential to adapt the method of imparting such knowledge to the personality and receptive capacity of the patient.

Public health nursing has helped to bring to light the significance of the social aspects of disease and its prevention and it has found that in the middle ground between hospital social work and public health nursing, the currents of each converge and form a common function. Some of the social service work in hospitals is organized on skilled technique or social case work while many public health nurses are giving equally skilled health case service which includes the social element of the given treatment. Hospital social service was established in the hospital by nurses and doctors who felt a sense of responsibility for the gaps in medical care such as that given by the instance of the man who is just emerging from a serious illness and is facing the future with debts, a debilitated physique and a heavy job. Dr. Darrach and Miss Buselle, the clinic nurse, perceived the need for adjustment of the strain on such patients in the outpatient service of the Presbyterian Hospital of New York in 1904 and Miss Maxwell was quick to secure effective measures for the new duties. Dr. Henry Dwight Chapin created a similar

[5] Nursing and Nursing Education in the United States. Macmillan Co., New York. 1923.

movement in the New York Post-Graduate Hospital in 1890 in order to connect the links in the chain of medical social treatment of children.

At present there are brief elective courses in hospital social work in a number of progressive training schools. They are not designed to prepare the nurse for the work. They do, however, give such elementary knowledge as is necessary to portray the social aspect of ill health and its relation to public health. Such a course is given in the curriculum of the New York Hospital. It offers lectures on organization, the relation of the department to the hospital, social history and budget making, proper convalescence, coöperation with other agencies, health classes, race psychology. Field work is arranged in conjunction with the lectures and the whole plan is related to the continuity of care from the entrance into the hospital of the patient, his transfer to the wards and clinics and to ultimate discharge.

It is consistent to evaluate the measure of the preparatory knowledge which is afforded a hospital social worker by nursing education. This is illustrated by comparison such as was given me by Miss De Long, superintendent of Bellevue Hospital Training School, formerly Assistant Superintendent of Johns Hopkins Training School. Dr. Osler often said to her,

> I envy your nurses their opportunities to observe the progress of symptoms under the nursing and medical treatment and wish my medical students might have the same experience.

In order to give the students of Johns Hopkins Medical School a clear understanding of the social aspects of the diseases of their cases Dr. Charles Emerson of that hospital provided social field work for them in the homes as the sense of value could not be obtained through lectures alone. Is not the application of this procedure the natural method of equipping the hospital social worker with medical knowledge of the patients?

As this service becomes more concrete in the immediate hospital working day, the nursing executives will appreciate its dependence upon the public health nursing measures and it is inevitable that the provision for hospital social education will be defined in nursing education through its public health responsibility.

The trite criticism of nurses that they are spiritless and over trained but under educated beings with mechanically obedient personalities can now be challenged by the spirited young women of today who have discarded military discipline in favor of self government. Their psychology is vivid and desirous of the prerogative of leadership, which qualities have hitherto been credited to the role of social service. In the new application of the hospital treatment through reaching arms into the home, where ultimately the efficiency of the medical social service is felt, the social service nurses and the strictly social workers may create a composite worker. At the National Conference of Social Work which was held in Washington in May, Miss Julia Lathrop and Mr. Robert Kelso predicted that in 25 years' time we shall have no active disease. We know that public health activities joined with social work have eliminated or controlled diseases which were formerly highly destructive. Therefore, the prophecy of Florence Nightingale in 1855 that "nursing of the future shall

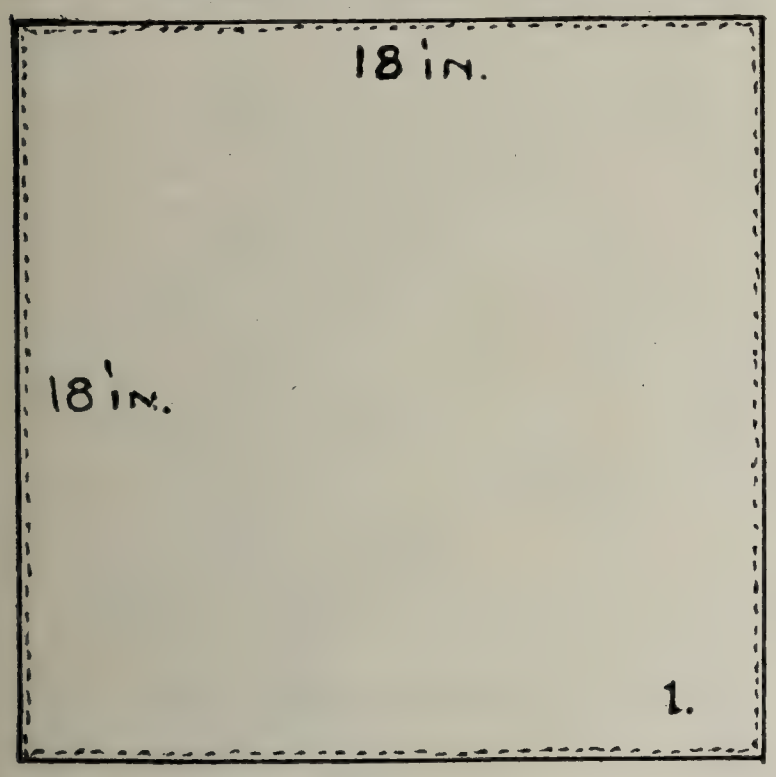
be health nursing and not sick nursing" is in part realized. It is sufficiently so that the nursing education will change its course to meet the community and social responsibilities in which the hospital is a potential and determining agent for public health work, education and research. The process of adapting the old order to the coming service is halting, often baffling, but it is constantly moving forward. We have characters in hospital work who will return the inheritance of the old leadership in kind. Sir Isaac Newton said of his work when he was at the height of his fame:

> I know not what the world will think of my labours, but to myself it seems that I have been but as a child playing on the sea shore, while the immense ocean of truth extended itself unexplored before me.

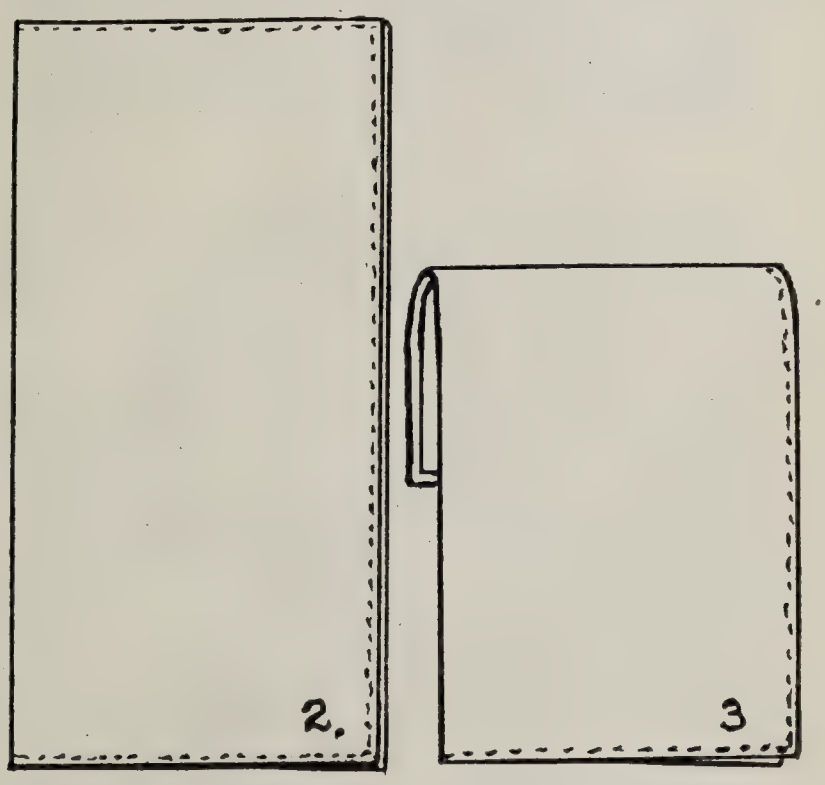
THE SQUARE DIAPER

By Louise Zabriskie, R.N.

THE question of diapering a baby is one which apparently has been given little consideration, from the standpoint of the comfort of the baby and least expenditure of time and energy of the mother. The square diaper, the technique of which is explained here, is becoming more and more generally used, perhaps because of the following facts.



One yard of 36-inch material makes four diapers, 18 by 18 inches which the baby can wear as long as diapers are necessary. This small square diaper is comfortable for the baby because it allows freedom of motion, and put on like pants it has no bunchy ends stuffed between the legs. It is easy to wash because it is soiled in one spot—no soiled corners or hems, and being small it is easy to dry.

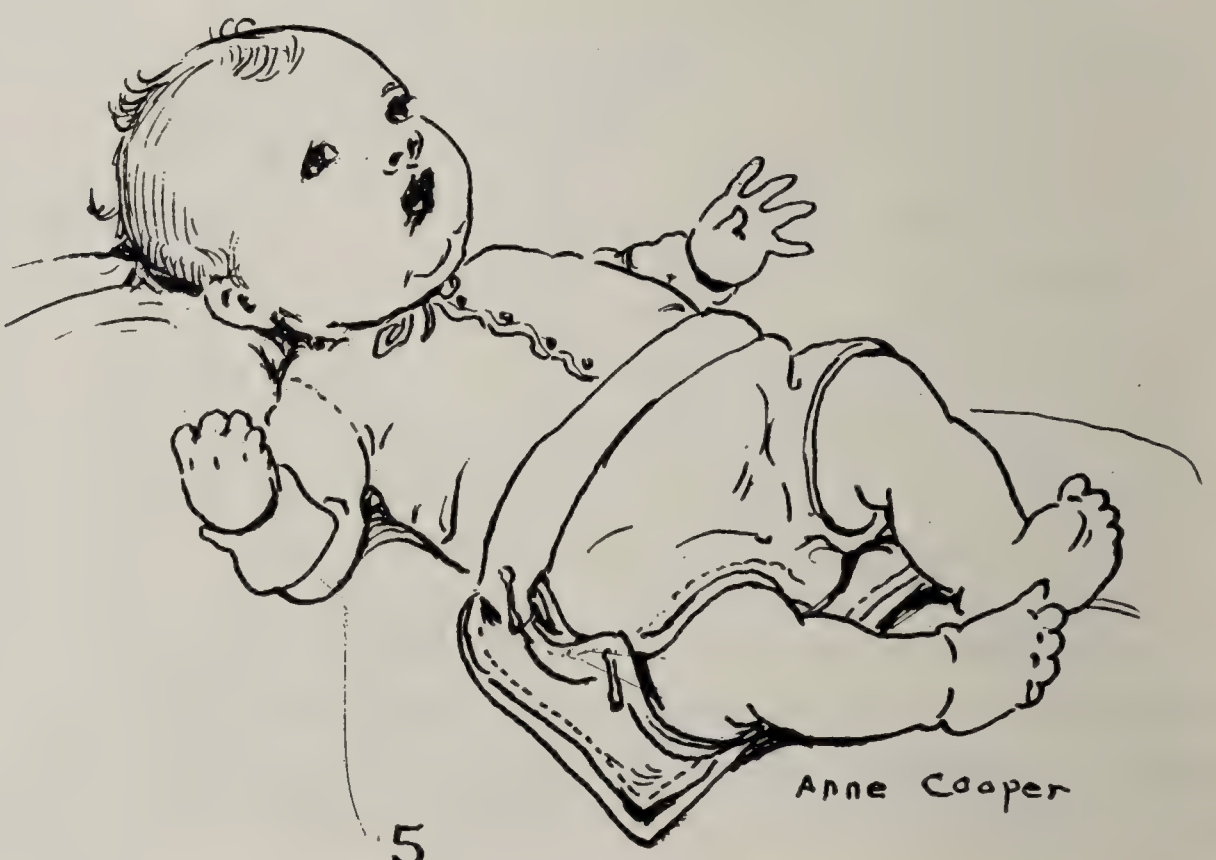


To put this diaper on, fold it straight through the center, forming a rectangle (see cuts 1 and 2). If baby is small, fold down one-third (see cut 3), making extra pad under baby. (If boy baby it

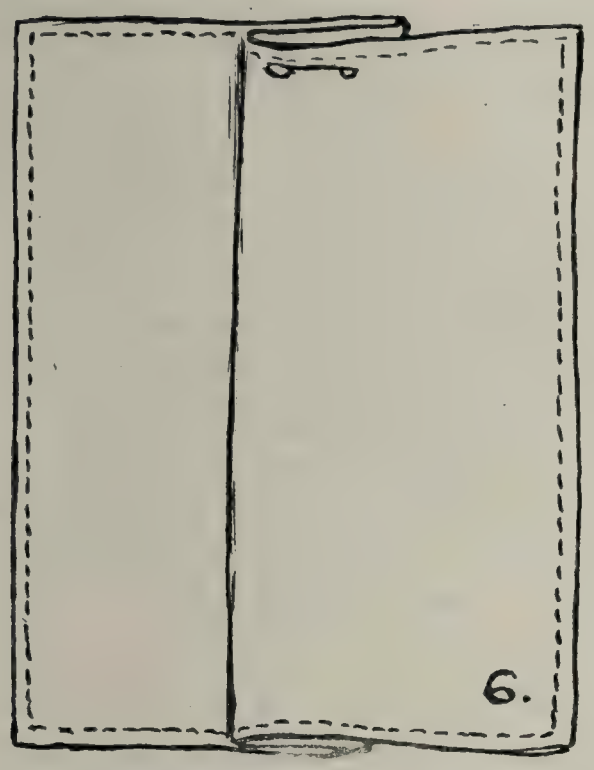


4.

is a good idea to have this extra flap in the front.) Place diaper lengthwise under baby, draw the lower half up between his thighs (see cut 4) and pin it on each side at waist line through the band, having the back fold of the diaper overlapping the front. Adjust above the knees, not too tight and pin (see cut 5). Use medium size safety pins. If pins are put in crosswise through the sides of the diaper they are more secure. When the baby outgrows the folded diaper, this same diaper may be used by putting two diapers together (for extra thickness) and fold a plait through the middle (see cut 6) to fit



5



the baby's waist, pin at back and front through plait, and fasten sides as before.

If the baby's training is begun early it will save much unnecessary work and the baby will be more attractive and comfortable.

Care of the Soiled Diapers.—Shake or brush soiled diapers clean under toilet flush provided toilet is clean, otherwise use chamber. Then put diapers to soak in covered pail of borax solution (one tablespoonful to two quarts of water made fresh each day). When diapers are just wet drop them into pail of borax solution. Each morning wring diapers out of borax solution, wash—using some form of mild white soap. Rinse through two waters and dry in the sun if possible. Twice each week all diapers should be boiled in soap solution, rinsed thoroughly in three waters and dried. Blueing or strong yellow soap should never be used, as these may irritate the baby's skin. A very good way to use small scraps of soap is to save them in a jar to use when boiling the diapers.

NURSES AS X-RAY TECHNICIANS [1]

By A. M. Zell, M.D.

ONE of the most recent departments of medicine is Roentgenology, and it is well for me to say a few words about this science in general before mentioning the department of X-ray technicians. The scope of Roentgenology is ever widening in the diagnosis and treatment of disease. The advent of the opaque meal, the pneumo-peritoneum, the stereoscopic method of Roentgenization, and the high powered transformer make this branch of medicine one of the most important aids in the recognition and alleviation of human suffering. Never before has the necessity of an accurate diagnosis been appreciated by medical men, as well as educated laymen, as today, and we are justly proud of the part the Roentgen ray plays in attaining this end. Making a diagnosis even of the common ailments involves a consideration of diagnostic factors comprehended only by a broad medical training. For this reason Roentgenological work, to be a credit to its discoverer, and most valuable, must be in the hands of a well trained physician. As long as its use was confined to fractures and dislocations, it could be carried out by the physician alone. Since it is now applied to every

[1] Part of a paper read at the annual meeting of the State League of Nursing Education, Hot Springs, Arkansas, October 9, 1922.

portion of the body and its most complex problems, trained assistants are essential so that the Roentgenologist can devote his full time to study and be relieved of the technical end.

The call for such assistants or technicians has gone out, and in my judgment no one is better qualified to take up this new specialty than the graduate nurse. In some of our larger cities we have lay technicians, who lack the training and ethics, and who have discredited this valuable agent, nay—even rendered great harm to the unsophisticated patient. These are known as commercial laboratories and do not deserve any higher rating than a picture gallery. It is true that a skillful technician without medical education may after long practice produce excellent plates or films, but this does not constitute the practice or science of Roentgenology. The educated physician, having a deep acquaintance with methods and principles of both preclinical and clinical science, can alone make a Roentgenoscopic examination of value and interpret adequately the meaning of the variations of densities visible in the Roentgenogram.[2]

To prevent the establishment of additional picture making laboratories, the American Roentgen Ray Society and the Radiological Society of North America, are deeply concerned with the standardization of the X-ray laboratory and technicians. The technician is to be the artist in portraying the true pathological condition and it is hoped, therefore, that technicians for these laboratories will be supplied by the nursing profession.

In the Roentgenologist's appeal to nurses, the following advantages in this work are pointed out:[3]

1. It is a change from routine nursing.
2. A seven or eight-hour day, no Sunday or holiday work except an occasional emergency; no night work.
3. Lighter work for the physically handicapped, which would enable a nurse to continue active for a longer period than is possible in private nursing.
4. The nature of the specialty requires study and continual progress, and should bring adequate reward financially to those of superior qualities.

Speaking as I do to executives of training schools, I wish to call your attention to the necessary qualifications for such work.

In the making of a nurse you are in a position to render valuable assistance to pupil nurses in helping them to decide the work they are best fitted for. During the years of training you have the opportunity to familiarize yourself with the students' inclinations and aptitudes and direct them so that they will be a credit to you and the institution. The following requirements are essential in producing skillful and efficient technicians:

1. Mechanical aptitude, with ability to learn the use of electrical apparatus on a precision basis, the elements of photography and developing.
2. Nursing training and etiquette.
3. General executive ability, as many laboratories require several technicians.
4. Carefulness and observation of details, almost bordering on meticulosity.

These qualifications should be natural characteristics of the proposed technician, and the nurse should be anxious to engage in this work for the work's sake and not for any lucrative returns

---

[2] Lewellys F. Barker, *American Journal of Roentgenology,* July, 1922.

[3] Darling Byron, Secretary of the Committee, Relationship between Radiologists and Technicians.

she may see in store for her. Then she will be an able assistant and reflect honor on this most interesting specialty.

In conclusion I wish to call your attention to the recent establishment of a National Board of Examiners for technicians by the Radiological Society of North America, functioning under the name of the Registry of Radiological Technicians, Dr. H. S. Tyler, executive secretary, Omaha, Nebraska, which passes upon the eligibility of technicians and grants them a certificate to engage in this work after passing a successful examination. This examination is both theoretical and practical and has been carefully worked out in coöperation with the American Association of Radiological Technicians, and is heartily endorsed by all Roentgenologists.

AN INSTITUTE IN THE MIDDLE WEST

The programme of the Institute to be held under the auspices of the Illinois State League of Nursing Education in Chicago September 3-14 is now available. Two courses are offered. Course A will consist of 10 lectures on each of the following subjects: Principles of Teaching, by Wm. E. Blatz, M.A., M.D., of the University of Chicago; Sociology, by Thomas D. Eliot, Ph.D., of Northwestern University; and Psychology, by Harrison LeRoy Harley, Ph.D., of the Illinois Department of Public Welfare. Course B consists of a varied and thoroughly practical series of 30 lectures and demonstrations. The topics have been chosen with the needs of executors, instructors, public health nurses and private duty nurses in mind.

The tuition fee is $10.00. Admission to single lectures or demonstrations fifty cents.

Write to May Kennedy, Director, 6400 Irving Park Boulevard, Chicago, for programme and information and then enroll promptly. This is an unusual opportunity for nurses who are unable to take longer courses. Take advantage of Chicago's wealth of clinical and teaching facilities!

VIRGINIA RE-REGISTRATION

"The attention of all Virginia nurses who have not re-registered this year is called to the fact that their names will not be included in the list to be published October 1st, 1923, unless they send fee of one dollar each and request for renewal of registration before September 10, to Ethel M. Smith, Secretary-Treasurer, Craigsville, Va.

In future the re-registration must be attended to during the month of January each year. A revised list will be prepared every February. Copy of the law may be obtained by applying to Miss Smith, enclosing two cents postage."

PLEASE

Directors of Postgraduate Courses: Nurses are constantly writing to National Headquarters for information on Postgraduate Courses. Institutions offering such courses want students. It would be mutually beneficial to have complete data on hand at Headquarters. The institutions offering postgraduate work are urged to send outlines of courses and other data to Effie J. Taylor, Executive Secretary, National League of Nursing Education, 370 Seventh Avenue, New York City. Information is desired on all of the many types of postgraduate work, including Communicable, Mental, Tuberculosis, Pediatrics, Surgical and Obstetrical nursing and on X-ray Technique and Anesthesia.



XXIV. MARTHA MONTAGUE RUSSELL

BIRTHPLACE: Pittsfield, Mass. PARENTAGE: American. PRELIMINARY EDUCATION: Graduate Amherst High School, Amherst, Mass. COLLEGE EDUCATION: Mt. Holyoke College. PROFESSIONAL EDUCATION: Graduate of New York Hospital. POSITIONS HELD: Assistant Superintendent, Providence Lying-In Hospital, Providence, R. I., 1897-1900; Directress of Nurses, West Penn Hospital, Pittsburgh, Pa., 1901-1903; Superintendent, Sloane Hospital, 1904-1917; Red Cross Nursing Service, 1917-1918. PRESENT POSITION (since 1918): Superintendent of School of Nursing, University of Colorado, (now on leave of absence). OFFICES HELD: President, New York Counties Nurses Association, Director American Society of Superintendents; Director, National League of Nursing Education; Secretary, National League of Nursing Education, 1921-23; Chairman Programme Committee, National League of Nursing Education, 1914, 1915, 1916. AUTHOR OF: Occasional papers on nursing topics. PRESENT ADDRESS: Medical School of University of Colorado, 13th and Welton Streets, Denver, Colo.

EDITORIALS

Annual Meeting of the League

FOR twenty-eight successive years members of the National League of Nursing Education (once the Society of Superintendents of Training Schools) have met in various parts of the country. Each meeting has had its outstanding characteristics, its own particular flavor, as it were. New England, home of many of our most honored nurses, was well chosen as the meeting place in this, the jubilee year of nursing in America. It was natural that retrospect should profoundly influence both prophecy and immediate action at such a meeting. Miss Nutting, out of her wide knowledge of our brilliant past and intimate touch with the present sounded a veritable trumpet call by saying that the Golden Age of nursing lies not in the past, but in the future. Edwin R. Embree, of the Rockefeller Foundation, stressed the importance of research in education. This is the lesson of the Swampscott meeting. We must press on and ever on but each advance must be based on thoughtful conclusions arrived at through frank experiment and the methods of scientific research.

Those who expected radical action on the length of course will be disappointed. No such action was taken. Thought was rightly concentrated on the content of courses rather than the length of time to be consumed. Tuberculosis and mental nursing came in for a proper share of consideration in this connection. Lively discussion of the papers on Pediatrics (two of which we publish in this issue) made of that session an outstanding event. When the discussion focussed on suitable fields for the training of specialists in pediatrics honors went to those who spoke in favor of the children's hospitals as opposed to children's departments in general hospitals. A witty speaker gave piquancy as well as force to her argument by stating that a children's hospital is not a special hospital, inasmuch as it may, and usually does, offer every possible clinical experience save only obstetrics and senile dementia!

Our schools must squarely face the demands of communities for nurses who have been well grounded in these branches. The public health movement continues to open up vistas that cannot be ignored by those responsible for the preparation of nurses for their calling. It is this insistent and persistent need that makes content of courses the topic of paramount importance when nurse educators come together.

Other high lights brought out were the importance of correlating the supervision of the health of student nurses with the class work in personal hygiene; of clearly defining the duties and the status of instructors in order that they may really be a part of and not merely adjuncts to the faculty of the school. The time is not far distant when we shall have great teachers, as we have long had great administrators, if only suitable opportunity is given for development.

The paper on the Relation of Hospital Superintendent to the Principal of the School, published in this issue of the *Journal,* should be read by every administrator in each of the groups indicated. Its conclusions are as applicable to the extra-mural relations of the school as to

the specific relations discussed. It is our privilege to carry other notable papers in this and succeeding issues of the *Journal*. Space limitations prevent publication of them all, but the annual report of the League will be ready for distribution in the early autumn.

As we have indicated, the programme dealt with many controversial questions. It is significant of the wholly coöperative and tolerant spirit of the gathering that there was no acrimony in even the most animated discussions. Committee reports were rejected or held over for further consideration with an absence of heat that conserved energy for the production of the light so needed on many questions. Discussions were participated in by young nurses as well as those long in service and public health nurses contributed notably to both programme and discussion.

It is pleasant to record that Mrs. Chester Bolton and Dr. C. E. A. Winslow, both of whom have given such conspicuous evidence of their interest in nursing education have become honorary members of the League. Another stimulating announcement was to the effect that the name of Isabel Hampton Robb, greatest of American nurse educators, has been given to the recently established Fellowship in Nursing at Teachers College. This is the first Fellowship that has been made available to nurses.

In deferring action on the proposed revision of the Constitution and By-laws the convention voted democratically, the obvious feeling being that the State Leagues require more time for consideration of the whole question of organization and the inter-relation of our national organizations.

The contribution of such a meeting to our work in the world lies in its thought provoking quality. Its fruition lies in the future.

Massachusetts Hospitality

IT was truly a beautiful house party the Bay State Nurses gave to members and guests of the National League of Nursing Education at Swampscott in June. In no other way can we describe the intimate charm of that gathering, its "togetherness." The New Ocean House, with its spacious foyer, its airy porches, and its breeze swept ball room where the meetings were held, together with the ever changing panorama of sea and sky, afforded a perfect setting for the efficient but spontaneous and gracious hospitality of Mary K. Nelson and her Committee which was so ably supplemented by the Alumnae of the Lynn Hospital.

Carrie M. Hall and Sally Johnson, chairmen of the Arrangements and Programme Committees, although they had rounded out their work well in advance of the meetings were indefatigable in their thought for their guests. North Shore drives and ocean dips were slipped in between meetings and the more formal entertainments.

The banquet, held under the spreading dome of the New Ocean House dining room, was a brilliant event. Miss Goodrich, as toastmistress, was never more scintillating. Younger nurses had the privilege, a very real one, of savoring for themselves the rare and modest quality of Miss Richards and Miss Drown and to observe a similar flame of purposeful consecration shining through the countenances as well as the spoken words of Miss Maxwell, Miss

Riddle and Miss Nutting; through the internationalism of Miss Hay, the humor of Miss Keith, and the modernity of Miss Logan, Miss Hall and Miss Johnson. It was an occasion to make one rejoice in the traditions and the potentialities of our profession.

Of an entirely different sort was the thrill we experienced the following evening on beholding above the heads of Boston's world famous symphony orchestra, the gleaming letters N.L.N.E. in frosted incandescent lights. Nor was this the only tribute paid the oldest of our national organizations at Symphony Hall. The delectable programme arranged for League Night "Pops" was one to waft any weary nurse into her own particular realm of "dear delights." This was the social climax of a meeting that offered unusual opportunities for beginning new friendships, for strengthening established ones and thus for multiplying the silken threads that make up the colorful tapestry of our professional life.

Miss Gray, Dean of School of Nursing

Opportunity lies waiting just outside the door of most nurses but we wonder if Carolyn E. Gray may not sometime have quoted to herself: "I will prepare myself and opportunity will come." Her election on June 12 to the position of Dean of the new school of nursing by the trustees of Western Reserve University might easily be the result of such a resolve. This school is the outgrowth of the Department of Nursing Education in the College for Women which Miss Gray has directed for two years.

Certainly Miss Gray has prepared herself for the opportunity and responsibility which have come to her. Entering nursing after several years of teaching, her advancement in her chosen field, that of nursing education, has been halted only for the periods of study which have made further advances possible. Her path has been marked by distinguished contributions to the profession. Just as Miss Gray is completely at home in nursing circles, so she must find the academic atmosphere congenial, for she has acquired the degree of Master of Arts as well as that of Bachelor of Science.

Mrs. Bolton's gift of $500,000 is to be kept as an endowment fund for the new school, which thus becomes the first endowed undergraduate school for nurses in this country. The position of Dean is therefore one of eminence, carrying with it much distinction, but it will be no sinecure. Demanding wide knowledge, indomitable courage, and the vision of the pioneer, it offers glowing opportunity to one possessing these gifts. The policies of the new school are still to be worked out, but upon the experimental work of this school and the one to be established simultaneously at Yale much of our future educational policy will depend. We have faith in these great projects. We have faith in the women who are undertaking their development. To the courageous soul now embarking on uncharted seas in the interest of a mighty cause we extend our heartiest good wishes.

Mrs. Lockwood and Miss McMillan Represent the Journal

EVERY nurse is conscious of the rapid expansion of our professional field. To your editors, faced with the

obligation of keeping abreast of the times its growth is comparable to that of Jack's Beanstalk or, more accurately, to that of a Japanese Kudzu vine, which is quite capable of stretching across a window over night and in so doing obscuring vision.

Your JOURNAL is the largest magazine published solely in the interest of nurses in the world. Even so it is frequently difficult to preserve a proper balance in the apportionment of space to the many interests and most difficult to determine when we have really given maximum service with the necessarily limited amount of space at our disposal.

With these and other problems in mind, the *Journal* Board has authorized the organization of an advisory group to be known as Field Representatives. The new group will not interfere in any way with the duties of the good friends who have undertaken to send in news items from alumnae, district and state associations nor will it interfere with the increasingly active and successful group who are securing subscriptions.

The Field Representatives will be chosen from various parts of the country and from various fields in nursing. They will act as advisors to the editor in her choice of material, selection of writers and related problems.

Through the new group we hope to present a clearer conception of the problems and advantages of the different sections of the country. We are happy to announce that two appointments have been accepted. Our shoulders have already straightened a bit because Mrs. Charles D. Lockwood has promised to serve for the Pacific Coast and M. Helena McMillan for the Middle West.

THE WORLD CONFERENCE ON EDUCATION

INTERNATIONAL relations and the peace of the world have from time immemorial been dependent on what might be called the art of statesmanship and the craft of diplomacy. The Conference on Education which drew the representatives of sixty nations to San Francisco in June gives hope of genuine international understanding. Miss Jamme, writing informally, comments on the tremendously inspirational quality of that meeting and of being profoundly moved by the generous recognition of nurses and of their work as educators. The educators who were in attendance have grasped the true significance of health teaching and will be satisfied only with the highest standards in those entrusted with this responsibility.

In discussing "The World University," Dr. McCracken of Vassar brought out with great dignity the worth of the work of nurses and the importance of sending some of our well qualified women to other lands to teach.

On another page we give a synopsis of the resolutions passed by the Health Section. Here indeed is work to be done, work in which our nursing organizations should take a vital part. Out of the Conference has come the World Federation of Educational Associations with our National Educational Association the first organization to be affiliated. It should be the ambition of our National League of Nursing Education to affiliate with this august body and thus contribute to nursing education and to health teaching throughout the world.

DEPARTMENT OF NURSING EDUCATION

LAURA R. LOGAN, R.N., DEPARTMENT EDITOR

THE PROBLEM OF THE CARE OF THE CHILD IN THE PUBLIC HEALTH FIELD

BY ANNIE W. GOODRICH

WE have heard emphasized many times this morning the growing importance of the child's health, which is evidence of the increasing realization of the economic asset of the healthy human being, to produce whom we are forced further and further back in the life and development of the individual, our efforts extending even to the mother at the earliest stage of her pregnancy. The results that have so far been obtained would seem to fully justify the expenditure of time and money involved. Furthermore, they suggest the possibility of astounding results under certain and not impossible conditions.

In considering this question there constantly comes to my mind the great achievement of General Gorgas in wiping out of Panama diseases that had for years made impossible the building of the Panama Canal because they debarred the white man from the tropics. I know of no more thrilling story than General Gorgas' own brief but graphic description of the opposition to the measures for the prevention of these diseases—measures which were later to prove effective beyond all expectation. The story is closely analagous to Mr. Embree's illustration last night of the break in the sidewalk which constantly crippled people, because the community was concerned with the care of the broken legs caused by it rather than the mending of the hole itself.

In rereading "Sanitation in Panama," I was interested to note that General Gorgas' method provided for the assignment of one medical officer and two or three assistants to a very small unit of the population. General Gorgas emphasized as an important factor in the result achieved, his power to require the medical examination of every individual and to give free medical treatment and care. His prediction will be recalled by some that, "In the years to come the great engineering feat of building the canal will be secondary to the achievement in the stamping out of yellow fever since it demonstrates that the tropics can be made inhabitable by man." But let us not forget that the tropics, except in small areas, *have not yet been made inhabitable for the white man.* To do so will require an army of sanitarians dealing in the same intimate way with the situation.

If we today were to deal in this manner with the child health problem, it is quite possible that we would achieve a not less outstanding result. Dr. Haven Emerson, in his address at the Washington Social Conference last month said, "The lessons of health are readily taught, easily learned and with reasonable justice in human relationships can be applied with certainty of results." He presented interesting comparative statistics relating to the workers in the field of curative medicine and the field of preventive medicine, the total number in the former being 489,583 and

falling into four groups,—dentists, physicians, trained and untrained nurses, the trained nurses numbering 136,126. In the field of preventive medicine he reported 17,180 only, of which 11,000 were nurses. This gives us pause for a moment, for it calls sharply to our attention that with all the recent discoveries relating to public health, with the prolific literature issued concerning the subject, so small a number of workers would seem to indicate that the message had not reached the public at large. Certainly, neither the medical nor the nursing practitioners have in any degree caught its import. We have, as Dr. Emerson says in his article, knowledge today that would make marvelous changes if it were applied, but we are still limiting our work to a demonstration here and a demonstration there.

The first point I desire to make is, *that the results that these few workers have obtained through the child health programme demonstrates the importance of intensive and comprehensive courses in obstetrics and pediatrics in the basic training of every nurse.* The second point I desire to emphasize is *that a wide and rapid dissemination of the knowledge now available concerning sanitation and hygiene could transform the world.* I next desire to call your attention to the heavy incident of obstetrics and pediatrics in any analysis of the cases reached through the visiting nurse service. In an analysis of something over 43,000 cases of the Henry Street Visiting Nurse Service last year, well over 18,000 related to the child of five years or under, of which 11,000 were new born, about sixty per cent of the total number of cases cared for. This percentage would probably not appreciably differ from the case analyses of other similar organizations. In addition to the sickness incident for which the nurse is called is the heavy incident of minor physical and mental defects she finds. Many of these defects, if treated early are correctable.

The difficulty Miss Gilman reports, of obtaining experience in pediatrics in the hospitals in New York calls for a brief discussion. That students should be sent to other states for their experience in pediatrics seems tragic to one who knows the uncovered cases in New York State. The number of cases I have mentioned as cared for last year by the Visiting Nurse Service were reached by a staff averaging from 150 to 165, but the number needing and not receiving such care and direction in the city makes the number this staff reached seem trivial.

We have stated for a number of years that the hospitals exclusive of the special hospitals for mental diseases and tuberculosis only cared for ten per cent of the sick in the community. I think that this has not greatly increased and believe I should be correct in stating that not more than thirty per cent of the ten per cent cared for in the hospitals are assigned to the division of obstetrics and pediatrics, and that this would even be the case in communities having maternity and children's hospitals in addition to these services in the general institutions. Only thirty per cent, I repeat, of the ten per cent of the cases cared for in hospitals relate to the mother and the child, whereas in the Visiting Nurse Service this incident represents over sixty per cent of the cases cared for, while probably seventy per cent are not reached at all. Yet the healthy child is the key note of social progress.

We must, I think, discuss briefly the results obtained through the home care of the sick child. Do the results justify this form of service? Lillian Wald has for years maintained that they do. Formerly I differed with her; today I fully agree. I do not think the Visiting Nurse Service statistics, representing as they do thousands of cases, could lead to any other conclusion. Children do better in their own homes. We have not as yet the means of measuring the shock to the sick child resulting from his removal to a strange environment with all its attendant horrors. Let us consider for a moment the relation of the visiting nurse to the case. Does she have the entire care of the child? Certainly not. The average number of visits per day per nurse in New York City is eight. The average visits to any case is also eight. This means that approximately one hour a day of nursing care is given. It is obvious that the success of the nurse—and I pronounce it a success—relates to her teaching of the mother or some member of the family how to care for the case, first, by giving this care herself, then by demonstrating to whoever is to repeat the procedure, and finally returning to see that the instruction is properly carried out. That good results are obtained under these circumstances gives food for thought.

A study of the pneumonia cases, which is our largest sickness incident and in which the results are good, reveals sixty-one per cent as occurring with the child of five years or under. An appreciable number of the cases, because of the heavy demands of the service, are discharged improved. A question as to the end result of these cases must inevitably arise in the mind of the expert. Will they possibly be found later in the cardiac group or in a tuberculosis sanitarium? This is, of course, only too possible. Not as yet do we know the number of children who have had pneumonia more than once during the first five years of life. We do know, unfortunately, that an appreciable number have had two and sometimes three and four attacks.

The third point which I desire to make, therefore, is *that there is ample opportunity for experience in the diseases of children, a crying need for nursing care of the child in the home; that such care gives us an unequalled opportunity for health education; and, furthermore, that there is a reasonable question as to whether the child does not respond better to home care.*

Another aspect of the situation to which I beg to call your attention is the need of establishing a complete coördination and coöperation between the hospitals and health and welfare organizations of any given community or unit of population. The failure to effect this brings the field workers who are doing preventive work up against an impasse. They cannot stimulate the interest of the mothers and awaken them to the defects of their children unless there is a reasonable hope that these defects can be corrected. Such coöperation would mean not only the saving of time and money, but of life. Let me give one illustration.

Recently a mother, described as appearing mentally deficient, refused to allow her sick child to remain in the hospital. To the hospital, therefore, this baby became a closed case. To the mother who cares for her child a case is never closed. This woman, therefore, sought advice from a relative who

suggested another hospital in a somewhat remote part of the city. On the way to this institution the baby died in the mother's arms. This woman had passed three hospitals, several dispensaries, and probably some sixty health and welfare organizations. A sense of community relationship and responsibility, a true appreciation of the value of a human life would have established a relationship with an outside organization such as the Visiting Nurse Service that would have insured nursing advice and care as long as it was required. In short, if our health units were organized as General Gorgas organized his, this episode would probably not have occurred.

I believe that an important next step is the coming together of the hospital boards with the boards of the public health and welfare organizations. A very splendid plan of coöperation, I understand, is being worked out here in Boston. I am not sure how close the relationship is between each hospital and this coördinated piece of health work, but I am very sure that there should not be a children's hospital here without some member sitting on that board, without some stated conferences relating to the problem of the child, because after all the hospital is but one link in the chain, the dispensary another, the public health station another, and so on. All should be located in an area which would enable the nurse on the outside to connect the family with the patient and vice versa. The failure to do so means a waste which seems inexcusable. Five or more different organizations and hospitals are today each recording the same data concerning the comparatively few families that they care for, while the large majority of the community go unattended.

But the question arises, can we hope to ever reach in any perceptible measure the health needs of the community? As the conclusions reached by a lively imagination are not always accepted as sound, I asked the Henry Street statistician, Miss Mabel Curran, to give me the figures I am about to present. The average number of patients reached by the individual staff nurse in one year,—based on the number of cases cared for last year by the Henry Street Visiting Nurse Service, she shows to be as follows: Each nurse working five and one-half days a week and eight hours a day for eleven months would make 2,292 visits on 287 patients in one year, whereas the private duty nurse, averaging the duration of her cases as two weeks, would reach twenty-six cases. While the private duty nurse touches, in comparison with the visiting nurse, very few families, the greatness of her opportunity for health education through her continuous contact, must not be overlooked. Mr. Lipman, in his "Public Opinion" dwells at some length on our failure to understand the difficulty of universal dissemination of information relating to any matter. I was interested to discover what we could achieve if our total number of graduate nurses, 138,-128, could function as visiting nurses for one year. It is somewhat astounding to find that they would reach 39,828,-722 persons, based on the number of patients Miss Curran presents one visiting nurse as reaching in a year, or more than one-third of the population of this country; and, furthermore, their contacts with each patient would number eight.

These figures demand our careful consideration. I am deeply concerned to have you who so largely represent the hospital phases of health work, agree with me on the importance of breaking down the walls of separation between the hospital and the home. The hospital is but a temporary abiding place of any individual in a community. The home life is longer, but there is a whole gamut of life experiences which begin with childhood, the most important and impressionable period of life, and I, for one, am pleading for as complete an experience as possible for every nurse in care of the abnormal and normal child.

I do not know what we shall achieve in New Haven. I wish I did. The great promise of New Haven lies in the fact that we have in the University gathered together some of the best minds in the country, perhaps we might say, in the world; that some of these scholars are particularly concerned with the problem of child psychology, child hygiene, psychiatry, nutrition, teaching methods, etc. Through their research work important discoveries in relation to mental and physical developments are constantly forthcoming. This knowledge will be available for application to a population not of five million as in New York, but something less than two hundred thousand, and through a hospital and dispensary offering a comprehensive service and closely linked to a visiting nurse organization and medical school all directed by progressive men and women with a profound belief in community relationship and a keen desire to establish a complete cycle of health activities, and a personnel that can function effectively throughout.

My final point stresses the importance of working not only *for* and *with*, but *through* the individual, the institutions, and organizations. As I see it, we shall indeed err if in our desire to have the student versed in the community problem, we connect her through the hospital workers alone. Only by relating the students to all the different institutions and organizations down to the mother in her home, in order that they may work *through* them, shall we obtain the desired result. Not less must we impress upon the students the need of constantly replenishing their store of knowledge at the fountain head, in order that they may discard and add in accordance with the constant changes taking place through the revelations of science relative to any field. As a last word, let me urge the importance of devising some means whereby the student nurse can obtain the comprehensive course in pediatrics which she so obviously needs. I cannot say what part shall be taken where. I know that there is no dearth of children through whom such experience can be obtained, and that there is today adequate machinery in the community and sufficient knowledge on the shelves of the libraries to attain our desired end,—*the healthy, economically efficient human being*.

A PRACTICAL SUGGESTION: HAVE YOU EVER TRIED THIS?

A specialist in maternity nursing says the following unique method is useful in caring for fissured nipples. Have the mother recline for the nursing. Place the baby on a pillow, with his feet towards the mother's head, and so arranged as to put him on a suitable level. The novel position will not embarrass the baby in the least, and the mother will be greatly relieved because the pull or traction of the nursing baby will be exerted in a different direction from that in which the fissure occurred.

THE DIFFICULTIES ENCOUNTERED WHEN EMPLOYING NURSES INADEQUATELY TRAINED IN PEDIATRICS [1]

By Richard M. Smith, M.D.

WITH your permission I am going to change somewhat the title of the remarks which I am to make, because I believe that perhaps I can group what I have to say better around a positive statement, namely, the requirements for a nurse caring for sick children. The difficulty which we encounter when employing a nurse for sick children is the lack of the requirements. In many instances, I am sorry to say, she fulfills very few of the requirements concerning which I wish to speak, and in some instances none of them.

If I seem hypercritical in what I have to say, you will realize that I have a very keen appreciation of the good qualities which many nurses exhibit in the care of sick children. I appreciate the large number of nurses who are doing excellent work among children. I am asked to discuss particularly the individuals or the training which is inadequate so that I may seem to be critical and perhaps destructive. Please understand that this is because I am emphasizing that phase of the subject and not because I do not realize that many nurses are fulfilling all the requirements of which I shall speak.

In the first place it seems to me that the most important thing for any nurse to have who is working with children, whether sick or well, is a knowledge of normal children. And I believe that this is a thing in which there is the greatest lack and concerning which we must in some way or other provide more information. This is a question of an actual lack of knowledge of what the normal child does and what the normal child requires.

Let me illustrate what I mean. In the first place, with reference to normal feeding, it is perfectly surprising the amount of ignorance that many individual nurses exhibit with reference to the kind of food that children ought to eat. This is not confined to infants alone, but I think is particularly evident with reference to the older children. It is extremely important that children who are sick be properly fed, and we cannot feed them properly unless we know what they ought to have. Certainly no sick child ought to be fed a more advanced diet than a child of the same age would be receiving if it were well. One finds constantly upon the tray of a sick child articles of diet which no mother would think of giving to that child at home. I have had to rescue articles from the tray just before they were given in order to save children from receiving food which certainly had every possibility of causing serious digestive disturbance.

It is particularly important in the case of small babies that they have the proper kind of food. Perhaps the most important single article of diet for infants and children is milk. And yet one finds nurses advising mothers and this

---

[1] From stenographic notes of an address given before the National League of Nursing Education, Swampscott, Mass., June 20, 1923.

happens over and over again, as to the foolishness of paying a large amount of money for a high quality of milk when any milk will do just as well. When one realizes the consequences which may follow when improper milk is used, one appreciates how important it is to see to it that every child receives the right kind of milk. We know, for instance, that tuberculosis among children is not infrequently caused by tubercle bacilli received in the milk.

It is important not only that the right kind of food be selected, but that it be properly prepared. It is essential that cereals, for instance, be thoroughly cooked. I am not going to discuss in detail the work of the dietitian, but I do want to emphasize this point. We must be acquainted with the proper kind of food, the preparation of food and the method of serving food for normal children in order that we may know the kind of diet that sick children ought to have.

This involves also a knowledge on our part of the ordinary routine of the feeding of children; that is, the meals and the hours at which they are ordinarily served. It is not at all unusual to find nurses preparing a dinner for children of five or six years of age for the last meal of the day, not knowing that children should always have the substantial meal in the middle of the day. These things to some of us may seem trivial, and yet they are important.

Closely related to the question of feeding is the knowledge of normal development, when the child should be allowed to sit up, and to walk, the normal standard of growth in height and weight. These are important because of their bearing upon the handling of the sick child.

Then there is such a simple thing as the care of the body, the method of giving a bath, the care of the teeth and ears and nose. I go into hospitals and homes many times and find an array of toothpicks with a cotton swab on the end, ready to clean out the baby's nose and ears, the nurse not realizing that it is extremely undesirable to insert anything as hard as a toothpick in a baby's nose. Trauma is one of the common causes of nasal irritation. A baby's mouth, before the teeth come, is better left alone. Nature takes care of the cleaning very well.

There are scores of things of this sort which a nurse should know with reference to a normal baby in order that she may know what to do in the care of that child when it is sick.

I find that there is a great lack of information with reference to proper clothing for children. How long should a child wear a band? What kind of clothes should it wear? When should its diaper be taken off? Should it have round garters or side garters? All these things perhaps seem far removed from the care of a sick child, and yet they are the things concerning which the nurse is constantly advising the mother; and many times the advice which she gives is not correct.

Then the nurse ought to be educated in the hygiene of the child. How many hours of sleep ought it to have? What about its rest period? How many hours ought it to be allowed to have unrestricted play? When should it be allowed to go outdoors? What temperature is right for an infant, particularly,

to go out in the winter? When should it sleep out, or how long should it sleep out, under what circumstances should it not go outdoors?

In other words, we ought to be familiar with the feeding, with the care of the body, with the daily routine of normal infants and children. Unless we know those facts about the normal child we certainly can not know how to take care of this child when it is sick.

There is a particular group of nurses to whom I want to say just a word about the normal child, and that is the nurses who do obstetrics; because an obstetrical nurse has an opportunity which is equalled by no other nurse. The mother during the period of her pregnancy looks to the nurse who is going to be with her at the time the baby is born for all kinds of advice. She asks her many things about herself and many more things about the baby who is coming. The nurse, I find over and over again, has filled a mother's mind with misinformation. It is extremely important that this does not occur, because it is almost impossible to correct wrong impressions which are given at that time. One of the most important things that a nurse can do during this period is to impress upon the mother the desirability of breast feeding. One finds often a lack of appreciation on the nurse's part of the importance of breast feeding. It is not an accident, I think, that in the practice of certain nurses every mother nurses her baby from seven to nine months, and in the practice of certain other nurses every mother weans her baby at two or three weeks. I can cite to you instance after instance where mothers have weaned their babies at two to three weeks, apparently due to a variety of causes. But the real cause is the fact that the nurse, either because she herself does not appreciate the importance of breast feeding, or for some other reason, has failed to impress upon the mother the desirability, even the necessity, of nursing her baby. I cite that simply as an illustration of the opportunity which a nurse has, an opportunity for rendering a great service, which I am sorry to say frequently is not used.

The next thing, after the knowledge of the normal child, for the nurse taking care of sick children, is adequate training in nursing technic, with a considerable experience in the care of children. I say this with a good deal of emphasis; because it not infrequently happens that nurses who have not been particularly successful in the field of general nursing, whether in medicine or surgery, think that they will seek a field which is easy and which perhaps does not require as much skill as the field in which they have been not very successful, and they turn to the care of children. Now that is exactly the reverse of the actual situation because the care of sick children, instead of taking less skill and less training, takes more skill and more training than any other field of nursing. Therefore it is a field into which the very best nurses should go, not those who have been relatively unsuccessful in other fields. It is impossible to make a satisfactory children's nurse from a person who has had a poor general training. The nurse who does work with children should have a superlatively good general nursing knowledge and she should have been able to carry out nursing technic well in all its various details with adults and

have had experience in carrying it out well with children. I do not believe that it is possible for a nurse to be a satisfactory children's nurse unless she has had a considerable amount of experience with children. It is not an experience which can be acquired by reading. It is an experience which she must get by actual work with children. It is absolutely essential for nurses who are expecting to do work with children, to have opportunity at some time during their training to put into operation nursing technic in all its various branches with children. It is because this is not always done that there is so much poor nursing for children. Many hospitals which have a school for nurses have very few beds for children and the experience which the nurses get in work with children is confined perhaps to the care of two or three children in a general adult ward. That is not sufficient training for one who is to nurse sick children.

The next thing I want to speak about is the need for initiative. I think it probably is the most important element, other than the two which I have mentioned. If the nurse has a knowledge of children and a good nursing education with experience in dealing with children, it is then necessary for her to have a peculiar quality which is extremely difficult to discuss, but is very real. I have called it initiative. By this I mean that the nurse must do the thinking for the patient. The infant or the child makes no requests of the nurse. An adult invalid or an adult sick person recognizes certain things that he or she wants done, and asks the nurse to do them. The sick infant or the sick child lies quietly in bed and waits for the nurse to do whatever needs to be done. The nurse must be able to put herself in the patient's position; she must be able to anticipate the difficulties which are going to arise; she must be able to see things which may cause trouble and avoid them; she must be able to see the things which she would like to have brought about in the way of care and she must do those things herself; she must be able to recognize very small variations in the condition of her patient. The infant or the child does not complain of a headache, does not complain of pain, does not complain of anything as a rule. The child becomes fidgety, irritable or just the reverse, quiet and drowsy. There are various signs and symptoms in infants and children which have great significance, and which the nurse must learn to recognize and appreciate. It is not enough to recognize them and pass them over, but those variations in the condition of the individual infant or child almost invariably are indices of some real change in the patient's condition; and these the nurse must appreciate and must be able to act upon. In other words, the responsibility in the care of the infant rests very much more with the nurse than in the care of an adult.

Unfortunately the nurse who fails in this particular qualification and the nurse who makes mistakes is usually rewarded by a very unfortunate outcome. The mistakes in the care of infants and of children result much more seriously than the mistakes made in the care of adults. Mistakes are easy to make and the child may pass quickly from a condition of moderate sickness into one of great severity without any complaint.

The nurse is so much on her own responsibility, this quality of initiative is a thing which she must possess. If she has not it naturally she must acquire it and learn to appreciate the significance of small signs and to act upon them. This is an intangible quality, but it is a very real quality that is absolutely essential in work with children.

There are two other qualifications which I wish to discuss although they may seem less intimately related to nursing education than those which I have mentioned. They are nevertheless extremely important. The first is this: any nurse who is working with infants and children must love children in order to be successful. She can not do her work if she does it mechanically and she can not do it if she does it purely as a duty. Infants and children are extremely annoying at times. If we allow their unwillingness to do what we wish them to do, their failure to obey and the other innumerable trying things which come up to irritate us, it makes us less able to take care of them well. It is essential for the nurse who is working with children to be able to gain the confidence of her patient and secure coöperation. Now she can not accomplish this if there is antagonism between the child and herself. Antagonism is bound to arise unless the nurse has a real affection for her patient. Children are unusually susceptible to the moods of the persons about them. They have a curious instinct not unlike animals. You all know how a horse or a dog, or any animal in fact, knows at once the person whom it can trust. Now a child is exactly the same. The child will almost invariably pick out the person whom he or she can trust. Unless the nurse is in his or her confidence she is not going to be successful in the care of her patient. It requires an indefinite amount of patience and understanding and willingness to go through any kind of labor in order to accomplish the thing we desire. It necessitates a certain appreciation of child psychology. I am very glad we are going to discuss that question this morning, because we must realize that the child's mental development has not reached the adult state and we have to precipitate ourselves into the child's frame of mind in order that we may appreciate many of the things which seem to us unreasonable on the part of the child.

Let me say just a word about the necessity for the nurse's implanting in the child's mind healthy rather than unhealthy habits of mind. We know that many of the difficulties which we encounter later in life may be traced to unfavorable impulses started early in childhood. The nurse should never use threats to accomplish the things which she desires the child to do. She should never say that this or that or the other will happen if the child does not take its medicine or certain things do not occur.

And finally, the nurse who is working with children must be able to appreciate the point of view of parents toward their children. The relation of parent and child is different from any other relation in life, and the parent has a peculiar propriety of interest in the child. For the nurse to step in between the parent and the child and attempt to carry out a definite programme in the face of the antagonism of both the parent and the child, is rarely successful. We want not only to win the confidence of the child,

but to secure also the confidence and coöperation of the parents. That is just as much a part of the nursing job as properly carrying out nursing technic. Unless the nurse can do this she is not going to be successful in caring for sick children. She must not only understand the child, but she must understand the parent. I believe that this is many times a much more difficult problem than understanding the child. Many of the unfortunate traits which we see in the child result directly from the poor training which it has received at the hands of the parent. The child is generally an innocent victim. The parent, not as a rule perhaps, but many times has pursued a course which is easy for the parent, irrespective of whether or not it is good for the child. In many cases parents are prompted by selfishness, not by consideration, and it is hard sometimes to be considerate of the parent under those circumstances. But certainly when the child is sick is not the time that we can make over the entire household arrangements. We must appreciate that a sick child brings into the household and brings into the mental life of the mother a peculiarly trying condition, and we ought to adapt ourselves as best we can to that situation. The skill of the nurse depends upon her ability to carry out the doctor's orders and her proper technic, securing at the same time the sympathy of the parent. Often she has to do the very thing that the parent does not want her to do, but if skillful, she can accomplish it.

If the nurse is adequately trained in the knowledge of the normal child, if she has a thorough education in nursing technic with children, can develop initiative and an appreciation of the value and importance of slight signs and symptoms on the part of her patient, if she has a love and affection for children and if she is able to secure the confidence of parents, she should be successful in the care of children.

HOW DOES YOUR STATE STAND?

The following table shows the rating of each State Association by percentages in a comparison of the membership with Journal subscribers for the month of July:

Over 100%
Oklahoma

Between 80% and 90%
Idaho

Between 60% and 70%
Florida, South Dakota, Alabama

Between 50% and 60%
Ohio, West Virginia, Wisconsin, Kentucky, Mississippi, Pennsylvania

Between 40% and 50%
North Dakota, New Jersey, New Mexico, Indiana, Illinois, Wyoming, Maine, Iowa, North Carolina, Massachusetts, Kansas, New Hampshire

Between 30% and 40%
Virginia, Delaware, Georgia, Arizona, Connecticut, District of Columbia, Rhode Island, Michigan, Minnesota, Nebraska, Arkansas, Oregon, Texas, South Carolina, Vermont

Between 20% and 30%
Utah, Missouri, Tennessee, Montana, New York, Washington, Colorado, Louisiana, Hawaii

Less than 20%
California, Maryland, Nevada

DEPARTMENT OF RED CROSS NURSING

CLARA D. NOYES, R.N., DEPARTMENT EDITOR

Director, Nursing Service, American Red Cross

ENROLLMENT OF NURSES

ARE nurses needed for the Red Cross nurse enrollment?

Yes, they are always desired, for about one hundred nurses are lost each month —that is, as far as active service is concerned—through death, physical disability and marriage. Our enrollment committees should enroll about one hundred nurses each month to meet this annual depletion.

All the pre-war standards with an additional one of citizenship or "Declaration of Intention" are now required. Therefore, applications from nurses meeting these requirements are always welcome.

Another question frequently asked is, "Why maintain such a large enrollment now—forty thousand, in time of peace?" Who was it said "In time of peace prepare for war?" Therefore, much as we desire peace and abhor war, inasmuch as this enrollment is, by Congressional enactment, the reserve of the Army Nurse Corps, the Red Cross is obligated to maintain this reserve on an active status. Forty thousand enrolled Red Cross nurses sounds like a very large number and it is,—the largest enrollment of professional women in the world,—but forty thousand nurses are not available for active service. Once enrolled, always enrolled, unless dropped for good and sufficient reasons. Therefore, hundreds of married nurses are still members, although not available for active duty. They are our home defense group and rendered valiant service during and since the war as instructors and for part time duty in hospitals, dispensaries and elsewhere. Physical disqualification is, alas, a large one. War Service increased this classification while tuberculosis and other disabilities render a large number unfit each year. We, therefore, need to enroll a sufficiently large number to maintain the service on an active basis in order that we may be prepared to meet the needs of our Government should they come.

Enrollment papers will be provided through our Committees or our Division Directors of Nursing, or by writing directly to the Nursing Service at National Headquarters, Washington, D. C.

Another question frequently asked by nurses is, "Why should I enroll? What will it do for me?" In the first place, it places a nurse in line for Governmental service. It should, therefore, be regarded by the nurse as equal in importance to the enrollment of her brother, for example, in the state militia. It is one way in which she can show her patriotism. There are opportunities for service, also, in the Red Cross, such as public health nursing, instructing in Home Hygiene and Care of the Sick, assisting with disasters, or a foreign assignment either with Red Cross chapters or to assist with the development of schools of nursing in which the American Red Cross may be participating.

To be allied with a great national organization, with its international affiliations and associations, should be regarded as something worth working for.

The so-called spirit of the Red Cross, "Neutrality and Humanity," has been the motto of nursing from time immemorial, so, consequently, it is comparatively easy for a nurse to grasp the meaning of the Red Cross expressed through its programme of service.

We, therefore, invite those nurses who meet our requirements to consider with as little delay as possible, enrollment in our service.

Closing of the Greek Programme

On June 30, the American Red Cross programme in Greece terminated. The readers of this Department have been kept in touch with the work in general and nursing in particular of the Red Cross in this locality since the fall of Smyrna. With the closing of the programme—to which the American Red Cross has contributed in supplies and services of individuals and large amounts of money—the Nursing Service has written another bright page in its history. There have been but twelve nurses in all; five were sent from this country, the remainder being transferred from other countries in Europe. Mrs. Charlotte N. Heilman, who has directed this work, is remaining for a few months longer with the Greek Committee in Charge of the Child Welfare Work. Readers will recall that Mrs. Heilman's work, covering a period of four years, has until the present time been under the auspices of the American Red Cross. To the work of this Committee the care of some five thousand additional refugee children has been added. The Greek Committee has made it possible for Mrs. Heilman to remain for a time longer as Director.

Christine M. Nuno, well known nurse of this country, is remaining to direct nursing in the hospitals under the organization known as the American Women's Hospital. She will also act as Director of Nursing for the Near East Relief. These two organizations have, between them, about thirty American Red Cross nurses. We also understand from reports reaching us from that country that the other nurses who have been with the American Red Cross will remain with these two organizations.

Return of American Red Cross Nurses from Special Assignments

Three American Red Cross nurses have recently returned to this country from foreign and insular service,—Ruth C. Waterbury from the Virgin Islands, Mrs. Josephine S. Jokaitis from Warsaw, Poland, and Sara S. Smith from Port-au-Prince, Haiti. The localities where these nurses have served show the widespread territory to which the American Red Cross contributes personnel.

Miss Waterbury, who has had a wide experience under the auspices of the Red Cross, serving with Base Hospital 114, in France; with the American Red Cross Commission to Poland in 1919, on the now famous typhus unit; has completed practically three years of service in the Virgin Islands, first as Director of Public Health Nursing in connection with the Red Cross Chapter there, and afterwards as general field representative, during which time she represented all the activities of the Red Cross and conducted a very effective Roll Call. Said Governor Henry H. Hough, in a communication to her:

> Your efforts in promoting the welfare of the youth of these Islands have been

consistent and untiring, and have met with the success they deserve, and I sincerely trust that the administration of the American Red Cross may come to know of, and appreciate them.

Mrs. Jokaitis has completed her second term of service with the American Red Cross in Poland. A native of Poland, with an American preliminary and nursing education, she has been particularly well qualified for the work which she has performed in this country, as she speaks both the English and Polish languages fluently. She, too, was a member of the Polish Commission which in 1919 worked valiantly to control the typhus epidemic. She returned to this country, serving again with the Illinois Steel Company, at Gary, Indiana, as Industrial Welfare Nurse.

Her second term of foreign service with the American Red Cross has been spent at the School of Nursing at Warsaw, Poland, one of the European Schools to be developed by the American Red Cross.

Miss Smith, because of her splendid preparation as an operating-room supervisor and surgical nurse, was assigned to the Municipal School of Nursing at Port-au-Prince, Haiti, which has been under the direction of American Red Cross nurses for several years. This school has recently moved into a new school building, which was built by the American Red Cross.

Miss Noyes' Tour of Inspection of Schools of Nursing in Poland

Following the meeting of the Executive Committee of the International Council of Nursing at Copenhagen, Denmark, from July 30 to August 1, Miss Noyes will employ the interval between that date and her return trip, by visiting the two schools of nursing at Poznan and Warsaw, which have been developed under the auspices of the American Red Cross. Both of these schools are expecting to graduate their first class in the early autumn. After this event the American nurses in connection with the school at Poznan will probably be withdrawn. The school at Warsaw, however, will be continued for some time longer.

INFLUENCE OF MATURITY ON CHOICE OF VOCATION

We find a pretty general agreement that the age of serious thinking is a variable quantity under ordinary conditions, since the age of adolescence is a period of so much shifting and changing of ideas and attitudes. At the same time, by charting all of the reactions obtained and plotting the points for an age curve there appear to be three important periods for our consideration. The first centers about the age of 12, the second about the age of 15, whereas the third might be described as a period ranging from about 18 to 21 years, or further described as the period of entering in and trying out actual occupational experiences.

About the age of 12 there appears a manifest interest which to the child at the time has a serious side, although on account of his timidity he is backward about divulging it. The ages of 14 to 16 bring forward a period of academic or informational interest, while a real life interest develops in the third period, or when occasion demands the entrance upon the occupational life.

DEPARTMENT OF PUBLIC HEALTH NURSING

A. M. Carr, R.N., Department Editor
National Organization for Public Health Nursing

THE TRAINING SCHOOL SUPERINTENDENT AND PUBLIC HEALTH EDUCATION

By M. Elizabeth Shellabarger, R.N.

OUR many courses both long and short for training public health nurses have not yet made this nursing service all that it should be, and much thought should be given to adequately meeting the public needs. To strengthen this branch of nursing no movement could be of greater assistance than for superintendents of training schools as a class to equip themselves by a thorough course in public health nursing.

Since the training school no longer aims to fit most of the students for a career of private nursing, it would seem essential that the busy superintendent should extend her interests definitely to this field so as to be prepared to foster in her students all native ability in this line.

The average training school, even of the present day, tends to kill the natural interest in the home picture that lies back of disease and distress which most girls have when they enter the hospital school. This real interest in the problems of the home, so essential to the success of the public health nurse, should be stimulated and directed during the young woman's whole training. Who in the training school faculty is in a better position to delicately nurture this interest in her classes than the director? particularly since she is regarded as the one who has control of the policy of the school rather than of the minute details of procedures.

We have heard many superintendents say that they wished for the time to give definite public health instruction to all students aside from the sometimes available elective course. If these superintendents could have a real interest in this branch of nursing they would unconsciously stress exactness in their students' social service management of cases in the same way that they demand accurate obstetrical procedures. With such a training for two or three years, students would assimilate far more than they can at present from the crowded four months post graduate course. They would more naturally apply their knowledge of hygiene and bacteriology to the community problems, instead of fencing off all thought of science for use in the sacred precincts of the diet kitchen or the operating room. They would naturally seek out all agencies with knowledge of their cases, and would gladly coöperate with everyone concerned with social welfare.

Everyone who has worked long in the public health nursing field knows that many of the nurses come from small training schools, schools that fill very definite needs in communities. The responsibilities of superintendents of such schools are legion, since they are also very often superintendents of the hospitals, but these directors need more than any others to be prepared in public health subjects since they have less opportunity to supplement their students' general training by affiliation.

If the opportunities for securing special education in public health nursing, particularly by means of summer courses, could be brought to the attention of superintendents, a class might be recruited that would in turn contribute much to the public health nursing schools.

Since it is not possible to be "over-educated," it would certainly broaden our schools of nursing if the superintendents could give some time to institutes and special courses in this branch, as they do in X-ray, Laboratory Technique, and Administration.

ONE MORNING WITH A SCHOOL NURSE

By Ethlyn Cockrell, R.N.

A nurse's bag stood on a desk near the stairway. A door swung open and a cheerful looking white-haired woman in a black dress that hung in straight lines, becoming her sturdy figure, came directly toward us with hand outstretched in greeting. Her manner betrayed that she was the school nurse. She knew us by our garb. Uniforms were discussed at once. She is regarded as a health teacher in the school and dresses with the freedom of any teacher, she told us.

The school physician selected the place in the wide hallway for the desk, as the light is good there, and there is no room available for the work in this city school.

The medicine cabinet is like those used in all city schools, we were told. The lower door of this cabinet drops downward and catches like the lids of some writing desks I have seen, thus forming a convenient shelf for supplies that are in use in emergency treatments. Some absorbent cotton, gauze bandages, a few splints, a roll of adhesive tape, two or three common ointments, an alcohol substitute for disinfectant purposes, iodine, aromatic spirits of ammonia and tongue depressors constituted the supplies.

When a messenger boy is needed, the nurse has access to one room where she can get a boy without disturbing classes.

There are five schools with about five thousand school children under her care —too many for thoroughly effective work. All were weighed and measured in the fall. Those who were 10 per cent or more underweight receive special attention. The parents are invited to conferences when stress is laid upon corrective measures for defects, and when the nurse can interview parents individually concerning the needs of their children. Home visits are made when possible. The racial or national characteristics of the school patrons have to be considered and dealt with. Again the prejudices have to be met and if possible, overcome.

The underweight children will be weighed before school is out this spring. Each pupil has a health card that is understood by the teacher and is kept in the room. When children are sent to the nurse, the cards of that room are all sent, the nurse only handling them. She keeps a day book, an exclusion list

with dates of exclusions from school and dates of returns, a record of the day's work, and makes a monthly report from each school. These records are statistical.

At another school, a room is set aside and furnished for the health work. Here we accompanied the nurse to a kindergarten grade to observe her inspect for symptoms of communicable diseases. On entering the room unannounced, she walked directly to the teacher, asked a question or two and then took her position where the light was good. In a surprisingly short time from the moment we entered the room we were again in the hall, inspection over. Teacher and nurse worked quickly and quietly. The children did not seem at all disturbed by the process. At noon the teacher carried a long list of names of absentees to the nurse. Both seemed one at heart in their interest in those absent. The nurse would next make home visits. After school was dismissed, this busy nurse took time, and seemingly pleasure, in trying to tell us how to avoid some mistakes she has made. She led us to ask questions, explained the value of keeping the list of exclusions from school, but gave no direct suggestions. The impression her work leaves is, that a deep personal understanding of children, parents and teachers, with sympathy and tact combined are necessary for successful school nursing.

PARODY SPORT BOOK

"HEALTH Habits for Good Sports" which meet the approval of the specialist in preventive measures and which at the same time appeal irresistably to boys of the difficult age from ten to 'teens, brings to the problem of health education, new and much needed assistance.

A *Parody Sport Book* by Cliff Goldsmith, "Professor Happy" of the American Child Health Association, tells, in words and pictures which will delight all boys, how to play the game of health from "Water Polo, the favorite Sport of Bathtub Bay" which "should be played every morning at son rise or daughter rise, as the case may be," to "Evening Baseball, the game that made the White Pajama Twirlers famous over night."

To his convincingly "Sporty" text, Professor Happy has added equally convincing illustrations by Clive Weed and signed photographs of such sporting world heroes as Charles Paddock, Bobby Jones, and Bo McMillan. But the greatest prize is the full name photograph and personally signed letter from Ty Cobb which introduce the *Sport Book*.

From the point of view of the expert, it is of course equally important that the book be not only attractive to the boys whom it is designed to reach, but also sound in the health principles back of its fun. The fact that it is based on "the rules of the game" as laid down by the American Child Health Association, assures the thorough good sense of its teaching.

The *Parody Sport Book* is published by the Health Education Division of the American Child Health Association and may be had from the Association's New York office, 370 Seventh Avenue, or through Brentano's, New York.

THE HEALTH FILMS COMMITTEE OF THE NATIONAL HEALTH COUNCIL

By Anna K. Behr

IT is generally agreed that the use of the motion picture is one of the most effective ways of focusing the attention of the public on health matters.

Nurses, social workers, physicians and teachers have been recognizing this fact more and more during the last few years, and have eagerly secured any health film they chanced to hear of as being suitable to the need of their community. Their own knowledge of the films to be procured and the firms from which they might rent them was, however, limited and they quite naturally turned to the national health organizations for further "movie" knowledge.

The numbers of these requests for information regarding health films made it quite clear to the National Health Council (the group of these national health agencies with headquarters at 370 Seventh Avenue, New York City), that here was a definite opportunity for them to serve the many hundreds of health workers in the field.

A committee of representatives from each of the member organizations was formed. It was known as the Health Films Committee of the National Health Council. Each committee member had had rather wide knowledge with regard to health movies, and the Committee as a whole voted in as advisory or consultant members (without voting powers) several well-known producers of health films. The Committee saw its task as embracing five activities, which should be:

1. Serving as a clearing house of advice concerning the production of the film.
2. Acting as a committee of appraisal of existing health films.
3. Evolving a system of distribution.
4. Stimulating new production.
5. Concerning itself with aiding agencies in the writing of scenarios.

After ten months of rather intensive work it is quite fair to say that the Health Films Committee has done much to clarify, so to speak, the health films situation for the field health worker. It is now possible to secure from the National Health Council a list of existing health films. [1] "This list contains definite information as to the title of the film, the number of reels, the distributor, and the plot. It was compiled from data sent in by health and welfare agencies, state boards of health, producers, and distributors. It is important to mention, however, that inclusion of a film in this list does not in any way imply endorsement by the Council. The list is merely an effort to collect information about all existing health films. Those desiring to rent or purchase a film have been urged to make their own investigation as to its suitability and educational value.

The task of appraising these films is a longer and more painstaking one, but the work is moving forward. The public has been recommended to many good health movies and many producers have been encouraged to change weak points in otherwise good films, so that their pictures might receive the unqualified endorsement of the National Health Council. The Health Films Committee

[1] A charge of 35 cents is made for the list so that the cost of mimeographing may be covered.

is also engaged in the study of a plan for a central distribution of health films, but it is not yet prepared to issue a report.

It is hoped that the fullest possible use may be made by the field worker of the Health Films Committee and its findings. The Committee will be glad to send reviews of endorsed health films on request, and will also welcome being asked to review films on health topics which need particular emphasis. The health motion picture is too valuable an instrument in the hands of the health worker to be allowed to develop in a haphazard, hit or miss way. Recognizing this, the Health Films Committee has set itself the task of "charting the sea" of health movies.

Among the films already reviewed and endorsed are: An Equal Chance, produced by the National Organization for Public Health Nursing; The End of the Road, and The Gift of Life, by the American Social Hygiene Association; Jinks, by the National Tuberculosis Association; One Scar or Many, by the Metropolitan Life Insurance Company; Winning Her Way, by the American Red Cross.

OUR CONTRIBUTORS

Laura R. Logan, A.B., R.N., B.S., has just been reëlected President of the National League of Nursing Education. (See Who's Who, August, 1922.)

Lucy L. Drown, R.N., was for twenty-five years Superintendent of Nurses at Boston City Hospital. (See Who's Who, November, 1921.)

John Gerster, M.D., is on the attending staff of Mt. Sinai Hospital, New York City.

Mabel Leroy, R.N., has just completed a course in Public Health Nursing at the University of Oregon. She is a graduate of Mountainside Hospital, Montclair, N. J., and has had a varied nursing experience in hospitals, with the Grenfell Mission in Labrador, and in visiting nursing in Alaska as well as the hospital work she describes so entertainingly. Miss Leroy has been described as "the most loved woman in Southern Alaska."

N. P. Cummings, R.N., is Secretary of the North Atlantic District of the American Association of Hospital Social Workers. She was for some years Editor of *Hospital Social Service.* Miss Cummings has recently accepted the position of Director of the Social Service Department, Stanford Clinics, San Francisco. She is a graduate of St. Luke's Hospital School for Nurses, New Bedford, Mass.

Louise Zabriskie, R.N., is Assistant Director of the Maternity Ceter Association, New York City. She contributed one of her very practical articles to our April number.

A. M. Zell, M.D., practices in Little Rock, Arkansas.

Annie W. Goodrich, R.N., D.Sc., needs no introduction, as the editors seize every opportunity to convey her inspirational thought to *Journal* readers. (See Who's Who, December, 1922.)

Richard M. Smith, M.D., is Associate Visiting Physician, Children's Hospital, Boston, and Assistant Professor of Child Hygiene, Harvard University.

Mary L. Keith, R.N., is a graduate of the Massachusetts General Hospital School for Nurses and a postgraduate of the Boston Lying-In Hospital. She was Superintendent of Nurses in the latter institution for five years. Miss Keith has been Superintendent of the Rochester General Hospital for over twenty years, during twelve of which she was also Superintendent of the School for Nurses.

C. Weiler is a senior student in the Illinois Training School for Nurses, Chicago, Ill.

M. Elizabeth Shellabarger knows whereof she writes as she has had an unusual experience in both institutional and public health nursing. She is a Bellevue nurse and has taken courses at Teachers College in Administration and Public Health Nursing. Among other things, she has been Superintendent of St. Mark's Hospital, Salt Lake City; Director of the Boulder, Colorado, Visiting Nurse Association; Instructor in the Army School of Nursing; Chief Nurse for the American Red Cross in Albania and Montenegro. She is now Director of the Public Health Nursing Course in the School of Social Work, University of Missouri.

Ethelyn Cockrell has had years of experience in private nursing. She served with the Army Nurse Corps and has been an Instructor in Home Hygiene and Care of the Sick for the Southwestern Division of the American Red Cross. Miss Cockrell graduated from the Jewish Hospital of St. Louis.

HOSPITAL AND TRAINING SCHOOL ADMINISTRATION

ALICE SHEPARD GILMAN, R.N., DEPARTMENT EDITOR

THE RELATION OF HOSPITAL SUPERINTENDENT TO PRINCIPAL OF SCHOOL OF NURSING

BY MARY L. KEITH, R.N.

THE young friend who is responsible for my name on this programme, says that I have played the game long enough to know something about it, so will I please lay my cards on the table and show how it is played. Although a firm believer in playing the game, playing it as well as I can with the cards that are dealt me, and playing it without too much grumbling about holding poor cards, I have only one formulated policy governing relationship with the principal of the school and that is, determination to play fair. I here present some of our daily problems to show how this policy, stumblingly followed, has contributed to the results.

The Principal, who has been associated with me for ten years, says there are only two professional subjects on which we agree, namely: outline of study and discipline, whereas, from my point of view, there is only one subject on which we agree, and that is recreation. With this slight discrepancy we do agree that on every other phase of nurse education we have differences of opinion. Happily, we have a good running start in that outline of study, discipline and recreation are not subjects for controversy. Among the subjects on which we hold slightly different views are: Housing, maintainance, finance, food, equipment, ward helpers, and the daily care of the patient. I start with two propositions:

1. The superintendent who holds the end responsibility must have some method of control.

2. Whatever the method of control, lubricants are needed to eliminate friction.

My experience has been in hospitals and schools under the same management and control. From schools not an integral part of the hospital we shall want to hear in the discussion.

EXHIBIT A. *Housing Problems and Coöperation.*

If a Federal law existed that forbade a sufficient number of sleeping rooms for nurses, I should say that law is being generally obeyed. However that may be, I belong to that large and unfortunate group who administer hospitals wherein the number of sleeping rooms for nurses is less than the number of nurses required. Now that ground is broken for permanent relief, I confide to you that for eight successive years, as the number of students increased, we have faced the problem of housing the incoming class. One at a time, we have taken over a house here or a flat there, and demanded the maximum number of rooms within a given space.

Formerly our principal of school was never pleased with any plan I presented for these alterations, while I thought the waste basket was the place for the same plan after she had amended it. Now

we each take an outline, work on it independently of one another, and find the results surprisingly alike. After comparison, we adopt the best and eliminate the worst features of each, and being convinced that we have done *our* best, present the composite plan for approval. If the result is not all we anticipated, we know it was the architect or somebody else who muddled it —not we.

A specific housing problem which was worked on diligently for days, was that of remodeling a three-story brick building for temporary use and again increasing the number of students, versus: an increase in the number of graduates who would room outside, without increasing the number of students.

We computed the shortage of student night nurses the second year and of senior students the third year if no increase was made, the saving of instructors and supervisors and the number of graduates necessary to bridge over a three-year period. We found that the cost of the required number of students for eight-hour duty, plus the cost of preparing them educationally, plus the cost of remodeling the house, was about the same as the cost of a less number of graduates for ten and twelve-hour duty.

The question was not one of finance. It had resolved itself into a question of our obligations to the community. Should we be producers or consumers of nurses? The board accepted our findings and decided to maintain the larger school to supply the public need; which will be done amid difficulties which would seem insurmountable if we ourselves had not underwritten them.

EXHIBIT B. *Money and Understanding.*

I used not to understand why so many hospital workers (including the school of nursing faculty) act as though money problems were loathsome diseases which they would contract if they considered them. Partial enlightenment has come with years.

One money problem is the waste and destruction of supplies. The nursing department say, "We don't understand." Understanding money values is a hard lesson to teach, but it can be taught to the few who desire understanding if it is given a place in the curriculum and repeated until the repeater feels like a multiplication table.

Last year a young and enthusiastic assistant, who at her own request was studying the cost and distribution of supplies, gave a talk to junior students. Among other things she told them the cost of gauze per yard and that we bought 150,000 yards a year; how that amount might be reduced if they were more careful in saving that to be salvaged; how haemostats, costing $2.25 each, ran into money when 150 were in daily use; that the cost of one year's printing was $2,000 and she showed printed forms that had been used for scratch pads. A silver plated teapot that had been on the gas stove was shown, also a pair of scissors costing $7.00, which looked like 30 cents after some unknown experience. This talk and demonstration was repeated the following week to the intermediates and again to the seniors. Next it was given by request to the faculty and graduate supervisors and finally to the Board of Managers, making five times within two weeks. The results were encouraging even though they will be short lived and

the ground will need frequent recovering.

Following these talks more gauze was salvaged, fewer rubber goods and instruments went to the laundry, less printed matter was used to line boxes and there was less unknown breakage. More hopeful was the number of interested students who asked the price of new instruments, the cost of new equipment, asked to be shown the difference between aspirating and lumbar puncture needles and might they see an instrument, the name of which they had heard.

The assistant who gave these talks, occasionally asks for five minutes at the fifteen-minute daily conference of head nurses. She estimates that five minutes so spent each month, prevents a waste of $100 per month. She says if six weeks go by without representation at these conferences that soap and printed matter accumulate in the wards instead of in the store rooms, hot water bottles collect in the laundry, gauze to reclaim falls off 50 per cent, requisitions are in excess of needs and that she has figures to prove it.

Money Understanding and Budgets

Some years ago a certain hospital was put on a budget basis. Except that the Superintendent had the willingness to learn, she was like any other greenhorn in the budget world. Perhaps it was for companionship, perhaps it was for practice, that she talked budget rather freely, applied it to her own income and talked about that. The Principal began to take notice and to ask questions. In time she asked a question the Superintendent could not answer, a stimulus which had a favorable reaction. Before the budget days the dialogue would be: Principal—What about the national convention this year? Superintendent—I suppose we had better send a representative. What do you think it will cost? (Any figure given was likely to be exceeded.) Now the question is:

"What will the budget allow for the national convention?" The answer is given in dollars. Next day the name of the suggested delegate may be heard or the report may be that two delegates are taking potluck on the budget allowance, making up the deficit, thinking the hospital is generous and determined to bring back all they can, which they do. This last example of money and budget understanding being conducive to harmonious accomplishment illustrates another asset, namely:

EXHIBIT C. *Freedom of Choice.*

Boys in our yard, flashing light from the sun, neither stop nor leave the yard when so commanded; but when they are told either to stop *or* leave the yard, they will leave with heads up and no hard feelings.

A money allowance for student activities carrying with it some elasticity of use, we have known to be spent entirely for music; another time we have seen it go for food without music; we have known it to charter a motor boat; we have seen it divided and apportioned to different committees; never have we seen it spent exactly as *we* would spend it, but the majority of students have been pleased and we have had no occasion to criticize. Yet we are slow to offer our Principals of schools an equally harmless freedom of choice. If we gave them more freedom on familiar ground

I think they might be more ready than they now are to consult us when serious issues are at stake.

EXHIBIT D. *Compromise.*

A detached house with frontage on two streets is occupied by supervisors. Unusual isolation, unusual freedom. The Superintendent is inclined to post a few regulations for the conduct of the residents under the heading of INFORMATION, a title which has supplanted that of RULES. The school principal favors some form of home rule after the manner of student government. Nobody else seems interested and no action is taken. We wait to see what happens. After it has happened several times, a letter approved by both Superintendent and Principal is sent to each resident of that house. The letter reads:

My dear Miss ———:

Inasmuch as we would like the ——— House to shelter an informal happy home life without emphasis on institutional features, we have refrained from making and posting regulations for its conduct. Rather, we take this method of saying to each of its residents, that, in our opinion, all social activities should cease, all visitors depart and all lights be out before 12 midnight.

As to overnight guests, the Superintendent's approval should be secured in advance and any guest so approved may occupy such room or bed as is assigned.

We take it for granted that you desire no form of activity, social or otherwise, that would merit disapproval. May we therefore, suggest that in case of doubt you confer with one of us? We shall appreciate your coöperation.

Cordially and sincerely yours,

Signed: ———.

This compromise measure yielded the desired results; also thanks, acknowledgments or apologies from various individuals. I have found compromise to be one of the agencies that bring results quickly.

EXHIBIT E. *Personnel. Tolerance.*

Our success as administrators whether of school or hospital depends on the heads of departments. I suppose we are all looking for people of (1) excellent character, (2) excellent professional qualifications, (3) pleasing personality. I suppose we all do the best we can with the prospects that are available and that we are often disappointed in our own selections.

It is easy to underrate the essentials and overrate the non-essentials and it is difficult to preserve the balance.

After we have done our best, we shall need to be generous in our judgment of one another's selections and modest in the expressions of our own opinions.

EXHIBIT F. *Food. Confidence.*

I have seldom known the Principal to agree with either the Superintendent or the Dietitian on the question of food for the nurses. As a topic for general conversation it is in the class with the weather, and often I think the school administration would do well to leave it there. In my opinion the field of nursing and health is the most fertile and productive field in which women work. Why should we leave it to wander in the field of nutrition which is somebody's else life work?

The selection, preparation and serving of food is full time occupation for those who make it a study over as long a period as a nurse's training. I have found dietitians, not always good housekeepers, but always well grounded, receptive to new ideas, eager to keep abreast of the times and anxious to

please. I consider them quite capable of feeding a group of healthy young women.

Food values are not the dietitian's whole problem. Other factors are variety to be secured, caprices of appetite, shortage of labor, scarcity of money and lack of necessary equipment. Also present are the difficulties of catering to both the sick and the well and nourishing all ages between 1 day and 90 years —not on different days, but all on the same day every day in the year, always there are special diets if not a metabolism department, and always there is the student's course in dietetics, which is necessarily a blend of principal's ideas, dietitian's ideas and state syllabus.

A few principals recognize the existence of these and other difficulties. They do not understand but they have confidence in the superintendent and in the dietitian and a belief that improvements will come as soon as circumstances will permit. They tell me it is this confidence that makes them tolerant, which is a point well taken, remembering that scientific feeding is younger than scientific nursing.

Confidence is the point here stressed, mutual confidence in one another's good intentions. In my opinion no other quality compensates for the loss of confidence. Personally, I would rather lose my job than lose the confidence of my co-workers—and I have no desire to hold it any longer than I hold the confidence of my Board.

CONFIDENCE. *Continued*—

While speaking of confidence, may I transfer it to the field of student government? As long as we enroll young and immature students who have had few of the experiences of life, student government will be no relief to the administration. This point should be understood by both Superintendent and Principal, who will find it more difficult to influence from behind the scenes than in the open, and who will use often their united efforts to prevent failure.

They who benefit are the students, particularly the officers. The administration does not benefit until some of those who were student government officers return as graduate supervisors. Student government is for the education of the student. As yet she seems to be ready for it in some limited form only, but even that develops her along present day lines. The youth of today both at home and in school has great opportunity for individual expression. As the twig has been bent so the bough is inclined and we could not, if we would, handle the present generation as my generation was handled.

If we have confidence in youth, student government is our opportunity to show it. If we have not confidence in the youth our civilization has produced we are indeed in a bad way.

EXHIBIT G. *A Sense of Humor.*

is what keeps some of us afloat; without it as a life preserver we might go to the bottom. Not laughing at people, but with them, or at one's self. Jokes on myself I pass on to the serious members of my family; even though they do not reciprocate, I imagine the tension is loosened a little. Apropos of suspicion a recital is in order of how I carried home an aluminum kettle unwrapped, and was arrested for shoplifting.

The spectacle of a weeping woman whose scalp has been laid open by her lord and master when supper was late, takes on a less tragic aspect when the woman commiserates me for having "no man at all" and earnestly prays that I "may get one soon." To wake under a blanket of snow and shovel it off with a palm-leaf fan is practice in adaptability. To overhear one assistant say to another, "And I waited until Miss Keith was in just the right mood and then I asked her and now we're going to have it," is enlightenment for a superintendent who thinks she is equable.

EXHIBIT H. *Conferences.*
(*Last of the series!*)

It is my experience that complaints from whatever source eventually come to roost in the Superintendent's office. Some of them concern the nursing department and are the subject of conference with the Principal. A conference usually clarifies a difficult situation after which some plan can be formulated. Whoever attends conference is entitled to be heard as well as to hear the view of others. Complaints that involve students are usually those of omissions. They come from patients whose hair was not combed or faces not washed or from patients who found it difficult to feed themselves. Complaints about graduates are usually of a personal rather than a professional nature. They dress too well. They go out too much. They disorganize the family life. These things we cuss and discuss. What is it we do or leave undone that makes these criticisms possible?

Complaints are only one subject of conference. There are questions of policy and other questions to be considered. The manufacturers discontinue the making of our nurses' uniform gingham—because women don't wear gingham any more. Conference on that, in which we include the President of the Alumnae and the President of the Student Body. Student body want white shoes made part of summer uniforms. Conference on that in which the Orthopedic Staff man takes part. Other subjects of recent conferences are electric appliances in student bedrooms, care of wood floors in nurses' home, clothing belonging to patients that is lost, orderlies—"hooch," paper napkins, tooth brushes, foreign matter in the sewer, vacation schedules, the training school office payroll.

CONCLUSION

These exhibits may mean nothing to you. To me they indicate that confidence is the basis of control. Not fear, nor respect, nor admiration, but confidence. Our school principal, whom I timidly ask, Does *she* think confidence is the basis of control? says, she is *sure* of it and that furthermore, it is the only control any of us have these days. Delighted to have uncovered this point of positive mutual agreement, I acknowledge my indebtedness, record my thanks and offer as our joint findings:—that in the relationship of the Superintendent of the hospital to the Principal of the school:—

1. The basis of control is confidence.
2. Lubricants that lessen friction are: understanding, freedom of choice, tolerance, sense of humor, coöperation, compromise and conference.

STUDENT NURSES' PAGE

STUDENT GOVERNMENT [1]

By C. Weiler

IN this era of progress, when women are endeavoring to express and to maintain their rights as citizens, students in training schools are beginning to awaken to the fact that the old military form of government is inadequate. The desire to be a part of the governing body as illustrated in Student Government, is becoming the more or less accepted form of government in the larger training schools in this country. Our school once before tried Student Government, at that time unsuccessfully; now, however, while it is not perfect, we are having a successful Student Government.

Its purpose is to promote and to maintain the highest educational and professional standards in connection with our training and to secure for the School, the Hospital and the Home, the best effort of which each student is capable. Every student in a training school has the right to demand the highest educational and professional standards. These she gains by going to that school which has high standards.

Professional standards are important and as a future part of the profession by maintaining high ideals now, we may raise them to higher levels later on. Show the student that you trust her and allow her to shoulder responsibility and she will respond and most of the time exceed your expectations in that response. If the student give the best in her, the result will be a better nursing profession.

Student Government encourages and promotes all enterprises that tend to make the school progressive. The nursing field, like American industry, is striving toward progress and the promotion of new enterprises. This undertaking of Student Government in training schools is one that speaks strongly for progress. It regulates all matters of personal conduct on the part of the student in the School, the Hospital and the Home. If discipline is indicated, its form is decided by the Council. Give the student these opportunities and she will, indeed she does, come to us before she is summoned to appear before the Council.

Student Government creates a keen competition as well as a valuable experience in Parliamentary Practice and every student is under its jurisdiction. Students elected to serve on the Council must have a clear record of conduct and creditable records in theory and practice. Council meetings are held once each month, conducted on a parliamentary basis. As women and voters, we should know something about Parliamentary Law, know how to transact business in a businesslike way. The basis for the successful operation of Student Government is the honor of the individual nurse. Because the student is on her honor, personal matters brought up at a meeting are never discussed outside of that meeting. We are benefitted by learning to be broader minded through

---

[1] Excerpted from a paper read before the Illinois State League of Nursing Education, Chicago, March 15, 1923.

seeing the point of view of our Supervisors, while they in turn learn the student's point of view. The opportunity for a 100 per cent coöperation is there and we are getting closer and closer to that 100 per cent.

My opponent will perhaps say that our Constitution and By-laws was a dictation from our Superintendent. No! It was not, for a group of students representing the student body, formed our Constitution and By-laws and it was adopted by our Superintendent and Board of Directors. The governing body of our Association consists of a Council which is composed of nine students, the Superintendent of Nurses, the Educational Director, a representative from the graduate body, the Home Director and a representative from the affiliate group. Each one of these Council Members has but one vote. In order to divide the work of the Council members there are Chairmen of Committees. These Committees function as follows:

The Academic Committee. Has taken care of a number of students whose theoretical records were unsatisfactory. The Committee has asked for consideration of the question of giving additional services instead of time credit to students with degrees of previous training.

The House Committee. The Chairman and her proctors make rounds at 10:40 p. m., to see that students are in their rooms and that the house is quiet. A weekly inspection of rooms is also made by this Committee. Students desiring extra late leaves or all night permissions may obtain the same from the Second Vice-president of the Council.

The Big Sister Committee. It is the duty of this Committee to see that every student entering the school has a "Big Sister" appointed to write to her and meet her when she arrives. All preliminary students have reported it a pleasure to know that some older student in the school is interested in her. It has created a better spirit of fellowship.

The Social Committee. Arranges for social functions. A special effort has been made by them to have these social functions in the home to enable students to become better acquainted.

Our Association is financed through the Student Body, each class paying a yearly assessment, the amount of which it decides upon.

Through the Council, a Committee on Uniforms was appointed to inspect the uniform and to see that it was properly worn. We have since at our disposal, an indexed record of uniform on every student in the school, besides a complete and detailed record of percentage findings.

We have attained through Student Government, a splendid source of coöperation. For instance, an appeal came to the Superintendent from the Salvation Army for financial aid; this appeal was turned over to proper council authority and taken care of through the Student Body. An appeal from the Student Fellowship was cared for in a similar manner.

Our Superintendent and our Board of Directors are more than willing to let us shoulder more responsibility as we merit it. We are getting constructive rather than destructive criticism. The solving of bigger problems is our aim and we will through this helpful experience be better citizens and better fitted to take our place in the nursing field.

Reports from schools in the East, the West, Middle West and Canada show that Training Schools that have instituted Student Government endorse it for practically the same reasons that we do. To answer the question—Shall we have Student Government? we say—YES!

LETTERS TO THE EDITOR

The editors are not responsible for opinions expressed in this department. Letters should not exceed 250 words and should be accompanied by the name and address of the writer.

FLORENCE NIGHTINGALE IN CHINA

DEAR EDITOR: On May 12 was held the first celebration of Hospital Day in China. The programme was in the hands of the Chinese nurses, of whom there were thirty men and thirty-one women, and preliminary steps were taken many months in advance. The nurses had been taught the life and works of Miss Nightingale in their History of Nursing, and attempted to interpret it to people who know little of our work. To be sure they realize that there is a hospital outside the north gate where some friend was taken when the dead frog the native doctor put on his stomach proved to be of no avail, or where another had a sixty-pound cyst removed. All this, however, reflects credit on the medical profession rather than on nursing. Our garden offered a suitable setting for the entertainment, which was very well attended, and we hope was not without its recruiting effect. After an explanatory introduction by the Assistant Superintendent of the Hospital, a play in eight scenes was presented. Opening with a dialogue between a brother and sister, on the merits of a school for nurses, the school catalogue, various phases of hospital life, the contrast between native medicine and scientific surgery with modern nursing care, were all admirably shown and with sufficient comedy to keep the audience thoroughly entertained. The figure of Miss Nightingale hovered in the background, distressfully in some scenes, approvingly in those where patients received proper care, and the concluding act, staged as in a class room, reviewed the facts of her life. As a celebration of the birthday of Miss Nightingale, it was doubtless unique and not exactly orthodox, but we have no doubt that the heart of her whom we honored would have been gratified to see her youngest child's effort to show respect. The final activities of the day included an inspection of the hospital which included the specimens in the laboratories, a peculiar form of advertising that appeals to these people and increases their confidence in the hospital.

Changsha, China H. H. S.

THE NURSE IN INDUSTRY

DEAR EDITOR: A nurse who has not done any industrial work, often thinks the lacerations, burns and contusions are the only duties of a nurse in industry. We are the Gold Dust Workers of industry. We keep the banks, stores and factories clean, free from disease, and watch out both for employer and employee. By understanding the working man's compensation law (which all industrial accidents come under), we protect both the owner and the person injured. We also watch the industrial laws and rules governing the plant, bank, or factory in which we are. In case of accident, the man comes to the hospital with a pass. We require the slightest cut to be reported at once. If a serious case, the foreman comes with him. The wound, if a man is in a printing plant, such as that of the *Pictorial Review,* is crusted with dirt and printer's ink, which is poisonous to all lacerations. The nurse's duty is to have the man back on his job in the quickest time, and she must dress the wound so that the patient may be able to work. The nurse takes a statement from the foreman, from the man who is injured, and if possible, from a fellow worker, with regard to the cause of the accident. Carelessness is the cause of many bad accidents, but sometimes it may be a machine that is not sufficiently guarded. Industrial nursing came about when the insurance companies showed the employers that it was money in their pockets to have a well equipped hospital with a graduate nurse in charge, and that it was better to look after an employee and keep him on the job, than to have continual changes. Even now we hear of industries, large stores and banks where only a matron is in charge, or where a foreman applies first aid, or where there is not even a rest room for the girls, such as the law requires. Industrial nurses come in contact with all types of workers from the president of the company to the humblest worker. They must understand the viewpoint of the particular person with whom they are dealing. It has been my observation that workers who

receive less than $20.00 per week are absent and tardy more often than those who receive large salaries. Poor home conditions, improper clothing, sleeping in bedrooms not ventilated and remaining up late at night, lack of brain or will power to look after the laws of health, are the causes that put employees on the sick list often. Then is the time when the nurse tries to find out the source of the trouble and gives advice on personal hygiene, and helps the employee as a mother would a willful child. An industrial nurse must have refinement and dignity, must be loyal to her employers, counteracting any tendency to disloyal statements and strive in all ways to maintain the high ideals of her profession.

New York D. A.

UNBUSINESSLIKE NURSES

DEAR EDITOR: Why don't graduate nurses when writing to a hospital for information regarding work for themselves, enclose stamped envelopes? Other business people do it, and it seems only fair. This is a Summer resort and every year in early Summer I am flooded with requests for information as to the nursing situation and never as far as I can remember, has a stamp been enclosed. We can stand the expense, of course, but it makes an impression of carelessness that a business woman should avoid. The letters are answered, but I promise myself that some day they will go into the waste paper basket unanswered.

Newport, R. I. J. M. I.

PERENNIAL GRIEVANCES

DEAR EDITOR: I have been in many hospitals and institutions and have met with the same difficulty in dealing with the human element—whether it was East or West, North or South, to wit: Why is it that the male members of a hospital staff persistently interfere with the management of the nursing personnel? To do good work a conscientious executive must have some leeway and not be obliged to hire a pretty face because it is pleasing to the masculine perspective, or discharge a very competent woman of mature years because she is quite the contrary, but an asset to the institution, inasmuch as she attends strictly to business and puts her duties ahead of her "dates." This failing of the men connected with this work is not confined to the younger generation, indeed it would seem that the older they are the more they insist upon having youth and frivolity about. I will say this for the average nurse—she is much too ethical and has too much professional pride to permit such conditions to influence her work. Another difficulty I have found, a wonderfully equipped hospital will be constructed, and when you ask where the nursing force are to be housed, the answer is: "Well, anywhere," or else they will look for the cheapest building in the neighborhood and send over some furniture, hit or miss, and then expect a professional woman to be happy in such surroundings. The result is, continual changes taking place, as no self-respecting woman will live in surroundings of this sort, particularly where they are not kept clean, (as is so often the case). We do not demand luxuries, but we want clean linen, clean floors and a place to hang our belongings and a place to bathe. As a rule an institution of this sort will tell all applicants they are breaking ground for a Nurses' Home and it will be only a matter of a few weeks or months before the housing problem will be adjusted, but the weeks and months extend into years, and we change and change and *change* our personnel, and finally the result is that a few loyal members stay, and the others are transients, willing to take anything for the time being. This condition ultimately works out badly for the institution, inasmuch as every new executive or employee of any kind is a loss the first week or so, until they are familiar with the routine of the work. Another grievance is lack of closet room in most hospitals. I am at present employed in an institution, beautifully located, well equipped, but with no closets for patients' clothes, no room for special nurses to change their uniforms, and no place for pupil nurses to hang their outdoor wraps when coming on duty. If a nurse were consulted when planning an institution where nurses are employed, such a condition would not exist.

E. C. A.

LACK OF DIGNITY

DEAR EDITOR: I hope nurses in general and those who reside in New York City in particular, who read this letter, will

ask themselves if they are guilty of the offense to which I should like to call their attention. I wonder why they persist in appearing on the street, in theaters and street cars in their uniforms? Recently I saw a nurse in full uniform (this included *cap*), in the subway. As everyone knows in this city of 6,000,000, the subway trains are anything but sanitary, and judging from the manner in which the passengers looked at her and the comments that were passed—well! How can one blame the public for forming prejudiced opinion of the profession, when some of its members don't respect or revere the uniform any more than that?

New York City E. B. V.

A QUESTION FOR THE STATE ASSOCIATIONS

DEAR EDITOR: Should nurses not have a retirement fund? Many of us who have "borne the burden and heat of the day" and have given the best years of our lives to the care of the sick, have been unable for various reasons to have enough to insure us against want when our years of usefulness are over. Teaching and other professions have long ago looked into this matter with the result that their members by the payment of a small monthly sum are provided for when forced by age or illness to retire. There are, I know, a few hospitals which have such a fund already established and a number are now being helped by them, but these, of course, are for their own graduates only. Could not the retirement fund be controlled by the different states, as the teachers' retirement fund is?

Pennsylvania

A Twenty-year Subscriber.

ADDRESSES WANTED

DEAR EDITOR: The Spanish American War Nurses in preparing list for publication are without the address of the following members: Rose Abel; Birta B. Collins-Holland; Mary Gleason; Mary Hallock; Emma L. Kennedy-Vaughn; Josephine Kaphert-Lowes; Alice Kemmer-Moore; Anna J. Lesser; Catherine Lubenstein; Mary L. McCormick-Moran; Mary E. MacDonald-Carter; Alice McManus-Rolig; Janie McNull-Dodd; Margaret E. Mann-Dod; Emma C. Miller-Wermer; Johanna Louise Moll; Annabel Moore; Priscilla Myers; Josephine Olvig-Lofgrin; Florence Emily Otto; Annie E. O'Donnal; Alicia Radcliffe Stebbins; Ella Rist McIntosh; Nancy Jane Rodgers; Eliza R. Saulsbury; Mrs. Warren A. Smith; Bessie A. Severance; Lutie Stinson; Ella E. Sexton; Mary B. Thompson; Frances V. Tyler; A. Mabel White-Sell; Kate M. Walsh; May B. Williams-White; Clara M. Zellar-Moore. Will the ladies kindly send address to Miss Rebecca Jackson, Bryn Mawr, Pa.?

Camden, N. J. Mrs. J. W. Fithian.

AN ARIZONA ANOMALY

DEAR EDITOR: Early in May of this year I was called as nurse on an emergency operation in a certain Arizona hospital. It was a case of acute appendix rupture, and in the course of operating it was found that not only the appendix, but one of the tubes was infected and it was removed. A large drainage was used, but after the first day very little drainage was obtained. The patient was placed both on her stomach and in the Fowler's position, but without results. The abdomen became greatly distended, and the general condition bad. Symptoms of peritonitis developed. Under local anaesthesia the surgeon again incised and drainage tubes were inserted in the large and small intestines. The condition of the patient became so weakened that it was impossible to get the pulse at all. However, the following morning she rallied a little. Hypodermoclysis of saline solution was given, also 10 per cent glucose, per rectum. The patient was kept under narcotics during this stage. Up to this time it was impossible to give her nourishment by mouth. Added to the discomfort of the wounds and the fistula, abscesses formed in the hip and breast, which had to be lanced. There were two additional times when the patient became so weak that it was not expected she would live, but she finally rallied and now, after two months' time, nature has taken care of the fistula and there is a steady healing of the wounds. The little woman is gradually growing stronger, she is able to walk about a little every day, and will soon be able to leave the hospital. We who are permitted to see bits of life which draw strongest upon the human heart, know that look of gladness which comes to erstwhile anxious eyes; its meaning is unspoken.

Arizona R. H.

NURSING NEWS AND ANNOUNCEMENTS

AMERICAN NURSES' ASSOCIATION

When the statement of plans for the further development of the activities at the Headquarters office was prepared for the March number of the *Journal,* it was not possible to present a budget for more than six months in advance, as the dues from all the associations belonging to the American Nurses' Association had not been received by the treasurer, and furthermore the time limit for the payment of dues had been extended to June 1.

At the meeting of the Board of Directors held June 14, 1923, at Headquarters, 370 Seventh Avenue, New York, the Secretary, who is acting in the capacity of a representative of the Board of Directors at Headquarters, and as fiscal officer (in order to pay bills) submitted a report for the past six months, which indicated that additional assistance was needed to meet the demands and extra work at Headquarters.

The Treasurer submitted a report as follows:

Balance May 31, 1923	$18,128.21
Deposited June 11, 1923	1,405.14
	$19,533.35
Jane A. Delano Legacy-Bond redeemed (for reinvestment)	1,000.00
Amount for use in the General Fund	$18,533.35
Checks issued since June 1, 1923	128.53
	$18,405.82

Aside from the duties of the secretary as designated in the by-laws, the duties in the office consist of clerical work in connection with the Nurses' Relief Fund which formerly has been done by the Treasurer. This comprises the keeping of a record of all receipts and disbursements (except the issuing of checks which is done by the Treasurer), a record of receipts according to State Associations, a monthly record of beneficiaries and amounts allowed each, besides issuing the vouchers for payment of benefits, which are forwarded to the President for warrants. Sending receipts to contributors and distributing the leaflets pertaining to the Relief Fund amount to between fifteen and twenty thousand communications annually. Other work assumed by the office is the correspondence in connection with the Revision Committee, the sale of the List of Accredited Schools, and the revision of the questionaires preparatory to issuing the 1924 edition of the List of Accredited Schools. It has also been decided to have the clerical work in connection with the General Fund done at Headquarters.

The Board of Directors authorized the Headquarters Committee, in revising the budget, to provide for two additional persons to be added to the staff, one to keep the books and do other clerical work as needed, the second to be considered for appointment as assistant with special reference to the expansion of activities.

While no action was taken, the possibility of establishing a Speaker's Bureau for the purpose of assisting the State Associations in securing speakers for meetings, was considered, and the Secretary authorized to make a further study of the need and submit a report later.

In the future, a digest of the minutes of all meetings of the Board of Directors containing action taken on all business considered between biennial meetings will be sent to the associations belonging to the American Nurses' Association. By the time this announcement appears, the associations will have received the digest of the action taken at the June 14 meeting of the Board.

Recent visitors to Headquarters were Helen Scott Hay, former Director of Red Cross Nursing Service in Europe; Marion Parsons, who has just returned to this country following four years of service at the school for nurses in Prague, as superintendent; and Blanche Kacena, her assistant, on her way to her home in Cedar Rapids, Iowa. Miss Noyes sailed on the Oscar II July 12, to attend the meeting of the Executive Council of the International Council of Nursing in Copenhagen. She expects to return the second or third week in August.

The following forms are recommended for the use of State Associations in transferring members from one district to another within

the state and for transferring a member from one state to another state. There is nothing compulsory in the use of these, excepting that any form of transfer card used should contain what is submitted, as there may be additional information required from different states in making a transfer. A copy of these forms has been mailed to every association belonging to the American Nurses' Association."

——— State Nurses' Association

Official Transfer card from one District to another within the State.

Name ——— is a member in good standing in the ——— District Association and is recommended for membership in the ——— District Association of the ——— State Nurses' Association.

Graduate of ——————— Year ———

Registered in the State of ———————

Dues paid for the year ending ———————

Date ———————

Signed,

President ——— *District Association.*

Secretary ——— *District Association.*

——— State Nurses' Association

Official Transfer from one State Association to another State Association.

Name ——— is a member in good standing in the ——— State Nurses' Association, having paid her dues for the year ending ——— and is recommended for admission to membership in the ——— State Nurses' Association without further payment of dues for the remainder of the fiscal year.

Graduate of ——————— Year ———

Registered in the state of ———————

Year ———

Date ———————

Signed,

President ——— *State Nurses' Association.*

Secretary ——— *State Nurses' Association.*

Any questions on the general use of these transfer cards may be addressed to the Secretary at Headquarters, 370 Seventh Avenue, New York, N. Y.

NATIONAL LEAGUE OF NURSING EDUCATION

The twenty-eighth annual meeting of the National League of Nursing Education convened at Swampscott on June 18, 1923,



Mary K. Nelson, R.N.

Chairman, Hospitality Committee, N.L.N.E Convention

and found the spacious rooms and wide porches of the New Ocean House stood for the cordial hospitality needed to make the convention a success. Miss Nelson of the Hospitality Committee, had her representatives ready to meet the members in Boston, and they arranged their transfer across the city. Miss Hall, Chairman of the Arrangements Committee, had made her plans most carefully, and Miss Johnson, Chairman of the Programme Committee brought together many helpful and illuminating papers, from the wealth of which it is difficult to select for brief comment; but the published report will bring them to the members a little later.

There was a registration of 196 members and 214 guests, but that does not tell of all the interested and interesting nurses who gathered to discuss the educational problems of the profession. Probably the picture that will be most vivid in the memories of those present will be of the banquet Wednesday evening, in the beautiful dining room of the New Ocean House, where the Massachusetts nurses had invited Miss Richards and Miss Drown as guests of honor, and their brief speeches brought reminders of the devotion and the ideals of the early days and roused



SALLY JOHNSON, R.N.
Chairman, Programme Committee,
N.L.N.E. Convention



CARRIE M. HALL, R.N.
Chairman, Committee on Arrangements,
N.L.N.E. Convention

the hope of continuing them into the future. Under the skillful and brilliant direction of Miss Goodrich as toastmaster others gave wise and witty expressions to the experiences that have brought us along the professional roads to the present.

The report of the Committee of Revision of By-laws was read and accepted; it was voted that its provisions be referred to the State Leagues for discussion and consideration before taking any decisive vote.

The Education Committee reported progress in their effort to arrange for a survey of schools on nursing in the interest of a satisfactory grading. The curriculum was ordered reprinted with a new foreword, because it seemed desirable to have further study and experiment in actual practice before committing the League to radical changes in length of time of the course.

Ford Hall, on Tuesday evening saw a very interested audience listening to Mr. Embree's clever address and to the historical paper on Thirty Years of Progress in Nursing, in which Miss Nutting gave us leaves from her own experience and that of her closest associates and friends.

The officers elected for the following year are: President, Laura R. Logan, R.N., University of Cincinnati, O.; first vice-president, Carolyn Gray, R.N., Western Reserve University, Cleveland, O.; second vice-president, Mary M. Roberts, R.N., *American Journal of Nursing,* New York; secretary, Ada Belle McCleery, R.N., Evanston Hospital, Evanston, Ill.; treasurer, Bena M. Henderson, R.N., Children's Hospital, Chicago, Ill.; directors for two years, M. Adelaide Nutting, R.N., Teachers College, New York; Marion Rottman, R.N., Milwaukee, Wis.; Helen Farnsworth, R.N., Junior College, Kansas City, Mo.; Harriet Gillette, R.N., Episcopal Hospital, Philadelphia, Pa.

NURSES' RELIEF FUND
REPORT FOR JUNE, 1923

Receipts

Balance on hand	$16,497.11
Interest on Liberty Bonds	587.01
Arizona: District No. 2 (ten members)	10.00
Army School of Nursing Alumnae Association	85.00
California: Dist. No. 3, $13; Dist. 4, $38; Dist. 5, $35.50; Dist. 6, $1; Dist. 7, $6; Dist. 8, $83.25;	

Dist. 9, $33; Dist. 10, $35; Dist. 12, $28; Dist. 16, $13	285.75
Connecticut: Middlesex Hospital Alum., Middletown	38.00
Florida: Graduate Nurses Assn.	90.00
Idaho: State Nurses' Assn., $25; Dist. 1 of Idaho, $25	50.00
Illinois: Dist. 11, $16; one individual, $1; Dist. 1, $17	34.00
Massachusetts: Suffolk and Norfolk Branches, $25; Boston City Hospital Alumnae, $25	50.00
Maryland: State Nurses' Assn.	47.60
Michigan: Dist. 2, $10; Dist. 10, $6; Woman's Hosp. Alum., Detroit, $3.50	19.50
Missouri: University Hosp. Alum., Kansas City, $10; five individuals, $7	17.00
Minnesota: Dist. 3	4.00
Montana: Dist. 6, $25; Bozeman Deaconess Hosp. Alum., $5	30.00
New Hampshire: Graduate Nurses' Assn., $10; Laconia Hospital Alum. Association, $5	15.00
New Jersey: Dist. 1, Individuals,; $28; St. Barnabas Alum. Assn., $15	43.00
New York: Dist. 2, Nineteen members, $19; Dist. 4, Auburn City Hospital Alumnae, $45; Graduate Nurses Assn. of Auburn, $25; Dist. 5, Individual, $5; Dist. 7, Faxton Hosp. Alum., Utica, $18; one individual, $1; Dist. 6, $56; Dist. 9, Albany Hosp. Alum., $50; Dist. 10, Physician's Mercy Hosp., Schenectady, $25; Dist. 13, St. Vincent's Hospital Alum., $25; N. Y. Post Graduate Alum., $15; Dist. 14, Long Island Training School Alum. Assn., $50	334.00
Ohio: Dist. No. 8	75.00
Pennsylvania: Montgomery Hosp. Alumnae, Norristown	25.00
South Dakota: Dist. 3	50.00
Texas: Dist. 2, $8; Dist. 10, $15; Dist. 11, $9.05	32.05
Washington: Dist. 4, $74; Dist. 5, $80; Individual, $5	159.00
Wisconsin: Dist. 6, Three Individuals, $3.50; State Nurses' Assn., $50	53.50
Total Receipts	$18,631.52

Disbursements

Paid to 36 beneficiaries	565.00
	$18,066.52
Invested funds	59,250.00
	$77,316.52

At the time when it was hoped that the office of Interstate Secretary might become a permanency, the sum of $85.00 was collected through the Wisconsin State Nurses' Association from individuals and organizations. This office having been discontinued, the Association voted to send $50.00 to the Nurses' Relief Fund (which is noted in the June report) and $35.00 to the Headquarters of the American Nurses' Association.

V. Lota Lorimer, *Treasurer.*

DELANO MEMORIAL FUND

The Delano Memorial Fund has now reached approximately the $35,000 mark, and it is proposed to go ahead with the work as soon as Congress opens and request can be made for permission to place the memorial opposite the entrance to the Red Cross on 17th Street. An Art Committee has been appointed which will be charged with the responsibility for the selection of the artist and the form of the design. Helen Scott Hay is Chairman of this Committee. The other members are Mrs. August Belmont, Mabel Boardman, Mary K. Nelson, Mrs. Lystra E. Gretter, Anna C. Maxwell and Mrs. Lenah S. Higbee. It is hoped that the $35,000 will prove sufficient for the memorial. If it is not, an appeal will be made to the nurses throughout the country for an additional $15,000, which will complete the $50,000, which fund the Committee first hoped to raise. The nursing public will be kept advised of the progress of the work on the memorial through the columns of the *Journal.*

Lucy Minnigerode, *Chairman.*

ARMY NURSE CORPS

During June, 1923, the following named members of the Army Nurse Corps were

ordered transferred to the stations indicated: To Station Hospital, Jefferson Barracks, Mo., 2nd Lt. Ruth E. Hall; to Letterman General Hospital, San Francisco, Calif., 2nd Lieutenants Margaret Bakken, Alma Halferty, Elsie G. Rhodes, Alle Salzman, Catherine E. Wick, Clara W. Woodruff; to Station Hospital, Fort Oglethorpe, Ga., 2nd Lt. Anna M. Walsh; to Station Hospital, Fort Sam Houston, Texas, 2nd Lieutenants Thea C. J. Coffey, Katherine C. Kocyan; to Walter Reed General Hospital, Washington, D. C., 1st Lt. Jessie M. Braden, 2nd Lt. Dorothy Cleveland; to U. S. Military Academy, West Point, New York, 1st Lt. E. Valine Messner; to the American Forces in China, Tientsin, China, 2nd Lieutenants Frances Berger, Kathryn C. Hopkins; to the Philippine Department, 2nd Lieutenants Zora M. Ballard, Mary L. Carney, Anna P. Hart, Dorothy Proske, Betty L. Stevenson, Sara I. Stevenson.

Orders have been issued for the separation from the service of the following named members of the A.N.C.: 1st Lt. Mary C. Beecroft, Chief Nurse, and 2nd Lieutenants Ima Gene Allen, Alene Bailey, Christiana M. Bauer, Nora C. Braathen, Theresa Cloherty, Cora A. Dawson, Nelle Dowling, Nellie B. Drescher, Ella Eklund, Nannett C. Fitzgerald, Alda M. Gage, Zelphia Olive Gilbert, Mabel A. Gray, Prudence Victoria Guy, Henrietta Verning Hulme, Eleanor Keegan, Katherine Killilea, Gertrude O. Lane, Beulah McCrabb, Alice McGivern, Elizabeth Anderson March, H. Evelyn Nyquist, Bertha Pitts, Margaret H. Reese, Quintinn Roberts, Lucy Shawhan.

JULIA C. STIMSON,
Major, Superintendent, Army Nurse Corps.

NAVY NURSE CORPS

Transfers: To Annapolis, Md., Martha J. Kessler, Lucy H. Russell; to Chelsea, Mass., Florence M. Gibson, Mary L. Huber, Martha Schmidt; to Great Lakes, Ill., Helen A. McGrath, Elizabeth Steiner; to League Island, Pa., Kathryn M. Bonner, Anna I. Cole, Chief Nurse; Louise Cooke, Rose M. Culbertson, Mina A. King, Chief Nurse, Loretta Lambert; to Mare Island, Calif., Lillian R. Cornelius *via U. S. S. Chaumont,* Catherine M. Dalton; to Newport, R. I., Esther LeC. James, Chief Nurse, Marion F. O'Connor, Ethel R. Parsons; to New York, N. Y., Ida C. Carlson; to New York Dispensary, Navy Yard, Della V. Knight, Chief Nurse; to Norfolk, Va., Cornelia S. Brown, Luama A. MacFarland; to Pensacola, Fla., Katharine C. Hansen; to Portsmouth, N. H., Gertrude L. Peters; to San Diego, Calif., Gertrude M. Dean *via U. S. S. Chaumont;* to San Francisco, Calif., Hospital Corps Training School, Isabella F. Erskine, Chief Nurse, Viola M. Visel (temporary duty), to *U. S. S. Henderson,* Ruth Powderly, Chief Nurse (temporary duty); to *U. S. S. Kittery,* Mary L. Kelley (temporary duty), Rosanna Watson (temporary duty); to *U. S. S. Mercy,* Margaret M. Brown, Honora Drew, Julia Moehr, Anna F. Patten, Teresa Weigand; to Washington, D. C., Emma L. Grier, Mabel G. Hudson, Teresa E. Wilkins, Chief Nurse; to Washington, D. C., Dispensary Navy Department, Eva C. Todd.

Honorable Discharge: Virginia L. Gray.

Resignations: Faith Battey, Grace Brennen, Helen D. Carlisle, Coyle McBrayer.

Promotions: Anna G. Davis, Chief Nurse, to Assistant Superintendent Clare L. DeCeu, Chief Nurse, to Assistant Superintendent, Helen A. Russell, Nurse, to Chief Nurse, U. S. N.

J. BEATRICE BOWMAN,
Superintendent, Navy Nurse Corps.

U S. PUBLIC HEALTH SERVICE NURSE CORPS

Transfers: Anne McNulty, to U. S. Marine Hospital No. 16, Portland, Me.; Mary Cunningham, to No. 2, Boston, Mass.; Alice Baird, to No. 82, Norfolk, Va.; Agnes Lalla, to No. 20, Savannah, Ga.; Mae Bracken, to No. 21, Stapleton, N. Y.; Minnie Hayes, to No. 14, New Orleans, La.; Florence Young, to No. 3, Buffalo, N. Y.; Claire Greenlaw, to Rosebank Quarantine.

Reinstatements: Kathleen Pifher, No. 1, Baltimore, Md.; Lucy Lee Wilkins, No. 18, St. Louis, Mo.; Kathryn G. Butts and Lenoir G. Moody, No. 20, Savannah, Ga.; Marion Page, Michael Givney, No. 21, Stapleton, N. Y.; Agnes Schou, Mary G. Moore, U. S. Marine Hospital No. 19, San Francisco, Cal.

LUCY MINNIGERODE,
Superintendent of Nurses, U.S.P.H.S.

U. S. VETERANS BUREAU

HOSPITAL SERVICE: *Transfers:* Edith C. Baldwin, Drucilla Gubbins, Olive E. Hanna, Pearle I. Sweeley, to No. 24, Palo Alto, Calif.; Esther J. Bullock, Teresa R. Charles, Ruth M. Garrett, Amelia J. Gears, Mrs. Elizabeth W. Tyler, Ianthia Williamson, to No. 91, Tuskegee, Ala.; Mattie W. Temple, to No. 27, Alexandria, La.; Charlesa Boyd, to No. 67, Kansas City, Mo.; Nellie L. Carter, to No. 60, Oteen, N. C.; Pearl Dowe, to No. 78, Little Rock, Ark.; Sylvia E. Dunning, to No. 60, Oteen, N. C.; Lena B. Granner, to No. 48, Atlanta, Ga.; Esther E. Johnson, to No. 48, Atlanta, Ga.; Nora F. Johnson, to No. 60, Oteen, N. C.; Belle Lombard, to No. 57, Knoxville, Iowa; Margaret M. McCarthy, to No. 78, Little Rock, Ark.; Ruby Meyers, to No. 60, Oteen, N. C.; Leda V. Nelson, to No. 60, Oteen, N. C.; Edith M. Prince, to No. 57, Knoxville, Iowa; Grace Steele, Florence Farrell, to No. 60, Oteen, N. C.; Katherine Hastings, to No. 50, Whipple Barracks, Ariz.; Clare B. Kohmen, to No. 60, Oteen, N. C.; Elizabeth Lyons, Frieda Schuetz, to No. 76 Maywood, Ill.; Mary L. Anderson, to No. 41, New Haven, Conn.; Lulu M. Bach, to No. 89, Rutland, Mass.; Theresa McDermott, to No. 41, New Haven, Conn.; Margaret F. McGibbon, to No. 81, Bronx, N. Y.; Zola Clark, Lillian E. Tucker, to No. 44, W. Roxbury, Mass.; Veta J. Lawlor, Ida Stoskopf, to No. 89, Rutland, Mass.; Lydia S. Heilman, Mabel E. Leslie, to No. 50, Whipple Barracks, Ariz.; Theresa Casanave, Martha Shadwick, Belle McAtee, to No. 55, Ft. Bayard, N. Mex.; Bertha V. Brown, Mildred L. Jones, to No. 74, Gulfport, Miss.; Remo P. Sabetti, to No. 81, Bronx, N. Y.

Reinstatements: Emma J. Hall, No. 41, New Haven, Conn.

DISTRICT MEDICAL SERVICE: *Transfers:* Clara Spielman, transferred from Hospital Service to Richmond, Va.

During the month U. S. Veterans' Hospital No. 90, Muskogee, Oklahoma, was opened for the reception of patients. This is a general hospital. U. S. Veterans' Hospital No. 91, Tuskegee, Alabama, was opened for the care of colored patients with tuberculosis and neuro-psychiatric conditions. U. S. Veterans' Hospital No. 93, Kerrville, Texas, was opened for the reception of tuberculous patients and U. S. Veterans' Hospital No. 53, Dwight, Illinois, for the reception of mild mental cases.

During the month U. S. Veterans' Hospital No. 30, Chicago, Illinois; U. S. Veterans' Hospital No. 83, Mobile, Alabama, and U. S. Veterans' Hospital No. 25, Houston, Texas, were closed.

Effective June 30, 1923, U. S. Veterans' Hospital No. 72, Helena, Montana, was converted from a general hospital to a tuberculosis hospital with a 300-bed capacity.

MARY A. HICKEY,
Superintendent of Nurses.

WORLD CONFERENCE ON EDUCATION

The Conference held in California, June 28 July 6 was genuinely international in character and will doubtless have far reaching results. "Group E" discussed Health Education under the following topics: Status and Aims of Health Education, Nutrition and Health Education, The Contribution of Physicians and Dentists to a School Health Programme, The Contribution of Nurses to a School Health Programme, The Relation of Physical Education to Health Education. Each topic was handled by a special Committee composed of well known experts from this and other countries. The Committee reports were crystallized in a series of resolutions. The one of prime interest to nurses is signed by a Committee of which Carolyn E. Gray is Chairman and is as follows: "That we recommend that in all countries of the world there shall be a concerted effort to promote such a progress of nursing education as will produce the type of nurse qualified to take her place with the other leaders in the field of health education in the schools of the world. That in all countries schools of higher education be encouraged to support university schools of nursing and to recognize the development of these schools as part of the progress of general education."

One has to do with the organization of a Health Education Section as a part of the World Conference, with suitable translation of reports and other health literature, the provision of scholarships for teachers in the field of health education. Others deal with the development of coöperation between all

interested groups, including the parents, with experimental work as a basis for further development.

"That we hereby recommend the value of weighing and measuring school children as a teaching project, in addition to, and as distinct from, the use of weight standards as a clinical index."

"Mothers be taught the importance of food, its selection and preparation, for the pre-natal period, the period of infancy, the pre-school and adult life; that mothers be taught the relative values of food in terms of cost in order that the income may yield the largest nutritive returns to the family."

Scientifically sound preparation of those who are to teach food requirements; strong courses in child health work in medical and dental schools as well as in universities and schools of public health are emphasized. Extensive use of athletics separately adapted to girls and boys and correlation of physical activities with the foundation of health habits are recommended as promoting a healthy nation. Particularly positive resolutions were drawn up embodying the principle that all teachers in training be required to complete courses in fundamentals of health promotion and disease prevention.

AMERICAN HOSPITAL ASSOCIATION

The annual meeting of the American Hospital Association will be held in Milwaukee, Wisconsin, the week of October 28. The Nursing Section, of which M. Helena McMillan is Chairman and Ada Belle McCleery Secretary, will meet November 1, from nine-thirty to eleven. The programme is as follows: Why Education?—The Opportunities for Service Being Offered the Graduate Nurse, Edna Foley. Classification of Nursing Schools, Carolyn E. Gray. Child Health, Sophie Nelson. Health of the Student Nurse, Dr. Caroline Hedger.

AMERICAN CHILD HEALTH ASSOCIATION

The American Child Health Association represents a significant event in the present trend toward better correlation of national health work in that it is an amalgamation of the American Child Hygiene Association and the Child Health Organization of America. It has also assumed the functions of the National Child Health Council in matters relating to Child Health. It will hold its first convention in Detroit, October 15 to 17, inclusive.

The programme will be designed to cover the entire range of Child Health from pre-natal life to maturity; it will also deal with the special interests of public and private officials, governmental and non-governmental agencies and of the teaching, medical and nursing professions. It will stress especially the interdependence of all health workers and their different types of work.

AMERICAN DIETETIC ASSOCIATION

The American Dietetic Association will hold its sixth annual meeting at Indianapolis on October 15, 16 and 17, with headquarters at the Hotel Claypool.

With the present sensational progress and development of dietetics throughout the country, there exists the greatest need for well informed dietitians, keenly alive to the problems of the day. The demand from hospitals, universities, schools, public welfare associations and the commercial field for food experts exceeds the supply.

The programme for Indianapolis will cover every phase of applied dietetics.

INDUSTRIAL SECTION; N.O.P.H.N.

The meeting of the Industrial Section of the N.O.P.H.N., which was held during the National Conference of Social Work in Washington, was most inspiring. Mrs. Austin Levy, Harrisville, R. I., as Lay Director, and Maude B. Carson, President of the Detroit Industrial Nurses' Club, Detroit, Mich., as Nurse Director, were elected unanimously to serve for one year. Dr. Augusta Scott of the Metropolitan Life Insurance Company, read a paper of great interest on Neuro-Psychiatric Work in Industry. The paper tends to demonstrate that nervousness is usually not merely the result of the monotony of work, but the lack of balancing interests and the presence of mental conflicts most often of an instinctive nature A general discussion followed. The question of the most desirable way of presenting Sex

Hygiene educational work being most perplexing. The Chairman and Secretary have received many communications from nurses who were not present, and will communicate with them and try to establish a means of closer contact through the Industrial Section.

Arizona: The Arizona State Nurses' Association held its fifth annual meeting at Prescott April 2 and 3. Among the interesting papers presented were Progress and Problems in Public Health Nursing, The Nurse Anaesthetist, Ethics and Adaptability in Private Duty, The Private Duty Nurse as an Educator, and Sheppard Towner Work. In discussing the Treatment of Tuberculosis, Dr. John W. Flinn valued climate at 20 per cent and scientific care at 80 per cent, the problem of Arizona physicians and nurses being that of providing care that will justify patients in seeking that climate. The charming hospitality of the Fifth District nurses was displayed in many ways, including a banquet at The Owl and a luncheon at the Yavapai Club. A tea was given for the delegates and visitors at Whipple Barracks. The resolutions included one of appreciation of the devoted service of Mrs. Gertrude Russell, retiring secretary, and one to the Federation of Women's Clubs for assisting in securing legislation. The following officers were elected: President, Louise E. Perritt, Prescott; vice-president, Grace Buckley; second vice-president, Mrs. Marshall Culp, Phoenix; secretary, Catherine Beagin, Prescott; treasurer, Mrs. Catherine Hutchinson, Tombstone.

California: San Francisco.—N. P. Cummings, until recently editor of *Hospital Social Service,* New York City, is to be director of the Social Service Department, Stanford Clinics. Miss Cummings succeeds Marguerite Wales.

Colorado: Denver.—St. Joseph's Hospital held graduating exercises for a class of 19, on June 11. Address and presentation of diplomas were made by Rt. Rev. J. Henry Tihen, D.D. Following the exercises a reception was held in the hospital auditorium. Community commencement exercises were held by the following three hospitals at the Morley Junior High School on June 19: Children's Hospital graduated a class of four. Diplomas were presented by Mrs. Oca Cushman, the class pins by Luella Morrison. City and County Hospital graduated a class of seven. Diplomas were presented by Mr. Thomas Hunter and the pins by Beulah Bramkamp. St. Luke's Hospital graduated a class of 12. Diplomas were presented by Mr. C. A. Wordell and the pins by Laura Elder. The address was given by Dr. James Rae Arneill. A reception and dancing followed the exercises. Mercy Hospital held commencement exercises on May 17. Rt. Rev. J. Henry Tihen, D.D., presented the diplomas to seventeen nurses. Addresses were given by Rt. Rev. J. Henry Tihen and C. E. Cooper, M.D., Staff President. On May 23, the class entertained the undergraduates with a motor party and beefsteak fry on Mt. Lookout. At the last meeting of Mercy Hospital Alumnae Association on June 6, the following officers were elected: President, Lela Underhill; vice-president, Elsie Main; secretary, Leslie Chartrand; treasurer, Kathrine P. Myles. The annual banquet was held on June 24, with a large attendance.

District of Columbia: Washington.—Of 315 members of the Alumnae Association of the Army School of Nursing reporting recently, there were 56 in private duty; 99 in public health work; 69 married and of those in institutional work 13 were supervisors, 8 superintendents and 2 assistants.

Florida: Jacksonville.—District No. 2 has elected the following officers: President, Mrs. Maude Revelle; first vice-president, Frances Williams; second vice-president, Dora McCarthy; treasurer, Mrs. Ola Connell; secretary, Carrie Morrison. St. Luke's Hospital, Jacksonville's largest hospital, has no graduates this year. St. Vincent's, the next in size, has three, Riverside Hospital has nine. Brewster Hospital (colored), has five. An X-ray machine has recently been installed in St. Vincent's Hospital, a gift of a patient. St. Vincent's Alumnae has planned to entertain this year's graduates at a beach party at Pablo Beach. St. Vincent's Hospital was formerly the De Sota Sanatorium, but was taken over by the Daughters of Charity of St. Vincent de Paul, June, 1916. The alumnae has eleven active members. **St. Augustine.**—The Worley Hospital has affiliated with St. Vincent's, Jacksonville, sending two of

the nurses for six months, beginning July 1. Much credit is due Sister Inez, Superintendent of the Training School, for the pupils having eight-hour duty.

Georgia: Atlanta.—The Georgia Baptist Hospital graduated a class of 30 on June 19. The address was given by Dr. J. S. Hartsfield, Toccoa, the diplomas were presented by Dr. Arch C. Cree, and Dr. W. Frank Wells presented the class pins. The annual banquet of the graduating class was held on June 14. There were sixty-eight present. A miscellaneous shower was given to Jewel Ragsdale, who was married to Wallace Smith, immediately after the graduating exercises. She was attended by the entire class.

Illinois: Chicago.—Programmes are now available for the Institute to be conducted under the auspices of the State League of Nursing Education in Chicago September 3 to 14 inclusive. Applications and requests for information should be forwarded to May Kennedy, Director, 6400 Irving Park Boulevard, Chicago. The nurses of Chicago and Cook County are working industriously for the fund for the cottage for tuberculous nurses at the Edward Sanitorium at Naperville. The Evanston Nurses' Club gave a lawn party June 9. St. Mary's, Frances Willard and Evanston Hospital Alumnaes and the nurses of the Chicago Tuberculosis Institute have given successful dances. Garfield Park had set $1000 as its quota, but has already turned in $1100. Miles of pennies, hope chests and other money raising plans are under way by West Side Alumnae, St. Ann's Alumnae and others. Bena M. Henderson, for fourteen years Superintendent of the Children's Memorial Hospital, Chicago, has resigned and after an extended vacation will open and organize the Milwaukee Children's Hospital, now nearing completion. Miss Henderson is known to the nursing profession as a member of the Board of Directors of *The American Journal of Nursing,* Treasurer of The National League of Nursing Education and has recently been appointed a member of The American Red Cross Nursing Committee. Mary C. Stewart, Superintendent of Guelph General Hospital, Canada, succeeds Miss Henderson as Superintendent of The Children's Memorial Hospital. Henrietta Miller, St. Luke's Hospital, Minneapolis, has succeeded Elsie Logan Burks as principal of the School for Nurses. Edith Berguist, Children's Memorial Hospital, is acting assistant principal. May D. Collins, St. Luke's Hospital, Chicago, is instructress of nurses. Josephine McLeod has resigned her position as Superintendent of Nurses, Michael Reese Hospital. **Decatur.**—Decatur and Macon County Hospital graduated a class of ten on June 7. The address was given by Dr. S. E. McClelland, who referred to the advances in medical science within the past generation and spoke of the assistance rendered by the trained nurse, to the physician in his work. The diplomas were presented by Dr. William Barnes and following the exercises a reception was given to the graduates.

Indiana: The State Association of Graduate Nurses will meet in Evansville, September 4, 5 and 6.

Iowa: The State Association will meet at Waterloo, October 9, 10 and 11. **Cedar Rapids.**—The Fifth District met at Cedar Rapids Y. W. C. A. June 29, with about 75 members present. Reports of the Jane Delano and the Relief Fund Committees showed an increase over the 1922 report. Five new members were accepted, making the membership 220. A very interesting talk was given by Mary C. Wheeler of Chicago on "The Advancement made in Training Schools in the Last Year." St. Luke's Alumnae were hostesses and served refreshments. **Fairfield.**—Ellen Anderson, who has been assistant Superintendent of Jefferson County Hospital has resigned. **Mason City.**—The Mercy Hospital Alumnae held its first banquet on June 25, at the Handfort Hotel. The class of 1923 was taken into the association. Alice Pattee, County Nurse of Mahaska County has resigned her position and accepted a position with the Iowa State University Hospital, in the interest of the Shepard-Towner Clinics. **Oskaloosa.**—A very impressive memorial service was held on the lawn at the Mahaska County Hospital, Sunday, June 3, when a white birch tree was planted in memory of Ruby Elizabeth Clark, a nurse whose death came early in life as a result of services

rendered her country during the World War. The exercises were under the auspices of the MAHASKA HOSPITAL ALUMNAE ASSOCIATION, of which she was a member. All patriotic organizations took part in the exercises.

Washington.—DISTRICT No. 2 held a very interesting meeting June 7. Luncheon was served at the Chamber of Commerce Building by the Hospital Association. Alex. Miller gave a very instructive address on "Our Duty as Citizens."

Kansas: Wichita. — WESLEY HOSPITAL TRAINING SCHOOL FOR NURSES held commencement exercises on May 15, for a class of 19. The address was given by Dr. A. E. Kirk, President of Southwestern College, Winfield. W. M. G. Howse, President of the Board of Trustees, presided and awarded the diplomas. Mrs. Robert Piatt, President of the Woman's Board, assisted by Mrs. Betsy L. Harris, Principal, presented the pins, also the silver spoons which are the annual gift from the Woman's Board to the graduating class.

Kentucky: Louisville.—The annual meeting of the WESTERN DISTRICT OF THE KENTUCKY STATE ASSOCIATION OF REGISTERED NURSES was held at the Woman's Club, June 12. After the routine business, officers were elected as follows: President, Mrs. Myrtle C. Applegate; first vice-president, Helen Donaldson; second vice-president, Cornelia Gamble; secretary, Emma Isaacs; treasurer, Mrs. Pearl S. Schlesser; directors for two years, Elsie Pearson and Cornelia Erskine. A very pleasant social meeting, with refreshments, was enjoyed. THE NORTON MEMORIAL INFIRMARY ALUMNAE ASSOCIATION held its eighteenth annual meeting June 9, in the Nurses' Home. The following officers were elected: President, Virginia H. Hicks; vice-president, Ruth Gamble; secretary, Edna E. Proctor, 612 West Ormsby Avenue; treasurer, Emma Isaacs; auditor, Jane A. Hambleton.

Louisiana: New Orleans.—The Semi-annual examination of the LOUISIANA NURSES' BOARD OF EXAMINERS was held in New Orleans and Shreveport, July 18 and 19. Fifty-one applicants qualified as registered nurses.

Patterson.—ST. MARY'S HOSPITAL celebrated Hospital Day with a Better Baby contest, during which 136 babies were examined. In the evening graduating exercises were held for a class of eight, followed by a complimentary dance given by Doctors Crawford and Aycock.

Maine: East Waterford.—Mary E. Marshall and Helen E. Sanderson are conducting a camp for delicate girls, known as Camp McWain. It should prove a successful enterprise in the hands of these skilled and experienced public health nurses.

Massachusetts: Boston.—THE TWENTIETH ANNUAL MEETING OF THE MASSACHUSETTS STATE NURSES' ASSOCIATION was held at Lecture Hall, Public Library, June 16. The morning sessions were as follows: The Private Duty League Section, Miss Hollingsworth presiding. Some of the papers presented at section meetings held during the year were reviewed, officers were elected and amendments made to the By-laws adopted a year ago. Minnie S. Hollingsworth was reëlected Chairman of the Section. The Public Health Nurses' Section, Miss Fowler presiding, held important discussion as to the formation and adoption of new By-laws. The matter was presented by Mary Beard and will again be taken up at the next meeting. Helen R. Fowler was elected Chairman of the Section for the coming year. The meeting of the State League of Nursing Education, Sally Johnson presiding, was addressed by Mary Caroline Crawford on the "Value of Publicity." The following officers were elected: President, Sally Johnson; vice-president, Jessie E. Catton; secretary, Ruth I. Humphrey. The State Association met in the afternoon, Carrie M. Hall presiding. Reports of Committees were presented. Adda Eldredge, President American Nurses' Association gave an address on "The Value of the Work of an Educational Director." The following officers were elected: President, Carrie M. Hall, Boston; first vice-president, Bertha W. Allen, Newton Lower Falls; second vice-president, Melissa J. Cook, Melrose; treasurer, Emma M. Nichols, Roxbury; corresponding secretary, Jessie E. Catton, Boston; recording secretary, Mary Alice McMahon, Boston. The Association noted with deep regret the absence of Mary E. P. Davis, who for many years has been a regular atendant at the annual meeting. Miss Davis was ill and unable to attend. Messages of greeting were forwarded

her. Following the afternoon meeting, members of the Association were given a reception by the Guild of St. Barnabas at Trinity Church Parish House, Copley Square. Tea and a social hour were greatly enjoyed. The Autumn meeting will be held in Brockton.

Fitchburg.—The Burbank Hospital School of Nursing held its graduating exercises of the class of 1923, July 19, in Wallace Hall, Fitchburg. Dr. Richard Miller of Boston delivered the address. Hon. John B. Fellows, Mayor of Fitchburg, presented diplomas to the eleven members of the graduating class.

Michigan: Ann Arbor.—The University of Michigan School for Nurses held a mass meeting for all of the students on June 13. Dr. C. G. Parnell, Director of the Hospital, presented to five students from the senior class, citations and medals for high scholarship in both theory and practice. Commencement activities for seniors included an Alumnae picnic at Whitmore Lake, June 9. Junior and Senior dinner at Michigan Union, June 14. Toasts, a class will and a class prophecy were features of the evening. A Senior Breakfast was given by the Hospital, June 16, when the President of the Alumnae Association presented each senior with a wide black band for her cap and the Hospital presented each with a Luer syringe. The Superintendent read the greeting which had been sent from National Headquarters and also a letter of good wishes from the *Journal* office. The Baccalaurate address was given by President Marion LeRoy Burton of the University of Michigan. In the afternoon the Juniors served tea in the Nurses' Dormitory for the seniors and their friends. Commencement exercises were held at Ferry Field, June 18, together with the other schools of the University, and luncheon was served by the Hospital at the Dormitory for the Seniors and their friends. **Jackson.**—The W. A. Foote Memorial Hospital held commencement exercises in St. Paul's Parish House, on June 19. Mayor William Palmer presented diplomas to a class of eight. The Florence Nightingale Pledge was administered by L. Winifred Seckinger, R.N., Superintendent, and class pins were presented by Mrs. William A. Foote, who donated to the following pupils: Bernalde Winebrenner (best theoretical and practical student), $50.00; Dorothy Dean (best practical student), $25.00; Helen Connell (best theoretical student), $25.00. Helen Laitila received $10.00 for the best paper in Pediatrics donated by Dr. Chas. Dengler. The Fourteenth District of the Michigan State Nurses' Association has appointed Edith Ozar, Ina Atkin and Anna Forsberg to act as solicitors for the *Journal*.

Minnesota: Duluth.—Bertha Brubaker, Supervisor of Nurses, Board of Education, Administration Building, Duluth, is the new president of the Second District of M.S.R.N.A. **Rochester.**—Dr. Adson, of the Mayo Clinic, presented a class of 26 for graduation from the Kahler Hospitals June 7. Dr. Adson praised the work of Bertha S. Johnson in building up the school. Dr. Charles H. Mayo gave a stimulating address advocating the two years and four months course, thus allowing for specialization after graduation. Other speakers were Dr. William MacCarty and Mr. H. A. Johnson. The latter awarded the prize for scholarship to Myra Leota Scott, honorable mention to Helen Pfautz, and the prize for the best operating room nurse to Florence Schepers.

Missouri: Mexico.—The Seventh or Columbia District held its regular quarterly Nurses' Association held its regular quarterly meeting at the Audrain County Hospital, May 24th. Twenty nurses were present at the noon-day luncheon, and immediately afterwards went to the hospital for the business session. Applications for membership of eight nurses present were accepted. A proposal was made to send letters to the various organizations constituting the Federation of Women's Clubs of Missouri, to ask for their active support in constructive legislation for Missouri Nurses. This proposal was enthusiastically approved. Plans for reaching the prospective nurses were discussed; and it was agreed that all the nurses of this district be requested to place their copies of the *American Journal of Nursing* and the *Public Health Nurse* in public libraries, high schools and college libraries throughout the district. Seven of the nurses present immediately volunteered to give their nursing magazines to four high schools, two women's colleges, and one public library. Another interesting feature was the introduction of songs, composed by the president, Pearl

McIver. **St. Louis.**—THE LUTHERAN HOSPITAL graduated a class of nine on June 12.

Montana: Missoula.—THE MONTANA STATE ASSOCIATION OF GRADUATE NURSES held its eleventh annual meeting in the Elks' Club parlors, with headquarters at the Florence Hotel, June 18-20. Two sessions were devoted to Institutes on Maternity and Infant Welfare work, which were conducted by Marie Phelan of the Children's Bureau. Luncheons and evening entertainments were provided by District No. 1.

Nebraska: An Act to amend Section 8206 of the Compiled Statutes of Nebraska for 1922, relating to nurses, and to repeal said original section.

Be It Enacted by the People of the State of Nebraska:

Section 1. That Section 8206 be amended to read as follows:

Sec. 8206. No person, unless previously registered or licensed to act as a registered nurse in this state at the time this act becomes operative, shall be allowed to practice as a trained graduate, or registered nurse without first applying for and obtaining a certificate for such purpose from the department. Such application shall be made to the department in writing, and shall be accompanied by a fee of five ($5.00) dollars, together with satisfactory proof that the applicant is a citizen of the United States and an actual bona fide resident of the State of Nebraska, is not less than *twenty-one* (21) years of age and has received an education equivalent to two years of high school; *and* is a graduate of and has a diploma from an accredited school for nurses requiring a systematic course of three (3) years' training. An accredited school for nurses within the meaning of this act shall be a school primarily or by affiliation *connected with a general hospital of not less than fifty beds, teaching theory and practice of nursing as provided by the standard curriculum of the National League of Nursing Education.* When such application is found satisfactory, the department shall notify the applicant to appear before it for examination. The examination shall be of a character sufficiently strict to test the qualifications of the candidate as a practitioner, and shall be conducted under the rules and regulations prescribed by the department, which shall provide for a fair and wholly impartial method of examination by a board of three examiners to be chosen by the department, from *a list of nurses submitted by the Nebraska State Nurses' Association, and each of said three examiners* shall be *a* regularly licensed and registered trained *nurse* in Nebraska for a period of at least three years, *and upon the expiration of the respective terms of the existing board of examiners their successors shall be appointed for a term of three years.* The department, upon written application and upon payment of *ten* ($10.00) dollars as *a* registration fee, shall issue a certificate without examination of the applicant, if said applicant has been registered as a registered nurse under the law of another state having, in the opinion of said department, an equal or higher standard than the State of Nebraska for the registration of nurses. *The department of public welfare shall adopt such rules not inconsistent with the law as they may deem necessary to carry out the provisions of this act; to outline and establish the course of instruction to be followed by accredited schools for nurses and a system of inspection of such accredited schools, licensed nurses must be registered on or before January 1st of each year and pay a fee of one dollar therefor.*

Any person violating any of the provisions of this Act or who shall practice or attempt to practice in this state as a trained, graduate or registered nurse without a certificate as hereinbefore provided or who shall wilfully make any false representations in applying for a certificate, shall be guilty of a misdemeanor and upon prosecution and conviction thereof, shall be punished by a fine of not less than twenty-five ($25.00) dollars nor more than one hundred ($100) dollars.

"Sec. 2. This act shall not be construed to apply to gratuitous nursing by members of religious societies or of the sick by friends or members of the family, nor to any person nursing the sick for hire who does not in any way assume to be a trained, graduate or registered nurse."

Sec. 3. That said original Section 8206 of the Compiled Statutes of Nebraska for 1922, is hereby repealed.

New Hampshire: Keene.—The new and well equipped sixty-bed building of the ELLIOT COMMUNITY HOSPITAL for which $300,000 had been raised by popular subscription opened in May. The graduate nurses have been granted free use of a room and bath in the new building, a privilege long ago accorded the Elliot City Hospital graduates. The Alumnae Association has placed an enlarged and framed photograph of Mrs. Selina O. Rittenhouse in the nurses' home, as a tribute of their respect and affection. Mrs. Rittenhouse was a member of the first class graduated from the hospital (1895). She gave years of devoted and skilful service to the hospital as assistant superintendent and supervisor of the operating room.

New Jersey: Plainfield.—MUHLENBERG HOSPITAL held graduating exercises in Hartridge School Auditorium on June 14 for a class of nine. The exercises were opened with prayer by Rev. LeRoy Warren, who was followed by Harry H. Pound, President of the Board. The principal address was given by Mary M. Roberts, Editor of the *Journal,* on The New Era in Nursing. This interesting and instructive talk was listened to with profound interest. The Nightingale Pledge was administered by Dr. Ellis Walton Hedges, of the Training School Committee, and Dr. Edward S. Krans gave helpful advice as he presented the medals. The anual scholarship, for a year's study at Teachers College with the privilege of living in the Nurses' Home, was awarded Mary Pauline Gunther, who also won the prize for highest average in class work and bedside nursing. The second prize went to Helen Suzanne Gunther, the third to Vivian A. Mowen and the fourth prize, for greatest improvement during the Senior year, to Mildred B. Stahley. The class presented a handsome picture to the school and the evening closed with a reception and dancing.

New York: Albany.—THE ALBANY HOSPITAL ALUMNAE ASSOCIATION gave a banquet in honor of the graduating class at the Hampton Hotel, on June 13. Eighty-eight members of the Association were present and the affair proved a most enjoyable one. **Auburn.**—The regular meeting of DISTRICT No. 4 was held on Thursday evening, June 14, at Kreb's, Skaneateles, in conjunction with a dinner, at which 143 guests and members were present. A delicious dinner was served, followed by a short business meeting. **Elmira.**—A class of probationers who successfully completed their four months preliminary course at the Arnot Ogden Memorial Hospital, were accepted and given their caps and uniforms June 5. A holiday was granted them to celebrate their "moving up" day. Ola Mae Webster has resigned her position as Supervisor of Women's Surgical Ward because of poor health. Miss Webster is enjoying a much needed rest at her home in Wellsboro, Pa. Gladys Thompson succeeded her. Ten graduates of this hospital took their State Board examinations in June. Esther Carlson, a recent graduate, has returned to this hospital as assistant technician in the laboratory and X-ray department. **Glens Falls.**—Margaret Tracy, Army School of Nursing, became Assistant Superintendent of the Glens Falls Hospital, June 1. **New York City.**—The management of the New York Polyclinic Medical School and Hospital announces to nurses of New York City, who are registered in the State of New York but without hospital connections, that special professional rates for such nurses when ill have been provided for. Nurses are privileged to select any member of the Attending Staff as their physician or surgeon; otherwise they will be assigned to the service of the attending physician or surgeon on duty at the time. **Plattsburgh.**—THE CHAMPLAIN VALLEY HOSPITAL graduated 12 nurses on May 16. Addresses were given by J. H. Moffitt, President of the Board and by Rt. Rev. J. H. Conroy, D.D., Bishop of Ogdensburg. Diplomas were presented by Dr. R. S. Macdonald. A reception followed the exercises. **Rome.**—The regular meeting of District No. 7 was held at the Rome City Hospital, May 10. There were 76 nurses in attendance. A business meeting was held with Julia Hardy in the chair in the absence of Bessie Tibbitts, president. Matilda Kuhlman, Supervisor Public Health Nurses of the State Department of Health, gave an interesting address on "The Program of New York State Department of Health." A social hour followed, in charge of the Alumni of the Rome City Hospital. Edith Burns, Superintendent of the hospital, acted as hostess. The Alumni of Thanksgiving Hospital,

Cooperstown, entertained the District Association at Otsego Lake, June 16; 45 nurses were present, motoring from Utica, Rome, Little Falls. The entertainment consisted in a steamer ride around the lake and a reception at the Mary Imogene Bassett Memorial Hospital. A very enjoyable time was reported by all. **Saranac Lake.**—The Graduate Nurses' Association of District No. 8 held its regular monthly meeting July 3 in the Trudeau Memorial room. Dr. Francis Trudeau gave, in an interesting and inspiring fashion, the history of most of the objects in the room, which had been owned by his father, Dr. Edward Livingston Trudeau. **Syracuse.**—Winifred Rooney, a graduate of St. Albans Hospital, St. Albans, Vt., has resigned as instructress of nurses at the Hospital of the Good Shepard. **Utica.**—E. Priscilla Reid has resigned the position of Director of the Central School of Nursing to take a needed rest.

North Carolina: Asheville. — District No. 1. The June meeting was called to order by the President, Mildred Sherwood. After repeating the Prayers, the regular business was quickly completed, and the session turned over to the Private nurses, who had the rare privilege of listening to an address by Frances M. Ott, Chairman of the Private Duty Section of the American Nurses' Association. Many problems were discussed and much valuable information secured. Community singing led by M. Pearl Weaver, followed the reception and a most enjoyable time was in order. Miss Ott was the guest of a number of hospitals in the district where she gave a series of talks to pupil nurses.

Ohio: Cleveland.—The Section on Nursing Education of District No. 4 had for its May programme Teaching in Schools of Nursing. The programme was directed by Mrs. Nellie Parks, of the City Hospital School of Nursing, with Laura Grant, Principal of the school, and her staff as hostesses. The year ended with the annual picnic at the Harkness Convalescent Home of Lakeside Hospital. Lakeside Hospital held graduating exercises on May 24, in Trinity Cathedral. Two hundred members of the Alumnae in uniform and one hundred students marched in the procession. In the absence of Mr. Samuel Mather, president of the hospital, Mrs. Chester C. Bolton, donor of $500,000 for nursing education at the Western Reserve University, presided. Gertrude Hodgman of the National Organization for Public Health Nursing, gave the address. An enjoyable reception followed the exercises. The Alumnae Association held a reception June 15 ,at the Cleveland Nursing Center, in honor of Grace E. Allison, Principal of the School. Miss Allison has resigned and will take up her work as Inspector of Schools of Nursing under the New York State Department of Education, Albany, in September. Mt. Sinai Hospital.—The head nurses recently passed resolutions expressing their deep appreciation of the privilege which has been theirs, of working with Claribel Wheeler, and their sense of loss at her departure to take up the direction of the school of nursing at Washington University, St. Louis. The Huron Road Hospital graduated a group of six in May. The Alumnae entertained the class at dinner and the theater and provided an evening long to be remembered. On June 20 the students and head nurses gave a farewell dinner to Annie E. Irving, who, for thirteen years was Superintendent of Nurses and who on July 1st resigned the position of Superintendent of the Hospital, which she has held for the past year. Miss Irving leaves an abiding affection in the hearts of all those who were associated with her. **Portsmouth.**—Julia C. Law, (class of 1920, Bellevue Hospital, New York), is Superintendent of Nurses of the Mercy Hospital. A new one hundred bed hospital is under construction. **Youngstown.** — The Youngstown Hospital graduated a class of 14 on May 31. Dr. Graham of Oberlin College, addressed the class. The annual scholarship for executive work at Columbia, awarded by the Women's Board for general excellence in nursing and scholarship, during the three years' training, was won by Jessie Hartwell. The next prize, a scholarship in Public Health Work at Western Reserve University, was won by Myrtle Pennell. The prize awarded by the faculty for general excellence in work and upholding of high moral standards in the school was awarded to Ethel Taylor. **Zanesville.**—The Good Samaritan Hospital Alumnae Association held a beautifully appointed banquet, followed by a musical programme on June 14, celebrating the fifth anniversary of

its founding. The bond of friendship existing between the hospital and its graduates was demonstrated by the number who returned to spend the evening at their Alma Mater. The following officers were elected for the coming year: President, Ethel Schilling; vice-president, Clara Mattingly; secretary, Marguerite Reynolds; treasurer, Helena Henderson. After a musical programme a banquet was held, followed by dancing.

Oregon: The Oregon State Nurses' Association met at Eugene, June 25 and 26. The meeting was largely atended and was one of the most successful ever held and so impressed the delegate of the Federation of Women's Clubs that the Association will be asked to participate in the Federation programme next year. The chief interest centered around a proposed pre-nursing course in the University. The subject was presented by Dr. H. B. Yocum of the University and was thoroughly discussed. Mrs. Saidie Orr Dunbar, Executive Secretary of the Oregon Tuberculosis Association was made the first honorary member of the Association. Mrs. Dunbar has rendered conspicuous service in securing legislation and in developing public health nursing programmes. The convention opened with a reception and a luncheon was given at the Anchorage. Grace Phelps was unanimously reëlected President. The other officers are: Vice-president, Anne Schneider; secretary, Margaret Tynan; treasurer, Mrs. Edith Love Roswell; directors, Mrs. Darwin L. Palmer, Elizabeth Beach and Annie L. Slagle. **Portland.** St. Vincent's Hospital and School for Nurses graduated a class of 24 June 6.

Pennsylvania: Allentown.—The Nurses' College, Allentown Hospital, held its twenty-second annual commencement on June 7. A class of 16 was graduated. The address was given by Frank D. Van Amburgh, editor of the *Silent Partner*. Diplomas were presented by Robert L. Schaeffer, M.D., and medals and honors by Alma M. Viehdorfer. The honor students were Lulu Hartung, Laura Paul, Alma Urffer and Margaret Williams. The exercises were followed by a reception. Commencement week was a happy one, beginning with Baccalaureate Sunday, through Class Day, the reunion of the class of '22 and the outing at which Miss Viehdorfer was hostess, and the entertainments given by the Staff to the class and by the class, in turn, to the Staff. The Alumnae Association Banquet, June 10, was presided over by Mrs. William Hertz. **Columbia.**—The Columbia Hospital Alumnae Association held its regular meeting July 10. Five dollars was contributed to the Delano Memorial Fund. A letter was read from Mrs. Rosa Notting, describing her work in Madura, South India. Evelyn Kunkel, '22, has accepted the position of Night Superintendent. Ada E. Johns, who had been Assistant Superintendent for almost two years, resigned in March to be married. **Mayview.**—Six nurses were graduated by the Pittsburgh City Home and Hospital on June 6. The Invocation was by Father Aloysius Jurgusti. Diplomas were presented by Dr. H. G. Clarke and the pins by Mrs. William B. Schiller. A brief history of the school was read by Elizabeth S. Peterson, Directress of Nurses and the Benediction was pronounced by Rev. A. A. Mealy. **Philadelphia.**—Samaritan Hospital Alumnae Association met June 19 in the Nurses' Home. After the routine business was disposed of the graduating class and the Junior nurses who were the guests of the evening came in. Elizabeth Miller of the Philadelphia Hospital for Contagious Diseases gave a very instructive and interesting address upon the value of the Alumnae Association in a nurse's life, leading up to the various nursing organizations and their value. The meeting was largely attended and was followed by a social hour. The reception room was beautifully decorated in the 1923 class colors. All members are urged to begin working for the bazaar to be held in the Fall in the interest of the fund for sick nurses and to meet other expenses. Jessie M. Rowe, Secretary of the Association, has resigned the position recently accepted at Ellis College and will return to her former position at the Widener School for Crippled Children. The Hahnemann Hospital Nurses' Alumnae Association held its regular monthly meeting on June 6, with a good attendance. After the business was transacted, Amy Bardens, recently returned from Columbia University, gave a brief talk on her scholastic and social life while there. She told of the fine coöperative spirit existing among the

administrators, supervisors and students. Miss Bardens is the first candidate sent to the University by the H.H.N.A., Inc., Scholarship Committee. A social hour and refreshments followed. **Pittsburgh.**—St. Francis Hospital held its annual commencement exercises in Synod Hall for a class of 19 on June 6. Dr. James J. Walsh of New York gave the address. Diplomas were presented by Dr. R. R. Huggins. In the evening the Sisters gave a dinner for the graduating class, Alumnae Association and their friends. **West Philadelphia.**—The managers of the West Philadelphia Hospital for Women gave a well attended luncheon on Nightingale Day, May 12, in the new Mary Thomas Miller Home for Nurses. Dr. Miller's assistance first made it possible for the managers to undertake the purchase of this splendid home for nurses. Dr. Mary R. Lewis, Medical Director, told of the wonderful progress of this last year. Dr. Lockrey spoke of Dr. Miller's good work and her unfailing kindness to the pupil nurses. Two pupil nurses unveiled a memorial tablet in memory of Dr. Miller. On May 24, six nurses were graduated, commencement exercises were held in West Hope Presbyterian Church, after which a reception and dance were held in the Nurses' Home. On June 4, the Alumnae held its annual meeting at the home of Mrs. Harris, Collingdale. Dr. Lewis, guest of honor, spoke of the good work the hospital is doing and described this as the hospital's banner year. Margaret McLenan and Olive Moore were elected president and corresponding secretary, respectively.

Rhode Island: Newport.—The Rhode Island State Association of Graduate Nurses held a meeting at the Nurses' Home, Newport Hospital, June 23. Basket lunches were carried and tea and other refreshments were served by the hospital. The speaker was Louise M. Powell, Director, School of Nursing, University of Minnesota, who told of some recent attempts to standardize nursing education. Anna K. McGibbon, Superintendent of Nurses, Butler Hospital, read a paper on The Place of Mental Nursing in the Curriculum of the Training School. Miss Selby, Superintendent of the Memorial Hospital, Pawtucket, spoke on The Value of Mental Nursing to the Nurse in the General Hospital and Edith Barnard, delegate to the Burlington Convention, gave a most interesting and graphic report. **Providence.**—The Rhode Island Hospital Nurses' Alumnae Association held its regular business meeting on May 29, at the George Ide Chace Home for Nurses, which was well attended. Miss M. Des Isles gave a report of the Convention of the New England Division of the American Nurses' Association. The Student Nurses of the Rhode Island Hospital held a bazaar in the Service Building on June 8, for the benefit of the Training School. An organization to be known as the Camillus Guild of Catholic Nurses was formed July 1. The aims of the organization are religious, educational and social. Winifred L. Fitzpatrick and Elizabeth Fleming were elected president and secretary, respectively.

South Dakota:—The annual meeting of the State Association of Graduate Nurses was held at the Chautauqua Auditorium, Lake Madison, June 11, 12, and 13. The programme was interesting and varied and the attendance large. The following topics were among those discussed: Public Health Nursing and Education; Conservation of Vision; Ideals in Nursing; Control of Cancer; What a Trained Social Worker Can Do for a Community; Nurses as Good Citizens; State Food Clubs; Bedside Care by County Nurses. Social features of the convention included a picnic supper given by the New Madison Alumnae Association, a banquet given by the Madison District Society, and a banquet and dance at the Kiwanis Club. Officers elected were: President, Ellen McArdle; first vice-president, Margaret Hoover; second vice-president, Irene Hohneke; corresponding secretary, Carrie E. Clift; recording secretary, Mable Woods; treasurer, Myles W. Hickok; auditor, Hazel Dolan. A Three Days' Institute was held immediately following the meeting of the State Association. It was conducted by Marie Phelan of the National Children's Bureau and the following subjects were taken up: Outline of Child Hygiene; Prenatal Care; Outline of Prenatal Visits, Classes and Clinics; Maternal and Infant Care; Prenatal and Infant Care as a Part of County Programme. **Madison.**—The Alumnae Association of the New Madison Hospital gave a banquet

on May 2, in honor of the graduating class. Graduating exercises were held for a class of five on June 1, in the reception room of the Hospital. The pins were presented by Mrs. J. R. Westaby. On June 29, the Alumnae, which has eleven members, held its second annual meeting at the home of Minerva Olsbo. Officers were elected as follows: President, Petra Jensen; vice-president, Olinda Schrepel; secretary-treasurer, Mrs. F. Hunt. It was voted to contribute to the Nurses' Relief Fund.

Wyoming: Cheyenne. — The State Nurses' Association held its annual convention June 22 and 23. There was a good representation from over the state. Honorary membership was conferred on Miss S. J. McKenzie, former Matron of St. John's Hospital, Cheyenne, for her long and faithful service to the Association. Miss McKenzie now resides in Ontario. The following officers were elected: President, Mrs. Fred W. Phifer, Wheatland; vice-president, Mrs. Nelson, Casper; secretary, Mrs. Bertha Johnson, Cheyenne; treasurer, Mrs. Clyde M. Peterson. Officers for the State Board of Nurse Examiners elected are: President, Ida May Stanley, Rock Springs; vice-president, Mrs. Agnes Donovan, Sheridan; secretary, Mrs. H. C. Olsen, Cheyenne.

BIRTHS

To Mrs. Ralph Wolf (**Jeannette Abel,** class of 1919, Buffalo Hospital of the Sisters of Charity), a daughter, July 1.

To Mrs. C. H. Barnes (**Abigail Bassett,** class of 1915, Howard Hospital, Philadelphia), a son, June 22.

To Mrs. William I. Ashworth (**Emma E. Bachtel,** Hahnemann Hospital, Philadelphia, Pa.), a son, May 9.

To Mrs. R. V. DuBois (**Florence M. Beekman**, class of 1921, Methodist Episcopal Hospital, Broklyn, N. Y.), a daughter, July 8.

To Mrs. William Henry Carson (**Rhoda Bookheimer,** class of 1913, Howard Hospital, Philadelphia), a son, February 7.

(To correct an error in the June issue.)

To Mrs. Ryle L. Miller (**Elsie R. Carnes,** class of 1921, Clearfield Hospital, Clearfield, Pa.), a son, June 2.

To Mrs. Clarence A. Benham (**Edith Carrington,** Frederick Ferris Thompson Hospital, Canandaigua, N. Y.), a son, William Edward, June 21.

To Mrs. Donald Gross (**Alma Daley,** class of 1919, Youngstown Hospital, Youngstown, O.), a son, William Henry, June 11.

To Mrs. Henry E. Hallin (**Miriam Faust,** class of 1916, J. C. Blair Memorial Hospital, Huntingdon, Pa.), a son, Henry Emerson, Jr., July 10.

To Mrs. George Roberts (**Alma Gordon,** class of 1918, Long Island College Hospital, Brooklyn, N. Y.), a daughter, June 29.

To Mrs. Martin Jusfeld (**Viola Jarvis,** class of 1919, Louisville City Hospital, Louisville, Ky.), a daughter, June 8.

To Mrs. Walter Bloes (**Florence E. Kell,** class of 1918, Mid-Valley Hospital, Peckville, Pa.), a daughter, Eda, May 14.

To Mrs. Arthur Straubb (**Hilda Knoerenschild,** class of 1915, Lutheran Hospital, St. Louis), a daughter, May 8.

To Mrs. H. Rauch (**Esther Mackay,** class of 1909, Lenox Hill Hospital, New York City), a son, in May.

To Mrs. Al Weichelt (**Margaret B. Morgan,** class of 1918, Homestead Hospital, Pittsburgh), a son, July 8.

To Mrs. Guy Reed (**Bertha Rogers,** class of 1920, Edward W. Sparrow Hospital, Lansing, Mich), a son, June 29.

To Mrs. S. C. Sneen (**Elma Soland,** class of 1919, Fairview Hospital, Minneapolis, Minn.), a daughter, Delta Carol, June 19.

To Mrs. Milo K. Miller (**Freda Stracke,** class of 1918, Children's Memorial Hospital), a son, May 19.

To Mrs. M. I. Backert (**Mary I. Thompson,** class of 1919, St. Luke's Hospital, Bethlehem, Pa.), a daughter, July 4.

To Mrs. John C. Tanis (**Bertha Marie Tobiasson,** class of 1921, Elizabeth General Hospital, Elizabeth, N. J.), a daughter, Nellie Elizabeth, May 21.

To Mrs. John Minor (**Mildred Truslow,** class of 1920, St. Luke's Hospital, New York), a son, in May.

To Mrs. James T. Lilley (**Lillian Weston**, Philadelphia General Hospital, Philadelphia, Pa.), a son, June 2.

To Mrs. Ora Floyd Witter (**Nellie Rachel**

Witter), class of 1911, Alleghany Heights Hospital, Davis, West Virginia), a son, June 18.

To Mrs. Henry Wolfer (**Ruby Whiteman,** class of 1918, Long Island College Hospital, Brooklyn, N. Y.), a son, May 7.

To Mrs. J. A. Daly (**Edith D. Zuschnitt,** class of 1920, Abington Memorial, Abington, Pa.), a son, James Albert, June 21.

MARRIAGES

Lillie Arnold (class of 1919, Georgia Baptist Hospital, Atlanta), to James Duggan, M.D., June 8.

Mary Frances Bailey (class of 1920, Youngstown Hospital, Youngstown, O.), to William H. Loveless, April 25. At home, Warren, O.

Mabel Lila Blader (class of 1923, Lincoln Hospital, Aberdeen, S. D.), to Ralph Roy, June 6. At home, Groton, S. D.

Hulda Budde (class of 1913, Mountainside Hospital, Montclair, N. J.), to George Gravatt, June 30.

Gertrude Burrows (class of 1921, Methodist Episcopal Hospital, Philadelphia, Pa.), to M. J. Penta, M.D., June 2.

Bertha E. Cahill (class of 1923, St. Francis Hospital, Hartford, Conn.), to Ivan W. Beckwith, June 7,. At home, St. Louis, Ill.

Nina Camp (class of 1921, Georgia Baptist Hospital, Atlanta), to Alexander McEwan, June 2.

Cornelia Gardner Cole (class of 1921, Army School of Nursing), to Leon Harry Mayo, June 23.

Fay Curran (Assistant Superintendent, Burlington Hospital, Burlington, Ia.), to Henry Elden. June 14. At home, Burlington, Iowa.

Kathryn Elizabeth Doyle (class of 1921, St. Francis Hospital, Hartford, Conn.), to John Lawrence MacEntee, M.D., June 18. At home, Hartford.

Hattie Earing (class of 1922, Arnot Ogden Memorial Hospital, Elmira, N. Y.), to Daniel Kreger, June 4.

Jennie Erickson (class of 1923, Bishop Clarkson Memorial Hospital, Omaha, Neb.), to M. J. Paluka, June 19. At home, Omaha, Neb.

Helen Armand Fielding (class of 1916, Methodist Episcopal Hospital, Brooklyn, N. Y.), to Leland F. Spalding, in June.

Mary Genevieve Fitton (class of 1918, Mercy Hospital, Denver, Colo.), to Thad. P. Sears, M.D., June 21. At home, Denver, Colo.

Edith M. Frescoln (class of 1903, Hahnemann Hospital, Philadelphia), to Edwin D. Foster, June 12. At home, Cape May, N. J.

Maude P. Frye (class of 1919, Carlisle Hospital, Carlisle, Pa.), to George Felton, June 21. At home, Carlisle, Pa.

Bess Gamber (class of 1922, Edward W. Sparrow Hospital, Lansing, Mich.), to Louis Jones, May 31. At home, Lyons, Mich.

Helen E. Gill (class of 1919, St. Francis Hospital, Pittsburgh, Pa.), to Raphael J. Halligan, June 26. At home, Altoona, Pa.

Bertha E. Grabowsky (class of 1922, St. Francis Hospital, Pittsburgh, Pa.), to John Grabick, June 6. At home, Mt. Pleasant, Pa.

Rose Gurdison, to Samuel W. Steinberg, June 13. At home, New York City.

Ann Heidenreich (class of 1923, Mercy Hospital, Mason City, Ia.), to Philip Furleigh, on May 23. At home, Clear Lake, Ia.

Evaline Helland (class of 1922, Iowa Lutheran Hospital, Des Moines, Iowa), to Orr Falls, M.D., on June 20. At home, Wapella, Iowa.

Ruth Henry (class of 1920, St. Luke's Hospital, Cedar Rapids, Iowa), to W. G. Baron, June 28. At home, Cedar Rapids, Iowa.

Mary M. Herman (class of 1914, St. Francis Hospital, Pittsburgh, Pa.), to Chris J. Herrly, June 21. At home, Pittsburgh, Pa.

Mary Adele Hocker (class of 1917, Lankenau Hospital, Philadelphia), to O. William Neff, June 21.

Merle Hoffecker (class of 1920, Allegheny General Hospital, Pittsburgh, Pa.), to Lieut. Benners Vail, May 27. At home, Fort Bliss, Texas.

Vernetta Hoffman (class of 1919, Children's Memorial Hospital, Chicago, Ill.), to Rev. H. W. Koch, July 19. At home, Prescott, Arizona.

Emilie Jungermann (class of 1921, University Hospital, Columbus, O.), to Harry LaVerne Griffith, M.D., June 2.

Nellie Kauffman (class of 1918, Lankenau

Hospital, Philadelphia), to Harry E. Klos, June 30. At home, Philadelphia.

Mabel A. Kester (class of 1911, Methodist Episcopal Hospital, Philadelphia, Pa.), to Frank Harper, June 19. At home, Wissinoming, Philadelphia.

Helen Mary Kilroy (class of 1922, St. Francis Hospital, Hartford, Conn.), to John Thomas Lane, M.D., May 2. At home, Hartford.

Mabel King (class of 1920, St. John's Hospital, St. Paul, Minn.), to Arthur Schoewe, June 28. At home, Fargo, N. D.

Bessie Kirkman (Ottumwa Hospital, Ottumwa, Iowa), to Clarence Bickford, June 20. At home, Detroit, Mich.

Marrie Lucretia Krause (class of 1916, Lankenau Hospital, Philadelphia), to W. Everett Martin, M.D., June 19.

Mary Elizabeth Kropp (class of 1920, Lenox Hill Hospital, New York City), to Walter Vincent Walsh, June 23.

Alice Adelaide Lacourciere (class of 1917, Connecticut Training School, New Haven, Conn.), to Amos Joseph Demers, July 2.

Catherine V. Loftus (class of 1921, St. Francis Hospital, Hartford, Conn.), to Clarence Burns, June 19. At home, Thompsonville, Conn.

Lillian Gertrude Longhenny (class of 1922, Iowa Lutheran Hospital, Des Moines, Iowa), to Robert L. Ross, June 6. At home, Chicago.

Helen Lyman (class of 1912, Syracuse Memorial Hospital, Syracuse, N. Y.), to S. M. Strong, M.D., June 26. At home, New York City.

Marjorie MacEwen (class of 1916, Good Samaritan Hospital, Portland, Ore.), to Richard V. Haller, June 21.

Mary McClenahan (class of 1914, Youngstown Hospital, Youngstown, O.), to Harry Bell, June 18. At home, New Castle, Pa.

Marie Antoinette Mallaney (class of 1920, St. Francis Hospital, Hartford, Conn.), to Joseph Walsh, May 21. At home, Washington, D. C.

Florence Martin (class of 1922, Mid-Valley Hospital, Peckville, Pa.), to Leroy Kelleway, June 28. At home, Duryea, Pa.

Kathryn Merkle (class of 1916, Chamberlain Hospital and Sanitarium, Chamberlain, S. D.), to I. M. Steele, D.D.S. At home, Princeton, Mo.

Freada Meyer (class of 1916, Lenox Hill Hospital, New York City), to Clifford Vance Tinkham, March 15.

Helen Miller (class of 1915, Youngstown Hospital, Youngstown, O.), to Percy Keith, April 12. At home, Youngstown.

Mabel Anna Moehle (class of 1922, Memorial Hospital, Pawtucket, R. I.), to Eric Holmes Lind, June 30. At home, Attleboro, Mass.

Ruth A. Morrow (class of 1920, Punxsutawney Hospital, Pa.), to Victor Raymond, June 9. At home, New York City.

Lennie Newton (class of 1917, Long Island College Hospital, Brooklyn, N. Y.), to Samuel Avery Schlup, June 15. At home, Akron, Ohio.

Theresa O'Connor (St. Michael's Hospital, Grand Forks, S. D.), to George O'Gorman, July 3.

Bulah Perine (class of 1921, St. Luke's Hospital, New York), to Nathaniel McConaughy, May 9. At home, Stamborough, Mich.

Margaret Mary Rafferty (class of 1919, St. Francis Hospital, Hartford, Conn.), to Thomas H. Riley, June 7. At home, Hartford.

Jewel Ragsdale (class of 1923, Georgia Baptist Hospital, Atlanta), to Wallace Smith, June 19.

Elzora Randall (class of 1922, Georgia Baptist Hospital, Atlanta), to Thomas Branch, June 21.

Estell Dorritt Reed (class of 1919, Elizabeth General Hospital, Elizabeth, N. J.), to William Thompson Rath, June 30. At home, Elizabeth.

Evely Sevenson (St. Michaels Hospital, Grand Forks, S. D.), to H. Kennedy, on June 27.

Hortense Shultz (class of 1911, Allegheny General Hospital, Pittsburgh, Pa.), to Ashby Jackson Myers, June 21. At home, Pittsburgh, Pa.

Irene Smith (class of 1922, Albany Hospital, Albany, N. Y.), to William Best, June 2. At home, Albany, N. Y.

Ethel Claire Stabel (class of 1919, the

Buffalo Hospital, Sisters of Charity, Buffalo, N. Y.), to James Kinney, M.D., June 27.

Evelyn Ventree Stott (class of 1921, Elizabeth General Hospital, Elizabeth, N. J.), to Adolph Richter, M.D., in May.

Margaret Mary Sullivan (class of 1917, St. Francis Hospital, Hartford, Conn.), to James Bernard McGrory, June 18. At home, Norwich, Conn.

Edith Swartswelter (class of 1911, Youngstown Hospital, Youngstown, O.), to Patrick Lynch, June 5. At home, Niles, O.

Hildreth Thelin (class of 1922, Philadelphia General Hospital, Philadelphia), to James L. Armstrong, June 27. At home, Philadelphia.

Ethel Marie Turner (class of 1917, Lankenau Hospital, Philadelphia), to Paul W. Emmel, June 23. At home, Philadelphia.

Helen S. Venable (class of 1919, Methodist Episcopal Hospital, Brooklyn, N. Y.), to Wallace Ross, in June. At home, Elmira, N. Y.

Abbie E. Whitson (class of 1923, St. John's Hospital, Yonkers, N. Y.), to Albert W. Price, May 29. At home, Yonkers, N. Y.

Elizabeth Yeager (class of 1919, Youngstown Hospital, Yougstown, O.), to Theodore Soliet, in June. At home, Salem, O.

DEATHS

Ruby Elizabeth Clark (class of 1918, Mahaska Hospital, Oskaloosa, Iowa), October 27, 1922. Miss Clark was born at Pella, Ia. September 26, 1918, she entered the Army Nurse Corps, as a Red Cross Nurse. She was stationed at Fort Des Moines until closing of the government hospital, October 5, 1919, when she was transferred to Fort Bunell, near Denver, Colo., being discharged June 6, 1920. Very soon after her discharge symptoms of tuberculosis made it necessary for her to be sent to Oakdale. She was later transferred to Fort Bayard, New Mexico. Failing to improve she was sent to a private tuberculosis sanitarium at Monrovia, Cal., where she died.

Winifred H. Evans (class of 1894, Illinois Training School, Chicago), on March 22, after a long illness, at Highland Park, Calif. A large number of her friends, including nurses from the Illinois Training School, attended the impressive services. Miss Evans had lived in California for twelve years.

Anna E. Guitdear (Buffalo Children's Hospital), in May, after a brief illness. Miss Guitdear was active in nursing work and will be greatly missed.

Louise Heitman (class of 1904, Methodist Episcopal Hospital, Brooklyn, N. Y.), at the home of her sister in Pittsburgh, Pa., after several years of illness. Through very trying times Miss Heitman kept her Christian faith and courage. She will be greatly missed. She is the first of her class to go.

Leah Holman (class of 1921, Mercy Hospital, Denver, Colo.), at Mercy Hospital, May 20, after a long illness. Miss Holman will be greatly missed in her profession, not only by the members of her Alumnae Association, who feel profound sorrow at her death, but by her many friends. The Alumnae Association attended the funeral in a body.

Alice Fitzgerald Hopes (class of 1908, Youngstown Hospital, Youngstown, O.), died at Youngstown Hospital, April 7.

Martha Johnson (class of 1911, Milwaukee County Hospital, Wauwatosa, Wis.), at her home in Pine River, June 28, after an illness of four years with tuberculosis. Miss Johnson had a kind and loving disposition and was entirely forgetful of self.

Mary Kennedy (Buffalo Sisters of Charity Hospital), at the Buffalo General Hospital, June 8, after a short illness. Miss Kennedy was a most valued worker.

Beatrice Klingman (class of 1918, Hotel Dieu, New Orleans, La.), on May 14, at Montegut, La., after an illness of over a year. Miss Klingman will be greatly missed not only by the members of her alumnae association, in which she has left a void so keenly felt, but by her friends. During her illness she was very patient and never lost hope for recovery. She did private duty nursing in New Orleans after her graduation.

Miss Magowan (class of 1922, St. Luke's Hospital, New York), who has been ill with tuberculosis at Saranac ever since she finished her training, died in May.

Anna McDonald (Buffalo General Hospital), at her home in Canada, where she had

gone for a visit. Miss McDonald had many friends to whom her sudden death is a shock.

Mrs. C. Levert (**Virginia Prejean,** class of 1917, Touro Infirmary, New Orleans, La.), June 6, in Baton Rouge.

Mrs. Andrew S. McMillen (**Jean D. Richards,** class of 1901, Methodist Episcopal Hospital, Brooklyn, N. Y.), on June 18, of heart failure, at her home in Cambridge, N. Y.

Mineryette Sinclair (class of 1899, Brooklyn Hospital, Brooklyn, N. Y.), June 22. Mrs. Sinclair did private duty both in Brooklyn and the West and was an active alumnae member. Her death followed an abdominal operation.

Agnes Stubbs (Army School of Nursing), on June 8, at Fitzsimons General Hospital, Denver. Miss Stubbs has made a brave fight against tuberculosis during the past year. Her mother and sister who have been with her, took her body home to Wisconsin for burial.

Mrs. Ora Floyd Witter (**Nellie Rachel Witter,** class of 1911, Alleghany Heights Hospital, Davis, West Virginia), on June 29, of peritonitis. Mrs. Witter left a son ten days old.

FURTHER NOTICE OF MARY C. HAARER

It is the wish of the nurses of Michigan to make known to the profession their feeling of great loss in the death of Miss Haarer. While much of her professional life was spent in institutions outside of the state, she retained a keen interest in her own school and State activities which brought her always very close to the lives of her associates. Miss Haarer received her education in the Ann Arbor High School, also taking special work in the University of Michigan. She graduated from the University of Michigan Training School for Nurses in 1900. After a year or two of private nursing in Ann Arbor she was appointed Assistant Superintendent of Nurses in her own school. Immediately following this service, she was appointed Superintendent of the University of Michigan Training for Nurses, which position she resigned to take a course in Teachers' College, Columbia University. She was a charter member of her Alumnae Association and of the Michigan State Nurses' Association and was actively interested in all that made for the betterment of her profession. After graduating from Teachers College, she was an instructor in the Bellevue Training School for Nurses, New York. The greatest work of Miss Haarer's career was done at the University of Iowa, as Superintendent of the Training School. She entered upon this service at a time when her training and high ideals both educationally and professionally fitted her to a remarkable degree for a service of this nature and the five years she spent there placed that training school on an equality with the best in the country, although progress was made more difficult and was somewhat retarded by the exactions of War service. While in Iowa, Miss Haarer was president of the State Nurses' Association and of the State League of Nursing Education. Ill health forced her to give up her work for about a year, this time being spent at her home in Ann Arbor. In spite of the fact that her health was not greatly improved, in April last she accepted a position as one of the training school inspectors of the State of New York. The latter part of May she was so seriously ill, she was taken to the Homeopathic Hospital in Albany, and was later brought by her family to St. Joseph's Mercy Hospital in Ann Arbor, where she died on June 10. Those who knew Miss Haarer intimately appreciate the loss to the profession of a woman of such exceptional moral and educational attributes. She possessed a simple dignity, a sweetness of thought and speech which made her unusually qualified to influence the lives of young women. Her death occurred at what seemed to be the period of her greatest usefulness.

"Oh, Holy Night, deep night of stars, whose peace
Descends upon the mind like dew,
Healing it with a sense of that pure reign
Of constant law, enduring through all change;
Shall I not, one day, after faithful years,
Find that thy heavens are built on music, too,
And hear, once more, above thy throbbing worlds
This voice of all compassion, *Comfort ye,—*
Yes—comfort ye, my people, saith your God!"

Noyes "Torch Bearers."

BOOK REVIEWS

OBSTETRICS FOR NURSES. By Everett Dudley Plass, A.B., M.D., Obstetrician-in-Chief, Henry Ford Hospital, Detroit, Mich. D. Appleton and Company, New York. 390 pages, 162 Illustrations. Price, $3.50.

Two excellent books on Obstetrics for Nurses within one year! Obstetrical Nursing is, indeed, coming into its own. Dr. Plass' book, with Caroline Van Blarcom's "Obstetrical Nursing" as its complement, should go far towards making this rather tabooed subject more popular.

If you have not read Dr. Plass' preface before reading the book, do not fail to do so later. You will find therein a very modest, yet accurate, summary of his work. Instructors in obstetrics of student nurses will voice a hearty approval of this book, clear, comprehensive, singularly free from prejudice, it presents obstetrics to nurses without attempting to teach obstetrical nursing.

The introductory chapter is brief but arresting. Even the student, indifferent to obstetrics (and indifference to this branch of nursing is almost fostered in many schools), must be seized with a desire to know more of a subject so steeped in the tragedies of the human race; a knowledge which can do more towards the betterment of our kind than any other single factor now available.

Chapters one to four on anatomy, evolution, development of the ovum, etc., are clear and concise. Chapters four to eleven contain an equally brief, clear outline of the normal. All discussion of the abnormal in obstetrics is wisely withheld until the student has grasped the normal. Then, beginning with the ovum and fetus, the whole field of abnormalities is presented and discussed in a way which can be readily grasped by the senior student.

No text book, in detail, can be acceptable to all teachers. Methods vary. For example, Dr. Plass advocates vigorous massage of the uterus, *if bleeding is alarming,* previous to which time, he advises no interference with that organ through the abdominal wall. Granted that untimely massage is harmful, there can be no harm to the patient and there is a distinct educational value to the nurse if she is instructed to keep her hand on the fundus (without massage). She is, too, in a position to detect uterine inertia and to notify the physician in time to prevent that much-to-be-dreaded accident, a post partum hemorrhage. An ounce of prevention is here worth many pounds of cure. Again, a ward with twenty to thirty post partum women to whom the external douche is given but once or twice daily, as advised by the author, and then not under aseptic conditions is utterly unthinkable. Let the result be what it may, the teaching is wrong, both from the view-point of surgical cleanliness and primitive personal hygiene.

Differ, here and there as we may, the sum-total of Dr. Plass' contribution to the education of the nurse in obstetrics is great. It is the most satisfactory book on this subject yet offered, by a doctor, to the nursing body.

CALVINA MACDONALD, R.N.,
Cleveland, O.

PHYSICS AND CHEMISTRY FOR NURSES. By A. R. Bliss, Jr., Phm.D., M.D., and A. H. Olive, A.M., Ph.Ch., Phm.D. Third Edition, Revised. J. B. Lippincott Co., Philadelphia. Price, $2.50.

To teach Chemistry in twenty hours is a difficult task. In this book the co-authors have endeavored to make it possible to do so and have adhered very closely to the outline as given in the Standard Curriculum. For this reason the book will be found useful in Schools of Nursing. In addition the authors have had the advice and suggestions of leading instructors in Schools of Nursing in their endeavor to apply the Chemistry to the field of nursing.

If more time is allotted to Chemistry in the school curriculum the text offers additional material for laboratory work. In the appendix the student will find many valuable reference tables of tests for urine, removal of stains from textiles, skin and metals, weights and measures, food charts, etc. A complete list of apparatus and chemicals required to carry out the indicated experiments will be helpful to the instructor. Apparatus is carefully illustrated, the paragraph headings are distinct, and important words are printed in boldfaced type.

Physics, a subject which has not yet appeared in the curriculum has at least five hours devoted to it in this book should the instructor deem best. Part I. is entirely elementary Physics and the authors suggest its use as supplementary reading if class room work cannot be undertaken.

This book will be found more useful in the schools which can devote more time to the subject than the Standard Curriculum suggests or where Chemistry is a pre-requisite for entrance. The student who has had no Chemistry will find it somewhat advanced.

MARY E. NORCROSS, R.N.,
Boston, Mass.

TRANSACTIONS, THIRTEENTH ANNUAL MEETING, AMERICAN CHILD HYGIENE ASSOCIATION, now amalgamated with Child Health Organization of America to form the American Child Health Association. 406 pages.

This report is valuable not alone because it is the last of an important series, but because of the intrinsic worth of the addresses and the vivid quality of the discussions. It is peculiarly significant in that it carries the announcement of an amalgamation that points the way to further coöperation in health enterprises. The report contains many statements, by highly qualified specialists, of scientific facts that give sound basis for Mr. Hoover's much quoted statement that "It is the purpose of these associations to supplant ten policemen with a single community nurse."

HEALTH FILMS.—The following films have been formally reviewed by the Health Films Committee of the National Health Council:

THE END OF THE ROAD, featuring the importance of sane and wholesome sex instruction in early life, in five reels, can be purchased or rented from the American Hygiene Association, 370 Seventh Avenue, New York City. This organization also puts out an excellent four reel film on the biology of reproduction called THE GIFT OF LIFE, and THE PUBLIC HEALTH TWINS AT WORK, a one-reel film in which diphtheria, infantile diarrhoea, tuberculosis and venereal

diseases are haled before the court of public opinion and condemned. UNHOOKING THE HOOKWORM is a one-reel film which can be obtained from the International Health Board, 61 Broadway, New York City, while JINKS, a one-reel clever, animated cartoon which teaches the prevention of tuberculosis, can be obtained from the National Tuberculosis Association, 370 Seventh Avenue, New York City.

NURSERY GUIDE (for mothers and nurses). By Louis W. Sauer, M.A., M.D. 188 pages, with illustrations. C. V. Mosby Company, St. Louis, Mo. Price, $1.75.

This is another valuable hand book for mothers and nurses. A new mother or a mother of several children finds such a guide a treasure house of help. The children's nurse, experienced or inexperienced, will find in this book information and advice in all matters relating to the health of infants. The book is intended to cover only the first two years of life, though some attention is paid to the proper diet for children during the third year, and the advice concerning common ailments is applicable to older children as well as to infants. The treatment of the physical needs of the infant and of the exigencies which may and do arise is thorough, the advice given is sound.

Dr. Sauer evidently understands well the need of the average mother for knowledge, and he knows how much of the technical and medical side of child health and disease a mother can and should understand. He sets forth this information clearly and in a most readable and well ordered fashion. The chapters on common ailments and care of the infant when sick are valuable, for they give an unusually adequate picture of the symptoms of disease and the reasons for certain sorts of treatment. A knowledge of the facts contained in these chapters would make a mother intelligent and helpful when the doctor calls and prompt and accurate in carrying out his directions.

One department of child care receives too little attention in the book. Dr. Sauer gives a few pages to the subject of behavior. This might well be amplified, for the mental development of the infant as well as of the runabout child is of great importance. Mothers and nurses should understand that the child's brain is growing at this time, that the first associations are being formed, that character and disposition are permanently affected by the first manifestations of fear, anger, and affection, that the influence of the first formed habits is lifelong. Dr. Sauer does speak clearly of the importance of teaching control of anger, of the harm that is done if the child is allowed to have his own way, of the importance of right physical habits. This is good, but the sections devoted to the mental life are out of proportion small.

Mothers and nurses should welcome such a book as this Nursery Guide. Let them supplement it by reading on the mental development of the infant.

ABIGAIL A. ELIOT,
Boston, Mass.

OFFICIAL DIRECTORY

International Council of Nurses.—Secretary, Christine Reiman, Kronprinsessegade 50, Copenhagen, Denmark.

The American Journal of Nursing Company. — Headquarters, 370 Seventh Avenue, New York. Business Office, 19 West Main Street, Rochester, N. Y. President, Sarah E. Sly, Birmingham, Mich. Secretary, Elsie M. Lawler, Johns Hopkins Hospital, Baltimore, Md.

The American Nurses' Association.—Headquarters, 370 Seventh Avenue, New York. President, Adda Eldredge, Bureau of Nursing Education, Board of Health, Madison, Wis. Secretary, Agnes G. Deans, 370 Seventh Avenue, New York. Treasurer, V. Lota Lorimer, 141 South Third Street, Columbus, Ohio. Sections: **Private Duty,** Chairman, Frances M. Ott, 119 South Shore Drive, Elkhart, Ind. **Mental Hygiene,** Chairman, May Kennedy, Chicago State Hospital, Chicago, Ill. **Legislation,** Chairman, Roberta M. West, Room 150, 34 S. 17th Street, Philadelphia, Pa. **Relief Fund Committee,** Chairman, Elizabeth E. Golding, 317 West 45th Street, New York, N. Y. Treasurer, V. Lota Lorimer, 141 South Third Street, Columbus, O.

The National League of Nursing Education.—Headquarters, 370 Seventh Avenue, New York. President, Laura R. Logan, General Hospital, Cincinnati, O. Secretary, Ada Belle McCleery, Evanston Hospital, Evanston, Ill. Treasurer, Bena M. Henderson, Children's Memorial Hospital, Chicago, Ill. Executive Secretary, Effie J. Taylor, 370 Seveth Avenue, New York.

The National Organization for Public Health Nursing. — President, Elizabeth G. Fox, 3800 14th Street, N. W., Washington, D. C. Director, Anne Stevens, 370 Seventh Avenue, New York.

Isabel Hampton Robb Memorial Fund Committee. — Chairman, Elsie M. Lawler, Johns Hopkins Hospital, Baltimore, Md. Treasurer, Mary M. Riddle, 223 Newbury Street, Boston, Mass.

New England Division, American Nurses' Association.—President, Mary M. Riddle, 223 Newbury St., Boston, Mass. Secretary, Esther Dart, Stillman Infirmary, Cambridge, Mass.

Nursing Service, American Red Cross.—Director, Clara D. Noyes, American Red Cross, Washington, D. C.

Army Nurse Corps, U. S. A.—Superintendent, Major Julia C. Stimson, Office of the Surgeon General, Army Corps Division, War Department, 19th and B Streets, Washington, D. C.

Navy Nurse Corps, U. S. N.—Superintendent, J. Beatrice Bowman, Bureau of Medicine and Surgery, Department of the Navy, Washington, D. C.

U. S. Public Health Service Nurse Corps. — Superintendent, Lucy Minnigerode, Office of the Surgeon General, U. S. Public Health Service, Washington, D. C.

Nursing Service, U. S. Veterans' Bureau.—Superintendent, Mrs. Mary A. Hickey, Hospital Section, U. S. Veterans' Bureau, Washington, D. C.

Department of Nursing and Health, Teachers College, New York. — Director, M. Adelaide Nutting, Teachers College, Columbia University.

STATE ORGANIZATIONS OF NURSES

Alabama.—President, Bertha Clement, 2019 Avenue F., Birmingham. Secretary, Ruth Davis, Selma. State League, President, DeWitt Dillard, Mobile Infirmary, Mobile. President examining board, Helen MacLean, 1808 North 7th Ave., Birmingham. Secretary, Linna H. Denny, 1808 North 7th Avenue, Birmingham.

Arizona. — President, Louise E. Perritt, Prescott. Secretary, Catherine Beagin, Prescott. President examining board, Edith P. Snowden, Phoenix. Secretary-treasurer, Kathryn Hutchison, Tombstone.

Arkansas.—President, Mrs. James D. Moncure, Route 4, Box 200, Little Rock. Secretary, Blanche Thomaszewska, 815 Laurel St., Pine Bluff. President examining board, Walter G. Eberle, M.D., First National Bank Building, Fort Smith. Secretary-treasurer, Eva Atwood, St. John's Hospital, Fort Smith.

California.—President, Mrs. J. F. Peterson, 1822 North Fair Oaks Avenue, Pasadena. Secretary, Mrs. J. H. Taylor, Route A, Galt. State League President, Anna C. Jamme, 724 Wells Fargo Building, San Francisco. Secretary, Mary May Pickering, University Hospital, San Francisco. Director, Bureau of Registration of Nurses, Anna C. Jamme, 724 Wells Fargo Building, San Francisco.

Colorado. — President, Jessie D. Stewart, 220 E. Yampa St., Colorado Springs. Secretary, Mrs. Mae M. Carpenter, 1027 Fillmore St., Denver. State League President, Mrs. Gertrude Loutzenheiser, Children's Hospital, Denver. Secretary, Loretto Mulherin, St. Joseph's Hospital, Denver. President examining board, Blanche I. Lewis, 1116 East Boulder Street, Colorado Springs. Secretary, Louise Perrin, State House, Denver.

Connecticut. — President, A. Elizabeth Bigelow, 69 East Main Street, Meriden. Secretary, Kathryn E. Sherman, 220 Farmington Avenue, Hartford. State League President, Sarah E. Hyde, Middlesex Hospital, Middletown. Secretary, Amelia M. Jones, Middlesex Hospital, Middletown. President examining board, Martha P. Wilkinson, 34 Charter Oak Avenue, Hartford. Secretary, Mrs. Winifred A. Hart, 109 Rocton Avenue, Bridgeport.

Delaware.—President, Marie T. Lockwood, Ford Building, Wilmington. Secretary, Amy E. Wood, 213 Seventh Street, Wilmington. President examining board, Harold L. Springer, M.D., 1013 Washington Street, Wilmington. Secretary, Mary A. Moran, 1313 Clayton Street, Wilmington.

District of Columbia.—President, Eleanor Maynard, 2520 14th Street, N. W., Washington. Secretary, I. Malinde Havey, 3800 14th St., N. W., Washington. District League President, Minnie Goodnow, Children's Hospital, Washington. Secretary, Anne H. Raffin, Emergency Hospital, Washington. President examining board, Mary G. Wolford, 1337 K Street, N. W., Washington. Secretary-treasurer, Mary E. Graham, 1337 K Street, N. W., Washington.

Florida. — President, Theresa P. Fremd, Orange General Hospital, Orlando. Secretary, Elizabeth Steil, Riverside Hospital, Jacksonville. President examining board, Anna L. Felting, Box 196, Miami. Secretary-treasurer, Mrs. Louisa B. Benham, Hawthorne.

Georgia.—President, Mrs. Mae M. Jones, State Sanatorium, Millidgeville. Secretary, Chloe M. Jackson, 602 Chamber of Commerce, Atlanta. State League President, Mrs. Eva S. Tupman, Macon City Hospital, Macon. Secretary, Jean Harrell, Baptist Hospital, Atlanta. President examining board, Jessie M. Candlish, 20 Ponce de Leon Ave., Atlanta. Secretary-treasurer, Jane Van De Vrede, 688 Highland Avenue, Atlanta.

Idaho. — President, Barbara Williams, St. Luke's Hospital, Boise. Secretary, Louise W. Gerrish, St. Luke's Hospital, Boise. Department of Law Enforcement, Bureau of Licenses, Examiner, Napina Hanley, State Capitol, Boise.

Illinois.—President, Mabel Dunlap, 1531½ Third Avenue, Moline. Secretary, May Kennedy, Chicago State Hospital, Chicago. State League President, Mary H. Cutler, 1750 Congress St., Chicago. Secretary, Dora C. Saunby, Michael Reese Hospital, Chicago. Superintendent of Registration, Addison M. Shelton, State Capitol, Springfield.

Indiana. — President, Ina Gaskill, State Board of Health, Indianapolis. Secretary, Eugenia Kennedy, St. Vincent's Hospital, Indianapolis. President State League, Mary M. Peterson, Robert W. Long Hospital, Indianapolis. Secretary, Lizzie L. Goeppinger, Protestant Deaconess Hospital, Indianapolis. President examining board, Nellie G. Brown, Robert W. Long Hospital, Indianapolis. Secretary, Ida J. McCaslin, 501 East Noble Street, Lebanon.

Iowa. — President, Amy Beers, Jefferson County Hospital, Fairfield. Secretary, Nelle Morris, The Summit, D-1, Iowa City. State League President, Faith Ankeney, Methodist Hospital, Des Moines. President examining board, C. F. Launder, M.D., Garwin. Secretary, Rodney P. Fagan, M.D., Des Moines.

Kansas. — President, Ethel L. Hastings, Bethany Hospital, Kansas City. Secretary, Caroline E. Barkemeyer, Halstead. President examining board, Sister Catherine Voth, Newton. Secretary-treasurer, Sister Mary Helena, St. Luke's Hospital, El Dorado.

Kentucky.—President, Edith E. Bush, 1112 South 4th Ave., Louisville. Corresponding secretary, Gertrude Bethel, 700 Francis Building, Louisville. State League President, Lee Guthrie, Southern Kentucky Sanitarium, Franklin. Secretary, Mary Foreman, Massie Memorial Hospital, Paris. President examining board, Sophia F. Steinhauer, Speers Memorial Hospital, Dayton. Secretary, Flora E. Keen, Somerset.

Louisiana.—President, Mrs. Lydia Breaux, 521 S. Hennessy St., New Orleans. Secretary, Mrs. Clara McDonald, 1624 Marigny St., New Orleans. President examining borad, J. T. Crebbin, M.D., 1207 Maison Blanche, New Orleans. Secretary, J. S. Hebert, M.D., 27 Cusachs Building, New Orleans.

Maine. — President, Mrs. Lou S. Horne, 122 Emery St., Portland. Secretary, Louise Hopkins, 246 Essex Street, Bangor. President examining board, Margaret M. Dearness, Maine General Hospital, Portland. Secretary-treasurer, Rachel A. Metcalfe, Central Maine General Hospital, Lewiston.

Maryland. — President, Elsie M. Lawler, Johns Hopkins Hospital, Baltimore. Secretary, Sarah F. Martin, 1211 Cathedral Street, Baltimore. State League President, Maude Gardner, Hospital for the Women of Maryland, Baltimore. Secretary, Charlotte M. Snow. President examining board, Helen C. Bartlett, 604 Reservoir Street, Baltimore. Secretary and treasurer, Mary Cary Packard, 1211 Cathedral Street, Baltimore.

Massachusetts. — President, Carrie M. Hall, Peter Bent Brigham Hospital, Boston. Corresponding secretary, Jessie E. Catton, New England Hospital for Women and Children, Dimock St., Boston, 19. President State League, Sally Johnson, Massachusetts General Hospital, Boston. President examining board, Mary M. Riddle, 223 Newbury St., Boston. Secretary, Samuel H. Caulderwood, M.D., State House, Boston.







DANIEL BOONE and the hardy adventurers of his day were familiar with the health-giving springs in Southern Indiana. On his numerous expeditions out of Kentucky into what is now Illinois, Indiana and Ohio, we doubt not that he drank from the springs which have since given to the world

PLUTO WATER

Boone was aware that to beat the Indians at their own game, he must remain in perfect health, for there were no nearby physicians to consult and he had to depend on nature's gifts. Of these PLUTO is one of the most precious. Its use for constipation and disorders of the kidneys, bladder and gastro-intestinal tract is, in Indian parlance,

GOOD MEDICINE

Sample and literature to the medical profession on request to the

FRENCH LICK SPRINGS HOTEL COMPANY, French Lick, Indiana

The Duchesne Saline Heating Pad

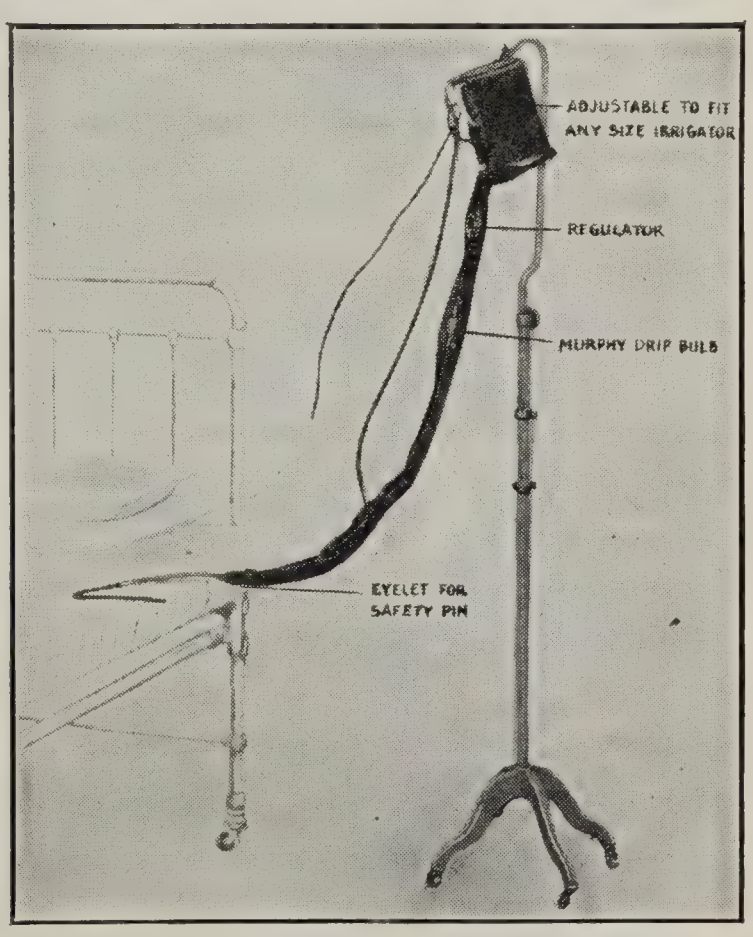
Maximum comfort obtained by minimum effort is the acme of good nursing.

Nurses should persuade their hospitals to stock the Duchesne Pad.

It remains adjusted and so saves effort and discomfort for the patient.

It maintains a solution at 100-102°F. for an unlimited time, and so saves endless steps for the nurse.

Urge your hospital authorities to investigate these claims through dealers or by writing to



The Whitney Company, 143 Liberty St., New York City

Michigan. — President, Mary A. Welsh, Grand Rapids. Corresponding Secretary, Mabel Haggman, Flint. State League President, Maud McClaskie, Harper Hospital, Detroit. Secretary, Helen M. Pollock, Flint. President examining board, Richard M. Olin, M.D., Lansing. Secretary, Mrs. Helen de Spelder Moore, 206 State Office Building, Lansing.

Minnesota. — President, Irene English, Northern Pacific Hospital, St. Paul. Secretary, Dora Cornelisen, Old State Capitol, St. Paul. President State League, Caroline Rankiellour, 3915 Eleventh Ave. S., Minneapolis. Secretary, Pearl L. Rexford, Northwestern Hospital, Minneapolis. President examining board, Jennette M. McLaren, M.D., 805 Lowry Building, St. Paul. Secretary, Dora Cornelisen, Old State Capitol, St. Paul.

Mississippi.—President, Mrs. B. M. Hopper, Mattye Hersey Hospital, Meridian. Secretary, Mrs. James A. Cameron, 511 Bay Street, Hattiesburg. President examining board, Dr. J. H. Fox, Jackson. Secretary-treasurer, Mrs. Ernestine Bryson Roberts, Starkville.

Missouri. — President, Mance Taylor, Parker Memorial Hospital, Columbia. Secretary, Bertha Love, Parker Memorial Hospital, Columbia. State League President, Eleanor Keeley, Columbia. Secretary, Glory H. Ragland, 3908 Olive Street, St. Louis. President examining board, Mary G. Burman, Children's Mercy Hospital, Kansas City. Educational director-secretary, Harriet L. P. Friend, 620 Chemical Building, St. Louis.

Montana.—President, Mrs. Clara Barrington, Ford Building, Great Falls. Secretary, F. L. Kerlee, 514 Eighth Ave., Helena. President examining board, E. Augusta Ariss, Deaconess Hospital, Great Falls. Secretary-treasurer, Frances Friederichs, Box 928, Helena.

Nebraska.—President, Lulu F. Abbot, 847 North 26th Street, Lincoln. Secretary, Cora E. Higgins, 2100 South St., Lincoln. State League President, Charlotte Burgess, University Hospital, Omaha. Secretary, Bertha A. Bryant, Grand Island Hospital, Grand Island. Bureau of Examining Board, secretary, H. H. Antles, Department of Public Welfare, State House, Lincoln.

Nevada.—President, A. Craven, Reno Hospital, Reno. Secretary, Margaret A. Ross, 243 West 3d St., Reno.

New Hampshire. — President, Anna C. Lockerby, Laconia Hospital, Laconia. Secretary, Mrs. Florence M. Knowles, Portsmouth. President examining board, Mae Morrison, Whitefield. Secretary, Ednah Cameron, 8 North State Street, Concord .

New Jersey. — President, Virginia Chetwood, 50 Hudson Street, Hackensack. Secretary, Marie Louis, Muhlenberg Hospital, Plainfield. State League President, Florence Dakin, 468 Ellison St., Paterson. Secretary, Marie Louis, Muhlenberg Hospital, Plainfield. President examining board, Mary J. Stone, Room 302, McFadden Building, Hackensack. Secretary-treasurer, Elizabeth J. Higbid, Room 302 McFadden Building, Hackensack.

New Mexico.—President, Mrs. Blanche A. Montgomery, Women's and Children's Hospital, Albuquerque. Secretary, Mary Priest Wight, Presbyterian Sanatorium, Albuquerque.

New York.—President, Mrs. Anne L. Hansen, 181 Franklin Street, Buffalo. Secretary, Ella F. Sinsebox, 443 Linwood Avenue, Buffalo. State League President, Amy M. Hilliard, Samaritan Hospital, Troy. Secretary, Helen Young, Presbyterian Hospital, New York. President examining board, Lydia E. Anderson, 461 Washington Avenue, Brooklyn. Secretary, Alice Shepard Gilman, State Education Building, Albany.

North Carolina.—President, Blanche Stafford, Winston-Salem. Secretary, Edna Heinzerling, Winston-Salem. State League Chairman, Emily A. Holmes, Rutherford. Secretary, Gilbert Muse, High Point. President examining board, Mary P. Laxton, Biltmore Secretary-treasurer, Dorothy Hayden, Greensboro.

North Dakota. — President, Sarah Sand, Osgood Flats, Fargo. Corresponding secretary, Esther Teichmann, 720 Fifth Street South, Fargo. President examining board, Ethel Stanford, 703 Fourth Street, South, Fargo. Secretary, Mildred Clark, General Hospital, Devils Lake.

Ohio.—President, Augusta M. Condit, 141 South Third St., Columbus. Secretary, Lucille Grapes, 797 East Fulton St., Columbus. State League President, Blanche Pfefferkorn, Cincinnati General Hospital, Cincinnati. Secretary, E. Muriel Anscombe, Mt. Sinai Hospital, Cleveland. Chief examiner, Caroline V. McKee, 275 South 4th St., Columbus. Secretary, Dr. H. M. Platter, Hartman Hotel Building, Columbus.

Oklahoma.—President, Olive Salmon, Pawhuska. Secretary, Virginia Tolbert Fowler, 622 East 12th Street, Oklahoma City. State League President, Candace Montfort, University Hospital, Oklahoma City. Secretary, Sister M. Lucia, St. Anthony's Hospital, Oklahoma City. President examining board, Mrs. Idora Rose Scroggs, 324 West Grey Street, Norman. Secretary-treasurer, Olive Salmon, 204 Triangle Building, Pawhuska.

Oregon. — President, Grace Phelps, 616 Lovejoy Street, Portland. Secretary, Margaret A. Tynan, St. Vincent's Hospital, Portland. President examining board, Jane V. Doyle, 660 Johnson St., Portland. Secretary-treasurer, Mrs. O. E. Osborne, 512 Oakdale Avenue, Medford.



THERE is a tiny ridge on the surface of your teeth where the enamel stops and the softer part of the tooth begins. Below this ridge is The Danger Line.

Usually, you can detect it right at the margin of the gums.

What Happens There

The edges of your gums are rounded, forming a little triangular pocket at The Danger Line. Food particles lodge there. They ferment and form acids which attack your teeth. This is Acid-Erosion—a forerunner of tooth decay.

Decay at The Danger Line spreads rapidly. The gums become infected and diseased. Poisons are formed and are carried to the roots of the teeth where abscesses start. Such conditions often cause rheumatism, heart-disease, and other infections!

You cannot have sound teeth or perfect health if Acid-Erosion exists.

Milk of magnesia is the best product known to dental science to accomplish this effectively. Its use promptly and safely neutralizes all mouth acids. In addition, it gets into the crevices of the teeth and in the pockets at the gum margin, thus preventing Acid-Erosion.

In Your Dental Cream!

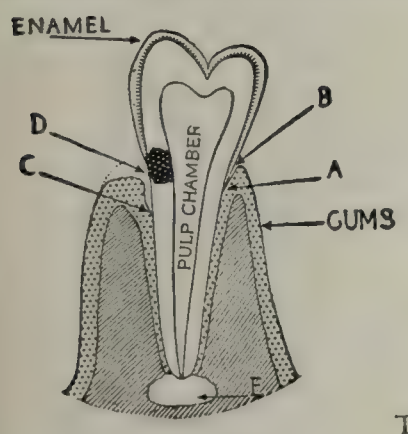
A delightful new dental cream now contains Squibb's Milk of Magnesia in a pleasantly flavored, concentrated form. It brings you all of the advantages of Squibb's Milk of Magnesia—plus the cleansing and polishing properties of a perfect tooth paste!

Brushing your teeth with Squibb's Dental Cream positively protects them at The Danger Line—and elsewhere. It also aids in the removal of dental mucin, giving the teeth the bright polish so necessary to personal attractiveness. It is soothing to the gums, and protects them from disease.

We will be glad to send a full-size tube free to any nurse upon request.

SQUIBB'S DENTAL CREAM

Made with Squibb's Milk of Magnesia



How Acid-Erosion Leads to Tooth Decay

This is an enlarged drawing of an ordinary tooth. The hard enamel stops at "A." That is The Danger Line.

The edges of the gums form a little triangular pocket at "B." Minute food particles lodge there. The gums become irritated and gradually recede as shown at "C," exposing The Danger Line.

The food particles decompose and form acids which attack your teeth. This is Acid-Erosion. It is the forerunner of tooth decay at "D." Abscesses form at "E."

Squibb's Dental Cream, due to the Squibb's Milk of Magnesia contained in it, protects your teeth against Acid-Erosion in a way which no other dental cream can.

THE "PRICELESS INGREDIENT" OF EVERY PRODUCT IS THE HONOR AND INTEGRITY OF ITS MAKER

Copyright 1923,
E. R. Squibb & Sons

Pennsylvania. — President, Margaret A. Dunlop, Pennsylvania Hospital, Philadelphia. Secretary-treasurer, Gertrude Heatley, South Side Hospital, Pittsburgh. State League President, Mrs. Helene Herrmann, 1818 Lombard St., Philadelphia. Secretary, Susan Heitzenrater, Punxsutawney Hospital, Punxsutawney. President examining board, Albert M. Blackburn, M.D., 34 South 17th Street, Philadelphia. Secretary-treasurer, Roberta M. West, Room 150, 34 S. 17th Street, Philadelphia.

Rhode Island. — President, Amy Allison, Rhode Island Hospital, Providence. Corresponding secretary, Edith Barnard, 425 Broadway, Providence. State League President, Sarah Barry, City Hospital, Providence. Secretary, Elizabeth F. Sherman, 85 Tobey St., Providence. President examining board, Henry C. Hall, M.D., Butler Hospital, Providence. Secretary-treasurer, Lucy C. Ayres, Woonsocket Hospital, Woonsocket.

South Carolina. — President, Frances J. Bulow, 40 Coming Street, Charleston. Secretary, E. Z L.oring, Baker Sanatorium. Secretary, board of nurse examiners, A. Earl Boozer, M.D., Columbia.

South Dakota.—President, Ellen McArdle, Aberdeen. Corresponding secretary, Carrie E. Clift, Rapid City. President examining board, Clara S. Ingvalson, Flandreau. Secretary-treasurer, Mrs. Elizabeth Dryborough, Rapid City.

Tennessee. — President, Mrs. Dorsey T. Gould, 1305 Edgewood place, Nashville. Secretary, Annie Feltus, 809 Madison Avenue, Memphis. President examining board, Willie M. McInnis, University of Tennessee, Memphis. Secretary-treasurer, Dr. Reese Patterson, Knoxville.

Texas. — President, Mary Grigsby, Providence Hospital, Waco. Secretary-treasurer, A. Louise Dietrich, 1001 E. Nevada Street, El Paso. State League President, Ella Read, Galveston. Secretary, L. Jane Duffy, University of Texas, Austin. President examining board, Helen T. Holliday, Baylor Hospital, Dallas. Secretary, Eula Whitehouse, 707 North 16th Street, Waco.

Utah.—President, Claire Haines, Salt Lake City. Secretary, Jane Rawlinson, 704 W. North Temple St., Salt Lake City. Department of Registration, Capitol Building, Salt Lake City.

Vermont.—President, Mabel Ware, Mary Fletcher Hospital, Burlington. Secretary, Mrs. Rose A. Lawler, Springfield. President examining board, Donley C. Hawley, M.D., Burlington. Secretary, Mrs. J. M. Allen, 50 Eastern Avenue, St. Johnsbury.

Virginia.—President, L. L. Odom, Sarah Leigh Hospital, Norfolk. Secretary, Blanche Webb, King's Daughters' Home, Norfolk. State League President, Martha V. Baylor, St. Luke's Hospital, Richmond. Secretary, Honoria D. Moomaw, Stewart Circle Hospital, Richmond. President examining board, Virginia Thacker, Lewis-Gale Hospital, Roanoke. Secretary-treasurer, Ethel Smith, Craigsville.

Washington. — President, Alice Claude, Consuello Apartments, Spokane. Secretary, Johanna S. Burns, Brunot Hall Apartments, Spokane. State League President, Evelyn H. Hall, Seattle General Hospital, Seattle. Secretary, Johanna Burns, American Red Cross, Spokane. Director of Licenses, Fred J. Dibble, Olympia.

West Virginia. — President, Mrs. Susan Cook, Lock Box 457, Wheeling; home address, Bridgeport, Ohio. Secretary-treasurer, Mrs. R. J. Bullard, Lock Box 457, Wheeling; home address, 510 Catawba Street, Martin's Ferry, Ohio. President examining board, Frank LeMoyne Hupp, M.D., Wheeling. Secretary, Jessie A. Clarke, Ohio Valley General Hospital, Wheeling.

Wisconsin. — President, Agnes W. Reid, Bradley Memorial Hospital, Madison. Secretary, Erna Kowalke, 85 Oneida St., Milwaukee. State League President, Marion Rottman, Mount Sinai Hospital, Milwaukee. Secretary, Cornelia van Kooy, 558 Jefferson St., Milwaukee. Director, Bureau of Nursing Education, Adda Eldredge, State Board of Health, Madison.

Wyoming.—President, Mrs. Fred W. Phifer, Wheatland Hospital, Wheatland. Secretary, Mrs. Bertha Johnson, 211 East 25th St., Cheyenne. President examining board, Mrs. Agnes Donovan, Sheridan. Secretary, Mrs. H. C. Olson, 3122 Warren Avenue, Cheyenne.

TERRITORIAL ASSOCIATION

Hawaii.—President, Alice M. Yates, 1250 Manumea Avenue, Honolulu. Secretary, Harriet B. Delamere, Queen's Hospital, Honolulu.

WHERE TO SEND MATERIAL FOR THE JOURNAL

Send all news items, notices and reports of meetings, subscriptions, changes of address, advertisements ,and all business correspondence to the Rochester Office, 19 West Main Street, Rochester, N. Y.

Send articles for publication, books for review, and editorial correspondence to the New York office, 370 Seventh Avenue, New York.



LIBRARY, FLORENCE NIGHTINGALE SCHOOL, BORDEAUX

THE AMERICAN
JOURNAL OF NURSING

VOL. XXIII SEPTEMBER, 1923 No. 12

THE PRIVATE DUTY NURSE: A PIONEER HEALTH WORKER [1]

BY ELIZABETH GIBSON, R.N.

IT is rightly said that the progress of today is due to the visions of yesterday. Nursing as a profession, as well as the field and opportunity for nursing, has developed so rapidly in the past fifty years that it is well to take time occasionally to look back over our achievements and study the ideals of the pioneers who have made such progress possible.

Florence Nightingale, the founder of modern nursing, was with us little more than a decade past, yet already we have made a wonderful start toward carrying out her plans for the care of the sick in their homes and for guarding the health of our communities. Public health nursing is the offspring of private health, or private duty nursing and, although still an infant, is indeed a lusty one. Because of its rapid growth and the broad field of service it offers, many nurses have taken it up, leaving private duty nursing possibly not so much in the limelight, although not the less important, and I trust we may all realize that our progress in public health is due largely to the conscientiousness of purpose, keen foresight, and desire for service of our pioneers, the private duty nurses.

THE public health movement did not create the public health nurse; it found her already at work at the bedside.

I would like to take up briefly some of the opportunities and responsibilities of the private duty nurse as a health worker, in relation:

First, to the patient
Second, to the family
Third, to the physician
Fourth, to the community
Fifth, to nursing edution.

No doubt many of you, yes, all of you, recall your first case out of the hospital and many of you have said "then I just began to realize how little I knew." The new environment, lack of convenience, lack of hospital support, irregular hours, loss of sleep and many times insufficient food, all so different from hospital routine, made the first few cases seem tedious and possibly without a feeling of satisfaction. I think one of the first arts acquired by

[1] Read at the third convention of the New England Division, Burlington, Vt., May, 1923.

the young graduate is the adaptability to circumstances and the care of the patient in his home environment. It is not till recently that hospital social service has been developed to any great extent, or that much concern has been taken of how the patient progressed after leaving the hospital, so that the student nurse has been trained chiefly in hospital bedside care, oftentimes not covering the convalescing period. The graduate with keenness of vision realizes that she has new responsibilities in the home care of the sick, and that she must not only be concerned with the illness and care, but also with the recovery and future health of her patient. It is important for her to trace the indirect, as well as the direct causes of the illness and often she sees several conditions conducive to negative health and eventually sickness, which may be remedied by her advice. She must be alert in ascertaining the faulty health habits of her patient and tactful in teaching correct habits, for here is her wonderful opportunity for health education in the home, concentrating her efforts and knowledge over a considerable period of time in one family which is the unit of all community life.

Herein, then, lies an added field of service for the health worker if she is to do her best constructive work, for the health of the family depends upon the health of each individual member of the family. Only in exceptional cases is it possible to give nursing care to more than one member of the family, but the obligations of the nurse along preventive and constructive lines are many.

We realize as never before that the strength of a nation lies in the health and education of its youth. For the past twenty years a great deal of money and effort has been spent for better health and living conditions for our children. However, examination at the time of the World War checked up an appalling number of our young men as physically unfit. Had our young women been checked up as thoroughly, the result would have been the same. And our children, how did they check up? So poorly that our eyes have been opened to the need of a more extensive health programme and our latest vision, possibly toward the millennium, but an ideal to strive for, is possitive health.

Positive health may be defined as meaning a body free from any handicaps, mental or physical, with a resistance which enables it to withstand environmental attacks to reduce its power, a vigor which radiates strength and happiness, and back of it all, a spiritual tone which is the key note of an inspiring personality.

This means then that every baby should have as its birthright, to come into this world in perfect physical condition and under such environment that it would be able to resist disease, and advance through life in a normal state of health, happiness and usefulness. This indeed would be the millennium compared with our present-day death rate of two hundred and fifty thousand babies under one year of age. What a grave responsibility, but splendid opportunity, for nurses doing obstetrical nursing and what a field for intensive educational work along this line. Because of the confidence placed in the nurse who has made the right entrance into a home, she is often able to accomplish a great deal with the children in forming correct health habits, and in having corrective measures carried out. The opportunities for

service of the private duty nurse in the family are numerous and varied and I am sure many of you here can recall homes in which you have nursed where you have been able to accomplish a great deal in solving the health problems, in addition to your services in caring for your patient. The nurse has such an opportunity for detecting danger signs of disease in its early stages, such as cancer, tuberculosis, and other communicable diseases where early treatment is of the greatest importance.

Under the present continuing shortage of health workers, both physicians and nurses, there is a great opportunity for the private duty nurse to aid the physician, and if the best constructive work for positive health is to be carried on, the closest coöperation must exist. It is generally conceded that the nurse is not an inferior, nor a subordinate to the physician, but a co-worker, each having his own field of service, largely dependent upon each other for the best results. The health worker in the home works under the physician's orders and by discussing with him the home conditions, health habits and possibly sources of disease as she finds them, she can be of great help to him. In the past few years, possibly due to the rapid progress of public health work, there has been considerable misunderstanding and some bitter discussions concerning ethics, but if physicians and nurses will consider the health and welfare of the patient and the community rather than their own selfish, professional and oftentimes commercial interests, these problems will vanish in the desire for service. The following is quoted from an address read at the Florence Nightingale Memorial a year ago:

> A trade is followed for profit; a profession is exercised for service; a trade flourishes by patents and copyrights and secret knowledge; a profession puts all its knowledge and skill at the service of others. It is a great gain when a man pursues his trade in a fine professional spirit, but a distinct loss when a member of a profession does his work in the spirit of a tradesman.

I trust as nurses, we may have such a desire for service that we will not be criticised for doing our work as a tradesman nor with the desire for commercial gain.

The private duty nurse as a community health worker deals chiefly with the individual, but frequently she finds it necessary to coöperate with public agencies, especially in communicable diseases which are no longer family secrets, but the public's concern. The nurse should know the community in which she lives, the statistics concerning communicable diseases, the laws governing them, and the agencies with which to coöperate. She can be of great assistance to the physician and the department of health in reporting disease and its possible sources. Tuberculosis and venereal diseases have been two of our greatest problems and as a health educator the nurse has a great opportunity.

The field of service is so great and so much is demanded of nurses of today, that hospitals and training schools have realized that they are not sending out just the kind of nurse needed to carry on the work of our foresighted pioneers. The "trained nurse" is not just the type needed. "Trained" implies lack of initiative and we must have nurses with initiative and executive ability in any branch of nursing today. We must have nurses with a broader education rather

than with a longer "training." We must have schools of nursing connected with our colleges and universities. As private duty nurses, what is your responsibility in helping to solve these problems?

The Central School of Nursing is the ideal, but till this is realized, we must be ready to help the small training schools, if possible. Can we not awaken more enthusiasm and interest in our alumnae associations to help keep up the standards of nursing? As we went out into private duty work and saw the broad field of service, we realized more, each year, the weak points in our education and by constructive criticism we should be able to help in bringing up the curriculum of the training school. There are many ways by which we are able to stimulate public interest in this form of education for the young women of to-day, and by advocating state aid for nursing education, as well as for other forms of education, we may be influential in establishing schools of nursing in our Universities. Wherever the opportunity arises, let us all be ready to help and not leave the responsibility to a few.

THE USE OF PENALTIES IN STUDENT GOVERNMENT [1]

By Helen M. Smith, B.L.

IN these days of "progressive education," of "undirected activities," of freedom from all kinds of restraint, academic, social, and moral, it seems perhaps a bit of an anachronism to talk about the use of penalties. However, a reaction seems to be setting in not only in an increased number of "required" courses in the curriculum, but in an insistance that the student shall pay at once the price for moral and social infraction. One superintendent writes:

> The child who is permitted to grow to maturity without the discipline necessary for future citizenship enters life's battles under a handicap. Life is a struggle, a matching of wits and of strength, mental and moral. Life is exacting, offering much but demanding much. It has scant mercy for weaklings. It requires men and women with their impulses under control, individuals trained to surrender their own will at times to the will and welfare of the majority, citizens who have been trained in youth to respect proper authority and to obey society's reasonable rules.

I take it that the group believing this is at least a respectable minority and that, therefore, perhaps the main question is how to train students to such a standard. I propose to speak of penalties as one means to this end.

It is true that laws that carry with them no penalties are not likely to be respected or obeyed. It is true, also, that some laws that do carry penalties should not be respected or obeyed. It seems to me, therefore, that penalties that call attention and respect to laws that harmonize with the great physical and spiritual laws of the universe serve a very useful purpose.

---

[1] Paper read at the tenth annual meeting National Association of Deans of Women, Cleveland, February, 1923.

Penalties in Student Government should, I think, be considered from at least four points of view; from the point of view of the one punished, of the large group to which the culprit belongs, of the person or group that fixes the penalty, and of the person or group that enforces it.

If life is a struggle to free oneself from a docile, dependent attitude to a whole-hearted, reasonable, aggressive independence, the penalty for wrong-doing should be such as to help the individual toward that end. Here is a student who comes from a family of uncertain mental stability. She is obsessed with the idea that she is of inferior intellectual capacity. She sets her mind and purpose on winning a Phi Beta Kappa honor. She has very nearly reached her goal when through inadvertence, and because of assisting a blind student, she passes one point beyond the allowed number of Chapel cuts. The penalty for such an offense is two weeks' suspension from College. This penalty is to be applied just before examinations. If she is absent from classes at that time she will in all probability lose her chance at Phi Beta Kappa. The very fear of enforcement of the penalty makes her faint in class.

If Chapel service is compulsory and so voted by the students, a penalty for excessive cuts must exist. To enforce it in one case and not another would seem partial and unfair. However, to enforce the penalty on a student of the nature and condition described would destroy all the value of the punishment. Penalties lose their use unless they quite adequately fit the offense and the offender. The penalty enforced in the case mentioned would have driven a self-depreciating student into deeper and deeper gloom over her mental powers.

The effect of enforced penalties on the whole student body should be taken into account. Unless sympathy for the enforcement exists in the great majority of students or can be secured, the penalty does more harm than good. The student body must be permeated with a loyalty to righteousness and order and justice or penalties will be of very limited value.

It was discovered in a certain college that a student in writing a long theme had consulted some of the best criticisms on the subject chosen and, being a discriminating student with very artistic appreciation, had used without quotation marks page after page of ideas and phrases of the critic read. The theme was an excellent piece of compilation presented as original work. Her plagiarism was discovered, she was called before the Honor Board, charged with unfairness and penalized by loss of credit for the course. When the matter was discussed with her, she acknowledged having consulted books on the subject of the theme, saying that she supposed that was what she was expected to do, that she had worked eight hours on her theme and was quite unconscious of using the phraseology of the book referred to. In other words, she had let some one else do her thinking for her and considered herself virtuous for having spent so much time compiling a theme. What was the use of the penalty put upon her? It did not serve to show her the error of her ways, the wrong to herself and the college community for one of their number to persist in the pernicious habit of not developing her own thinking powers and of receiving credit for work that was not

hers. She was not alone in such a practice, and penalizing her could not correct the fault in the college community unless the whole matter were brought before the community. It this were done, the penalty would have the use of emphasizing a moral standard and showing the student that in that community that sort of thing simply was not done.

In a certain college, one of the officers of the Junior Class cribbed in a weekly test. The Honor Board investigated the case and found the student guilty. The Board recommended that the offender lose credit for the course, be required to resign her office, and not be allowed to hold office again during her college course. A group of her classmates objected to the severity of the penalty, trying to cover the reflection upon the class and, while not condoning the offense, made strong excuses for the individual. The result was decided division in the student body, and practical torture for the student president from the opposing group. Fortuntely, the student president had moral strength and the courage of her convictions. The offender finished her Junior year, returned to the college for her Senior year and lived down her unsavory reputation. The opponents of the verdict came to see and later acknowledged that the case was wisely handled. The effect on the whole student body was increased respect for honor. But, what would have happened to the moral tone of the students had some one of the group failed to make the opponents feel that although "the way of the transgressor is hard" the best interest and welfare of the community is served when standards are high and the whole group is influenced to live up to them.

In most colleges where student government prevails, the penalty for violation of rules is advised by a group of students, although final authority rests elsewhere. What is the effect of penalties upon this body? Members of Executive Councils of Student Government and Honor Boards have testified to the growth of students charged with meting out justice to offenders and upholding the honor of the college. That the responsibility makes large drafts on a student's time and attention to her studies is undoubted. Perhaps these evils are offset by the practice she gets in weighing evidence carefully and in the necessity of setting aside her personal feelings and regarding principles, and perhaps nothing teaches her this need more effectively than the price she must pay for insufficiently considered, half-baked or biased decisions. There is, of course, the danger that the group fixing the penalties may be too lenient, winking at offenses, encouraging untruthfulness, cribbing, unfairness of all sorts, more or less innocently, or it may be too severe. The example of the American college whose student commission suspended a whole class, because exery one in it knew a few students had cheated during examination, seems pretty drastic even if the effect were, as some one has said, "to elevate the honor system to real social value." The example of an American college requiring that a student leave the place in which the college was located and then *en masse* horning him out of town smacks somewhat of early Christian torture and can scarcely be justified in the light of modern administration of justice. Individuals may suffer before students learn moderation and get wisdom, but the chance to try

must be theirs if the college does its duty to them in the way of training and helps them to administer justice somewhat better than criminal courts have been doing in some of our large cities.

If, however, the students are to get fair training, the group that enforces the penalties, usually a committee of the faculty, must do its share, even though the students fix the penalties. The faculty have no right to "unload their own responsibilities on a group of young students." The college faculty that said to a class, "One of your number has cheated and stolen goods; you must deal with her and be responsible to the college for her misdemeanors" was clearly shirking its responsibility unless it stood ready to help the class by advice and suggestion to the desired end. Such a commission is too large an order for young, inexperienced students unless they can count on the help of the faculty.

The faculty committee enforcing the penalty is sometimes handicapped by not having the opportunity to review all of the evidence and may, therefore, err in accepting or rejecting the recommendation of the students. If, because further evidence is produced or new interpretations are made, it seems fairer to change a decision, the use of the penalty would be lost if the committee did not change. It is much nobler and stronger and does much more good, in my opinion, for a committee to change a decision than to run the risk of injustice to the students.

One other element in useful penalties is wise publicity. Too often students know the penalty without knowing the misdemeanor it is designed to correct. It is usually most damaging to the offender to publish her name and at the same time threaten to close avenues of information in other cases, but it is thoroughly unwise, I think, not to keep moral standards before the student body through college publications and classroom illustrations. These should present hypothetical cases of infringement of moral and social principles involving the elements actually existing in real violations in and out of college.

No system is successful because it is a system. If we have student government with power to inflict penalties for violation of the rules, it means one more thing for the faculty to watch. Since students are varying individuals and need varying punishment, since student bodies vary from year to year and are young and inexperienced, since the burden of weighing evidence and judging their fellows is too great a responsibility for students alone, and since the faculty has no right to shirk its responsibilities, the greatest use of penalties will be realized when students and faculty coöperate. The two groups working together will bring a control superior to that of either working alone.

"Selfishness consists in facing any human relationship with the main intent of getting from it for oneself all the pleasure and profit that one can."

HARRY EMERSON FOSDICK.



THE IMPROVISED LABORATORY.

SUGGESTIONS FOR THE MILK LABORATORY

By Mary Corinne Bancroft, R.N.

WE still have hospitals which cannot spare a separate room for a milk laboratory. The accompanying pictures show how the Children's Hospital of Cincinnati has improvised a milk laboratory and some of the devices in use, as follows:

1. A good method of capping bottles. Sterilized paper squares, (a paper napkin cut into 16 squares) are fastened over the bottle rim with a rubber band. This not only seals the bottle but keeps the rim uncontaminated.

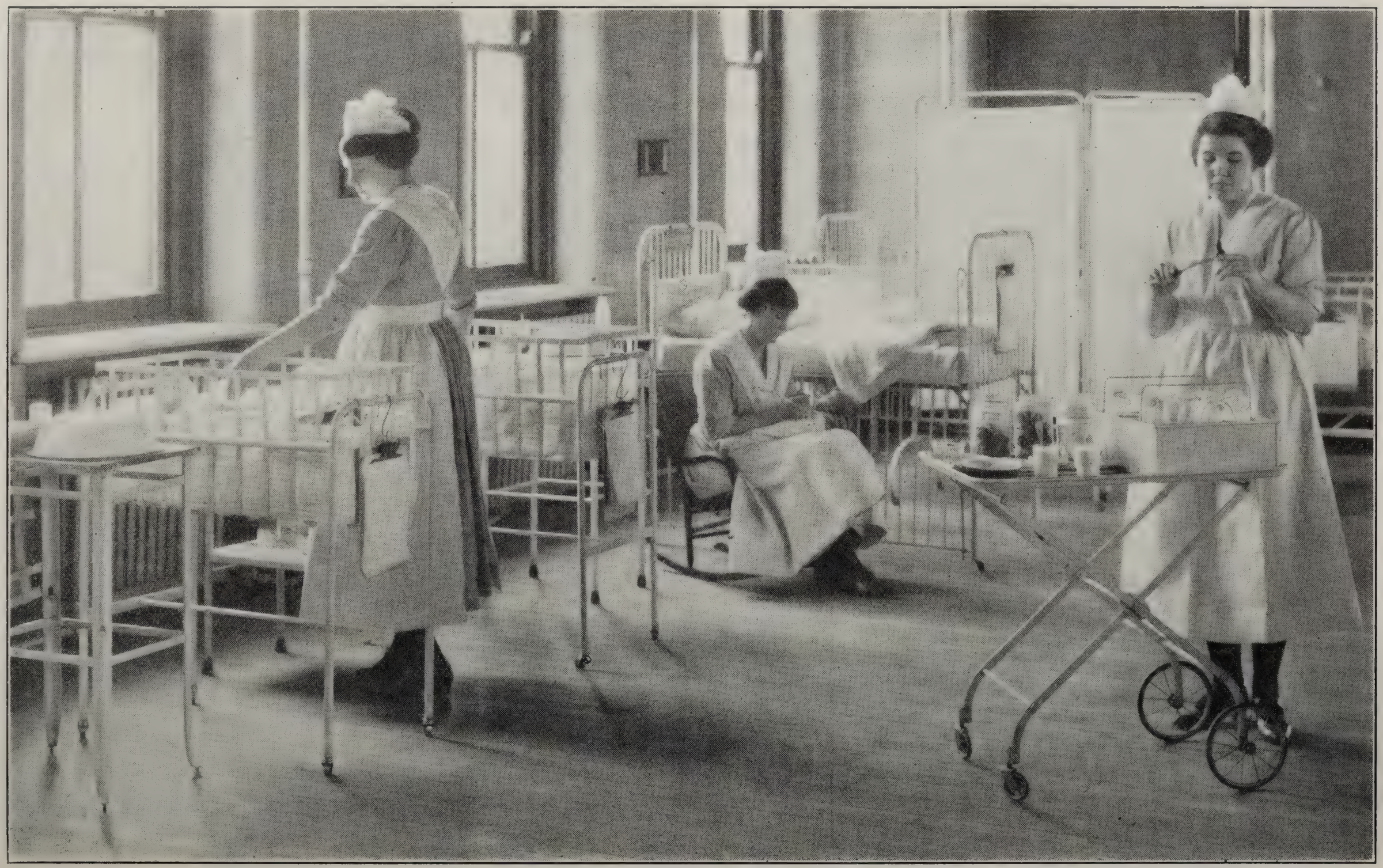
2. An improvised milk laboratory which occupies one end of a serving room. The space occupied is 11 by 13 feet. The equipment consists of a wall cabinet for sterile supplies; a wall table, 10 feet, with two deep drawers; a table supporting a zinc water bath, 25 x 40 x 5 inches; a gas stove; a utensil sterilizer; a refrigerator with space to accommodate 20 racks holding 8 bottles each; a sink with a drain board; and a utensil cabinet.

The same picture shows a good method of filling bottles by use of a graduated percolator and stand.

3. An efficient method of carrying bottles to the ward. An ordinary folding dish tray is used to carry a bottle bath, nipple tray, cereals, etc., into the ward. This saves much time.



Capping a Bottle.



Carrying Bottles to the Ward.

PSYCHOLOGY

By Annette Fiske, M.A., R.N.

THE word "psychology" means literally the science of the soul, but, like many another word, it seems to have been running down hill and to have come to mean the science of the mind. I want to give it back its original meaning and I feel the more justified in doing so in that even the modern materialistic philosopher concedes the inadequacy of mind and body as the total personality by claiming the existence of the subconscious mind. Let him call it subconscious mind if he will; soul is a good enough expression for me, the soul which manifests itself in the activities of mind and body but which is something more sensitive than either and in control of both.

The minds of the vast majority of people are today set on doing the things that will bring them the greatest material return and doing them in the way that will cost them the least effort and exertion. They are quite willing to admit the existence of a subconscious mind, which they regard as a curious and rather interesting variation from the practical every-day mind that they make use of in their business, but a soul, what do they care about souls? Except that they do not want their own to be damned to eternal suffering hereafter; and the church ought to be able to make sure of that point for them. Souls are too intangible for a practical person to be interested in, and they are likely to get one into a lot of trouble, according to all accounts, because they may interfere with a good piece of business; they take time and effort which, if expended on practical every-day business, would bring large concrete results instead of rather vague abstract ones. So banish the soul, and all hail the intellect—if, indeed, they do not go so far as to say that intellect is naught and only manual skill of value.

Now intellect is all right in its place; it is an excellent thing and most helpful in life; but the soul is even more excellent and even more helpful. In fact, I consider the soul not only the best, but the most useful part of us in a practical sense. The general restlessness and discontent so rife nowadays are due to the fact that the soul is so completely neglected. Take the field of nursing, for example. One frequently hears the plea that psychology be studied, and we see psychology put down in the curriculum of many training schools, yet it is the psychology that takes heed only of the mind, not of the soul, and for that reason it fails. The schools that emphasize most strongly the need of the nurse being taught psychology are frequently the schools that most patently ignore the existence of the soul. The pupils are treated as more or less intelligent machines, the patients as cases pure and simple, and by "cases" are meant sick people whose bodies are expected, under certain fixed treatment, to get back into good working order; even the *mind* of the hospital patient gets small consideration and the mind of the pupil nurse is considered very largely merely from the point of view of how much theoretical knowledge can be crammed into it; the attitude of the pupil's mind toward her

patient and toward her work seems to be a very secondary consideration. And yet how much her attitude of mind means in the matter of how much theory she will learn and even more in the matter of how much effort she will be ready to put forth for her patient.

A Freshman at college recently referred to applied psychology as the kind that did not work, an amusing but apt definition. So long as one confines himself to the theory of the science of psychology, everything works out beautifully, the same set of conditions brings invariably the same result; but when one comes to apply the theories to life, they do not work out. Why? Simply because there are no two people exactly alike. People recognize the fact that the bodies of different people react differently to the same treatment because our bodies are tangible and they cannot but see the various tangible effects produced in different bodies by the same thing. To a lesser degree it is recognized that minds react in different ways to the same stimuli and one does not expect an ignorant man and a philosopher to take a similar view of the same subject. When it comes to the soul, however, if its existence is conceded, its wings are at least closely clipped. No one has a right to a personality these days; each is expected to respond to exactly the same stimuli as his fellows in exactly the same fashion and to exactly the same degree, and if he does not, he is thought to have something the matter with him. But we have always to come back to the fact that no two or us are made exactly alike and that, in consequence, we do not any two of us respond to the same stimuli in the same fashion and to the same degree.

I want to make a plea that consideration be given to the souls of nurses and of their patients as the means of solving all the greatest problems in the nursing field today. Interpret psychology in terms of the soul and do not try to lay down any hard and fast theories but merely certain general principles that can be interpreted in each individual case in terms of the individual soul. Psychology is far better studied from life than from text-books; in fact, the text-books are of no help without study of life and most of one's knowledge of psychology must come from one's experience with those with whom one is brought in contact. Take the pupil nurse; she learns her lessons in psychology first of all from the superintendent of her training school and from the teachers over her, and their principles of conduct and points of view will affect her far more than any book on the subject that she may study. If they treat her with lack of consideration and show no feeling for the patients, evidently regarding them purely as cases and a part of the day's work, the pupil nurse is almost inevitably going to take the same attitude toward those under her and toward her patients. If those to whom she is supposed to look up and from whom she takes her orders show disregard for all family ties, keep parents from seeing their children while in the hospital, do not allow relatives to stay with the dying, in fact, ignore all the deeper feelings of life, the pupil nurse will show the effects in a lessened sensitiveness, a hardening of the feelings.

Psychology is the study of the soul; we should study the souls of those about us, remembering that no two are alike;

and we should try to bring out their good qualities and tone down the bad ones. One great principle of psychology is the force of example; it is a principle that is often forgotten or disregarded. What the superintendent of the training school wishes her pupils to be, that she must be herself, setting them an example. This principle is very closely akin to another famous one, namely, the Golden Rule; for this is not merely the foundation of religion, it is the basic principle of psychology—do unto others as you would they should do unto you, and you will find them doing unto you as you would they should. For what does this saying mean other than that you should study the soul of your neighbor that you may understand his needs and his desires and treat him accordingly?

One needs experience with people and one needs imagination. Some people say every nurse should herself have had a serious illness in order that she may get the patient's point of view. There are few people, even among the young and well, however, who do not know the meaning of pain and who do not have sufficient imagination, if they care to exert it, to realize what it means to lie in bed helpless. What is needed is that they should stop to consider these facts, that they should give thought to their patients' feelings as well as to their symptoms and the means used to relieve them, that they should have impressed upon them the sensitiveness of the sick to their surroundings and to the treatment accorded them by those caring for them. If a mustard paste is to be applied, for instance, the mechanical application is not the only important thing; the manner of its application, whether it is put on gently or roughly, may not affect the part to which the application is made, but it does affect, perhaps materially, the general condition of the patient, to say nothing of his happiness, and, incidentally his opinion of the whole nursing profession. A willing nurse is a great comfort and sets the patient's mind at ease, and so puts him in a condition where he has the best chance of recovery. A nurse who is disagreeable and grudging in her service upsets her patient, makes him unhappy and irritable, and retards his recovery. If the nurse would only consider how she would feel to be sick and have some one waiting on her who made her feel it was a disagreeable duty, who was rough and lacking in sympathy, she might apply the lesson to herself and try to do as she would be done by. When nurses complain that their patients are cross and inconsiderate, are they not sometimes themselves to blame in that they have not considered the patients' feelings?

There is no use in having psychology taught in the curriculum and then ignoring all the principles of psychology in every-day life. A training school that does not allow parents to see their children at all, when at the hospital three days, for tonsils and adenoids, is disregarding the psychological principle that as the twig is bent the tree is inclined. If pupils from the beginning of their training are taught thus to ignore the natural affection and solicitude of parents for their children, they are bound more and more to come to ignore family affection and to consider the solicitude of relatives for their patients as something that interferes with the comfortable performance of their duties and not

to be put up with. If pupil nurses are taught to carry a baby under one arm in order to have the other hand free to carry a glass of water or a bed-pan, which seems to be the modern idea of efficiency, if they are taught thus to make light of the comfort and safety of tiny babies, what consideration can one expect them to show toward those who are fully grown and comparatively tough? If it is right to treat a helpless infant thus, like a bag of meal, why should it not be right to roll an adult patient about like a log? I have never forgotten the surprise expressed by a patient of mine because I tried to help her gently out of her chair when she had rheumatism instead of grasping her hands and jerking her to her feet; that was the way my predecessor had done, and she supposed that all nurses did that way. Naturally, she had no great opinion of nurses.

When the training schools and nursing organizations lay so much stress on short hours of work and plenty of recreation for pupils and neglect to emphasize the spirit of service and sacrifice, they seem to forget the psychological effect of all this on the nurses and that it is almost bound to make them put their personal comfort before the comfort and well-being of their patients. Actions speak louder than words and the acts of their superiors produce more effect upon the pupils than do their words. The superintendent and teachers in a training school can preach to any extent they will in class, but their words will produce little effect unless they themselves live up to them. Teach the nurses to put themselves in their patient's place, set an example that they can follow with profit, and it will not be necessary to include psychology in the curriculum. It may be easier to teach the theory of psychology, but something more is needed in order to get results. Because no two people are alike, detailed psychological laws cannot be laid down, but the Golden Rule is an epitome of wisdom and covers every case.

A GOOD WILL DELEGATION AT THE BORDEAUX SCHOOL

By Mollie A. Hand, R.N.

THE Florence Nightingale School at Bordeaux was not unknown to me. In common with thousands of other American nurses, I had contributed to the construction of this home for nurses, as a memorial to the nurses of America who died in service during the war. But I little thought that on July 4, 1923, I should be eating a delicious picnic lunch under the great trees beside the very building, our menus adorned with a rose, tied with red, white and blue ribbon, in honor of the Good Will Delegation of American women and of their national holiday.

Our visit to the Florence Nightingale School has been one of the most inspiring occasions of this truly inspiring trip. The Good Will Delegations, of which ours is the fourth group to visit France, are composed of business and professional women who travel under the



Miss Mollie Hand of the Brooklyn group of the Good Will Delegation and head nurse of the Welfare Dept., Knox Hat Co., brings greetings to Dr. Anna Hamilton, Directrice of the American Nurses Memorial Training School at Bordeaux.

auspices of the American Committee for Devastated France. We are given an opportunity of seeing the life of the French people, especially in the devastated regions where the American Committee is doing such wonderful work. Through our contacts with the French people whom we meet, we are enabled to form some idea of their character and viewpoint, and of the real friendship which France has for America.

The Florence Nightingale School has been of great service to the American Committee for Devastated France in supplying well trained nurses for the public health work in the region of the Aisne.

After hearing the facts of the case, it was easy to understand why this school was selected for the gift of the American nurses. Dr. Anna Hamilton, founder and directress of the school, is a pioneer in modern nursing methods in France. She has devoted her life to the building up of the school and the hospital with which it is connected, in a heroic endeavor to raise the standard of the nursing profession in France. In 1901, when Dr. Hamilton started her work, there were six nurses. Now there are forty students, six head nurses, and twenty-two doctors connected with the hospital. Dr. Hamilton told us that they would like to have twice as many nurses as they have now, but that it is difficult to reach French women and

interest them in the profession, because their standing has not been recognized as professional in the past and is still misunderstood by many people.

Dr. Hamilton herself is a charming little woman, of great intelligence and kindliness. Her personality colors the Florence Nightingale School, and her gracious reception made us feel at home at once. She speaks English, as do many of the nurses, and in this way we were able to learn many facts and discuss many problems. Dr. Hamilton has studied in England, Switzerland and America, as well as France. Though, as her name indicates, her father was of Irish descent, Dr. Hamilton is a Frenchwoman. As a girl, she became interested in medicine through reading the medical books in her father's library. He had been disappointed in his ambition to become a doctor, and encouraged his daughter to study medicine, at that time an almost unheard of thing for a French girl. She entered the old University of Montpellier. With her first practical experience in a hospital, Mlle. Hamilton became deeply discouraged with the profession she had taken up. She realized that no effort was made to bring some measure of comfort to the sick. At that time in France, there were no trained nurses, as we understand the term; and Dr. Hamilton told us that she considered giving up the study of medicine because of the disappointment she felt over hospital conditions. She might have done so, if she had not met by chance some English trained nurses. Her entire point of view was changed by what they told her. She went to London to study the training of nurses there, and when her studies were completed, she became the head of the hospital in Bordeaux with which the Florence Nightingale School is connected.

The American Nurses' Memorial building is a very fine one, perfectly equipped. It is of red brick, four stories high, with a flat roof—the latter an architectural feature very unusual in France. Each nurse has a room, and modern baths and showers are on every floor. There is an attractive living room, airy and spacious, with a big fireplace and a piano. The bright little dining room has small tables with glass tops. There is a good infirmary. The library is supplied with books given by the alumnae of the Presbyterian Hospital, New York, in memory of Amabel Scharff Roberts, who died in service during the war. These books include a good collection of nursing literature. On the table were American, as well as other nursing journals.

The uniform worn by the nurses particularly caught my attention—French Army blue, with white aprons and stiff white Roman collars. They had typical Red Cross veils, dark blue over a small white cap. In the wonderful grounds of the school, under the big old trees, they certainly looked very picturesque.

Not far from the Florence Nightingale School is the Public Health Dispensary donated by the Rockefeller Foundation in 1920. It is well equipped, and does fine work among the people in the vicinity. Dr. Hamilton showed us the big plot of ground, between the school and the dispensary, where they soon hope to begin work on a splendid new hospital to replace the old one which is not large nor modern enough for their present needs. The beautiful site, on the outskirts of Bordeaux, was a legacy from a Frenchwoman who was interested



Brooklyn representatives in the Good Will Delegation greeted at the Florence Nightingale School at Bordeaux by Dr. Anna Hamilton, Directrice, and student nurses.

in Dr. Hamilton's work. Dr. Hamilton is hoping for a grant of money from the French Government which will enable her to proceed immediately with her plans for the construction of the hospital. Incidentally, she herself made the plans for all the buildings, including the school.

Dr. Hamilton's stories of her efforts and of the difficulties she has had to face were most interesting. She has evidently forged ahead in the face of endless prejudice and indifference. The gift of the American nurses has meant a world of encouragement to her, as well as of practical assistance in her work. I only wish that all nurses who contributed to the Memorial could see the school and meet Dr. Hamilton. I am sure they would be tremendously inspired and impressed.

Our Fourth of July party had to come to an end at last. We joined with the nurses in singing the Marseillaise and the Star Spangled Banner, and left the school with the sense of having been privileged to see a splendid enterprise splendidly fulfilled.

NOTE.—Business and professional women are nominated as candidates in Good Will elections by business and industrial concerns, and social or civic organizations. They are elected by ballot, voting being on the basis of contributions to the work of the American Committee for Devastated France. A woman may draw her support from any source or any place. Every dollar offered for the work of the American Committee in her name entitles her to ten votes.

THE FRACTIONAL EWALD MEAL BY THE REHFUS METHOD[1]

By Elizabeth Connolly, R.N.

THE relationship of the nurse to the laboratory is very rapidly changing from what it was a few years ago when so little laboratory work was done. The present-day demands of the doctor and the patient for better and more laboratory aid have caused this change. Because of these advances the nurse finds herself one of a triad that is absolutely essential to a great deal of the laboratory study of a patient,—the other two members of the triad being the patient's physician and the laboratory worker. I need only mention a few common laboratory procedures wherein the nurse—even the pupil nurse—plays as necessary, therefore as important, a role as does either of the other two members of the triad mentioned above:

First. The phthalein functional test for kidney efficiency, in the performance of which the nurse instructs the patient, administers the dye subcutaneously and solely has to do with the collection of the output of the urine.

Second. Basal metabolism wherein the nurse is solely responsible for getting the patient in a fasting and completely resting state, or else the procedure is valueless.

Third. The collection of sputum for the study of spirochaetes that might be present in lung tissue.

Fourth. The collection of catheterized specimens of urine, which is practically a routine in many hospitals so far as the female patient is concerned; and many more such things could be named.

The old saying that "no chain is stronger than its weakest link" is positively true in this line of work. Repeatedly we hear the laboratory workers say that no laboratory test is of its maximum and therefore proper value unless the technic of everyone concerned, (the doctor, the patient, the nurse, and the laboratory technician) is without error, and that many very difficult laboratory tests are made valueless by a slight error in some one's technic.

During the last few months, our nursing journals have been devoting many pages to articles on this general subject.[2] For the subject of this paper I have chosen the nurse's part in doing the fractional Ewald meal by the Rehfus method because of the following reasons:

1. This procedure is now very important, if not absolutely necessary, in the proper diagnosis and treatment of many diseases of the gastrointestinal canal, therefore in common use.

2. The nurse is considered capable of doing a very large part of this entire procedure. I say this because in the last two years fourteen of our pupil nurses have very successfully done the nurse's part in 365 fractional Ewald meals by this method.

---

[1] Read at a meeting of the Seventh District Nurses' Association, Fayetteville, N. C., March 6, 1923.

[2] A series of papers appearing in *The Trained Nurse,* by Henry J. Goeckel, M. D.

The Importance of Understanding Medical Laboratory Tests, Mabel McVicker, R.N., *American Journal of Nursing.*

3. Because of this experience I have learned a great deal, and I hope in this paper to give others the benefit of our experience.

Let us consider some parts of the nurse's technic, and in doing so, point out some common mistakes:

(1) *Preparation of the patient*

It is very important that the patient be properly instructed and that the nurse assure herself that the patient thoroughly understands the instructions. To hand the patient printed instructions is a valuable aid. The importance of this is easy to appreciate because, by this method of stomach study, the *fasting* contents of the stomach is first removed, and on the amount of this material removed the physician is going to say there is or is not retention of food in the stomach, or that the emptying time of the stomach is or is not normal. Nothing by mouth, except water, after an early supper on the day preceding the test, and even no water after 6 a. m., the day of the test, must be strictly adhered to.

(2) *The passage of the tube*

In our work we place our patient on a recliner because sitting upright in a chair for three hours causes unnecessary fatigue and lying in bed somewhat interferes with the passage of the tube and the position it takes in the stomach. We have found that one nurse can most advantageously work with four patients at a time.

Obviously, the technic of passing this very small and flexible Rehfus tube is vastly different from that used in passing the large, firm, relatively non-flexible tube. The latter is passed by force, and the patient can only passively assist the operator, while in passing the former the patient must actively swallow the tip or bucket, and also swallow the tube, though assisted by gravity of the tip or bucket. Therefore, it is better for the patient to be sitting erect during the passage of the tube.

Just here it is well to note that in some difficult cases the passage of the tube may be facilitated by first passing into it, throughout its length, a moderately thick and slightly flexible wire, as is found necessary at times in the Mayo clinic. Obviously this then allows the operator to utilize the same technic as is used in the passage of a large stomach tube. No difficulty is experienced in withdrawing the wire from the tube when its passage has been accomplished. As yet we have never had to reinforce a tube in any manner, which, however, is obviously due to the variations in conditions, circumstances, and technic, from these at the Mayo clinic.

Just prior to the passage of the tube the patient's throat is sprayed with a 2 per cent cocain solution until he can slightly detect its anesthetic action. Not all patients need this spraying of the throat; however, in doing large numbers of these tests, and in using pupil nurses, we have found it advantageous as a routine. Some patients have more sensitive throats and are more easily nauseated than others, therefore some patients will need more spraying of the throat than will others. All of us have noted that less is required to keep a patient from getting nauseated than is required to rid him or her of nausea after it is present. The patient should be warned not to hold the tube with his tongue, lips or teeth, because that obviously stops the passage of the tube,

frequently when the bucket or tip is in the lower part of the pharynx where it provokes much gagging.

(3) *Removing the fasting contents of the stomach,—the residuum*

When the tube has been passed until the proper mark on the tube is at the patient's lips, we are ready to apply the 4 oz. triumph syringe to the tube, and by gentle suction, withdraw the residuum or fasting contents of the stomach into the syringe, from which it is emptied into a properly initialed and labeled test tube, or tubes, if more than one is filled. In case no residuum is obtained the patient should again sit erect, then lie on the right and left sides, and the tube should be passed further in, or removed an inch or so. This procedure will result in our being able to withdraw the residuum if any is present, and usually 10 to 100 c. c. is present.

Just a word about the syringe. The plunger should not fit the barrel too snugly, because a little air leaking by the plunger automatically prevents our putting too much suction on the tube which will cause the lining of the stomach to be sucked into the slots of the bucket or tip and thereby produce damage to this lining, which damage, we are taught, may predispose to gastric ulcer. This same error of technic must be borne in mind during the removal of all other samples of gastric contents.

(4) *Giving the Ewald meal*

I will mention only two points. First, the patient can chew the bread and swallow it, and the water, practically as well with the tube in place as with it out. Obviously, there is no need for removing the tube after withdrawing the residuum and before taking the meal. We allow our patients their choice of eating with the tube in or out, except in cases in which some trouble has been experienced in getting the tube down, in which case the tube must remain in place while the patient takes the bread and water.

Second, because of the regularity and precision with which the subsequent specimens must be withdrawn, we place an ordinary "Big Ben" clock in plain view of all four patients. On the face of the clock we have blue marks at the 45th, 49th, 53rd, 57th and 60th minutes. These time intervals total 15 minutes, which is the interval between the removal of specimens in each individual case. Patient number one is told to begin his meal at the 45th minute mark and be finished by the time the minute hand reaches the 49th minute mark. Patient number two begins there and ends at the 53rd minute mark—and so forth. Obviously, patient number one has his or her first specimen withdrawn when the long hand is at 60 minutes, patient number two at four minutes past the hour, etc. By this little scheme there is no overlapping, the nurse has four minutes between the removal of any two specimens, and she is in a position to remove the specimens regularly, each 15 minutes. A "time slip" for the removal of each patient's specimens is in this manner easily made out and no error in the time interval occurs.

(5) *Removing the specimens*

The nurse should have ready ten or twelve 60 c. c. test tubes for each patient, one tube for each specimen. Each of these tubes must be properly initialed and numbered, so that the laboratory examinations of these specimens can be done with each specimen properly indentified. We endeavor to

remove sufficient gastric contents in each specimen to provide 3 to 5 c. c. of pure gastric material when filtered. Obviously, the amount to be removed varies with the relative amounts of solids and liquids present. Each 15 minutes a specimen is removed from each patient until, after changing the patient's position and adjusting the tube as mentioned above, no more gastric contents can be obtained. Whenever a specimen is bile tinged, the nurse must assure herself that the bucket has not passed on out of the stomach into the duodenum. Sometimes a doctor or even the fluoroscope is necessary to decide this question. It causes frequent concern because often the stomach does contain some bile. Being sure she has not allowed the patient to swallow too much tube usually prevents the bucket's passing out of the stomach.

(6) *Removal of the tube*

This must be done more cautiously than with the large rubber tube because it is more likely to be pulled in two, and the bucket left in the stomach or esophagus. Usually there is no difficulty in removing the tube, which is done by using the same technic as is used in removing the large tube; however, occasionally, when the bucket or tip is removed as far as the pharynx, the muscles of the throat go into a temporary spasm and refuse to allow the bucket to pass. This situation is easily handled by not attempting to withdraw the tube until the muscles relax. Their relaxation is easily determined by constantly exerting slight though firm and constant traction on the tube, which will easily come on out as the spasm relaxes. Tugging or jerking the tube only causes more spasm, and results in a very much frightened patient who firmly believes that the bucket is fastened in his or her throat, and cannot be removed.

When the test tubes containing the specimens have been turned over to the laboratory for study and analysis, the nurse's part has been completed.

To Dr. R. McBrayer, Director of our laboratories, we owe our thanks and appreciation for his enthusiasm, practical efforts, and teaching, which have enabled us to prove conclusively that the nurse can be a very necessary and invaluable member of the triad mentioned above.

CLUB COLLECT

"Keep us, O God, from pettiness; let us be large in thought, in word, in deed. Let us be done with fault finding and leave off self-seeking. May we put away all pretense and meet each other face to face, without self-pity and without prejudice. May we never be hasty in judgment and always generous. Teach us to put into action our better impulses, straightforward and unafraid. Let us take time for all things; make us grow calm, serene and gentle. Grant that we may realize it is the little things that create differences; that in the big things of life we are one. And may we strive to touch and to know the great common woman's heart of us all; and, O Lord God, let us never forget to be kind."

Written for the National Federation of Business and Professional Women's Clubs, Inc., by Mary Stewart, a member of the National Board, Independent Woman, February, 1923.



XXV. CAROLYN ELIZABETH GRAY

BIRTHPLACE: New York City. PARENTAGE: Scotch-Irish. PRELIMINARY EDUCATION: Private schools, New York. COLLEGE: Columbia University, degrees of B.S. and A.M. PROFESSIONAL EDUCATION: New York City Training School, under Louise Darche and Diana C. Kimber. POSITIONS HELD: Taught in public schools, three years. Superintendent Gouverneur Hospital, New York; Superintendent Fordham Hospital, New York; Instructor, New York City Training School; Superintendent of Nurses, Pittsburgh Homeopathic Hospital; Superintendent City Hospital School of Nursing, New York; Secretary State Board of Nurse Examiners, New York; Assistant secretary, Committee on Nursing Education; Associate professor of nursing education, College for Women, Western Reserve University, Professor of nursing education, College for Women, Western Reserve University, Cleveland, Ohio. PRESENT POSITION: Dean, School of Nursing, Western Reserve University, Cleveland, Ohio. OFFICES HELD: President New York City League of Nursing Education, three years; President New York State League of Nursing Education, two years; Member Education Committee, National League, five years. JOINT AUTHOR OF: Kimber and Gray, *Anatomy and Physiology for Nurses;* various papers and addresses on nursing subjects. EDITOR OF: Department of Nursing and the Hospital, *Modern Hospital.* ADDRESS: School of Nursing, Western Reserve University, Cleveland, Ohio.

EDITORIALS

Eight Centuries of Healing

ST. Bartholomew's Hospital, London, celebrated its eight hundredth anniversary in June and in so doing celebrated eight hundred years of continuous and most distinguished service. Hoary with antiquity though it is, this is not the first English hospital of which we have record but, says the *History of Nursing:*

> Of the now great and famous English hospitals the most ancient is St. Bartholomew. It is also the richest in historical association and in medical tradition, even as it still stands today foremost in liberal intelligence of science, gracious charity, and nursing standards of exceptional distinction.[1]

In describing the celebration, the *British Journal of Nursing* says,

> There gathered an illustrious company of delegates from the furthest outposts of the Empire, as well as from the United States of America, to praise God for the life and work of the Augustinian monk who, 800 years ago, "having nothing and yet possessing all things," raised to the glory of God, the Norman Priory Church, part of which has, alas, been demolished, but part, carefully restored, is a glory of the City of London.

The hospital, it will be recalled, was established by Rahere as subsidiary to the church in order that the sick poor might be cared for.

The series of events which comprised the celebration is described by our sister Journal as full of dignity and splendor. They began quite fittingly with a service in the church which was followed by a "Solemnity" in which a little group of the ecclesiastical descendants of Rahere marched through the hospital quadrangle. Superbly beautiful and colorful pageants, closing with a procession illustrative of the work of the hospital today and of its War Service, commemorated some of the outstanding events in the history of the ancient foundation.

The Prince of Wales, as President of the Hospital, received addresses from the delegates in the Guild Hall. Again we quote our sister Journal:

> This handsome Council Hall of the City of London is a fitting setting for stately functions, and the academic robes of the distinguished representatives of many universities from all parts of the world, provided a wealth of color which added greatly to the beauty of the scene.

The commemoration medals bear the head of Rahere on the obverse and on the reverse that of William Harvey, discoverer of the circulation of the blood, who was connected with the hospital from 1607 to 1643.

America's representatives were Dr. W. H. Welch and Dr. S. S. Goldwater. Nursing seems not to have played a very prominent part in the celebration, although we note, in the Londan *Times,* that the Prince of Wales announced that a new nurses' home was nearing completion and that a new wing would shortly be added to it, a statement that would cause any American nursing school administrator to feel akin to the nurses of St. Bartholomew's.

Although American nursing history is very brief, we too share in the traditions of England's glorious achievements.

The Dearth of Instructors

THE shortage of instructors is perennial. It is always most acutely felt at this season when our schools are

[1] Nutting and Dock, Vol. 1.

settling down to another year's work. This dearth, like other shortages in our profession, is due in part to increasing demands. Three other factors enter into the situation. They are the anomalous and unsatisfactory status accorded instructors in some of the schools; the relatively large amount of preparation demanded by the very nature of the work; and the failure of the schools to recognize their obligation to produce instructors. It is this third factor we would discuss here.

During the school year about to open, Senior nurses will be influenced for or against the various specialties. Much will depend on the quality of the courses offered. Much will also depend upon the attitude of executives and instructors toward the different branches of nursing. If class work is looked upon as a necessary evil instead of as a basic, vitally interesting and essential element in the education of nurses, there will be little evidence of interest in teaching on the part of the students who are choosing their life work.

Good schools must learn to provide for their own future needs. It is unfair to expect other schools to provide instructors for schools that are themselves sending no nurses into this specialty. It is unsound to expect teacher training institutions to provide instructors for schools that have never sent an alumna on for special preparation. The day may come when we can depend on the university schools for most of our instructors and administrators. That day lies far in the future. The university schools are not yet meeting their own needs.

Good nurses can be produced only by good teachers. Good teachers are still all too rare. The situation can be met only if every strong school makes a distinct effort to guide some of its well qualified students into this field. Scholarships will prove helpful. Opportunities in the Senior year for assisting the regular instructors are highly prized in a few schools. Most vital of all, perhaps, is clear vision on the part of the directors of the schools and frank recognition of their responsibility in the matter. The instructors of tomorrow are among the students of today. These students must be given true insight into the dignity and worth of the work of instructors in order that those temperamentally and educationally qualified may have a sound basis for judgment. The cause cannot be helped by merely deploring the shortage. It can and must be helped by clear sighted administrators who appreciate the fact that if they expect to have instructors they must help a suitable quota of their graduates to secure the necessary preparation for satisfying service in this vitally important specialty.

Alma Mater

THE school that has not knit its alumnae to it by indissoluble bonds of loyalty, affection, and understanding is incomplete. It is missing the vitalizing effect of participation in the achievements of its graduates. Fortunate are the nurses who know themselves to be as welcome at the home school in time of adversity as in time of rejoicing. Unhappy are those who have never experienced the spirit of hominess and helpfulness created by liberal minded, generous hearted and hospitable superintendents.

The feeling that one "belongs" is

perhaps the most gratifying in life. This gift, that of really "belonging," even after graduation, could be more generally bestowed by the heads of schools for nurses. Many are the devices that have been employed to bring about and maintain a happy relationship between school and alumnae. The obligation cannot be cancelled by providing for an annual reunion and then forgetting all about those who do not dwell under the home roof.

One woman of worldwide influence has for many years regularly set aside certain afternoons when it was known to all and sundry of her "children" that they could find a cup of tea and a welcome in her apartment. That woman has had the joy of participating in the achievements of her graduates and in their development. Annual reunions in the school she has long directed are eagerly-anticipated and joyously-shared events, rather than perfunctory duties.

This sharing of experience has been of tremendous worth to the alumnae. It is well to remember that it has also enriched the school itself by stimulating it to increased effort and by returning to the staff successive generations of well rounded women.

Diamonds

"A diamond is a piece of coal that stayed on its job." So runs the legend on the bulletin board of a popular church. It set us to thinking of diamonds in general and diamonds in particular and we discover that we have professional diamonds. These, like the most brilliant of gems, not only adorn but are of great intrinsic worth. They are women of clear vision who, staying on the job year by year and through constant study and effort have added to their usefulness in their chosen communities. These jewels are to be found in all the branches of nursing. Private duty nurses, who have not allowed their early ideals and technic to fall into disuse and who have kept pace with general professional advances while building up large and appreciative clienteles may properly be so classed.

There are some brilliant gems in the public health field. These might properly be described also as prominent citizens so widely known and universally respected are they. Some of those we have in mind are not only actively directing important organizations, but are serving on innumerable committees. A few of them are members of the boards of hospitals and of training school committees and so function as true coördinators in the development of nursing and health programmes of the communities.

Some of the schools for nurses have been fortunate in the long tenure of office in both major and minor positions of women blessed with the gift of growth who have stayed on the job to the great advantage of the schools. Such women exert an influence so widespread as to be incalculable.

Diamonds stay on the job because they must. The really useful women are those who have remained, not because it seemed the easy thing to do, nor because of their own comfort or prestige, but because of their constant awareness of advancements to be made and of opportunities to be grasped.

A diamond is a piece of coal that stayed on the job, but the carbon of which it is composed has had no choice as to whether it would be smoky bituminous or clear burning anthracite coal,

nor yet whether it would be transmuted into the loveliest of all precious stones. In nursing there is always the privilege of choice.

A Question Box

BEGINNING with the October issue, the JOURNAL will carry a department for questions and answers. Every effort will be made to secure authoritative information and only questions of general interest can be given space in the new department. The editors will endeavor, however, to answer questions of individual importance if a stamped and addressed envelope is enclosed.

OUR CONTRIBUTORS

Elizabeth Gibson, R.N., is a graduate of the Eliot Hospital, Manchester, N. H., class of 1912; of the Boston Floating Hospital postgraduate course, and of the four months' course Instructive District Nursing Association, Boston. She has been a visiting nurse in Suncook, N. H.; a Metropolitan nurse in Manchester; an industrial nurse in Manchester; Supervisor of the Concord District Nursing Association, and a Red Cross orthopedic nurse in Nashua. She has had six months of institutional work in Redlands, Calif.

Helen M. Smith, B.L., is the Dean of the College for Women Western Reserve University, Cleveland, of which she is a graduate.

Mary Corinne Bancroft, R.N., is of the class of 1914, Jewish Hospital, Cincinnati, and has held institutional positions since then. She has been Supervisor of Surgery in the Children's Hospital; she was in Government Service, 1918-1919; Supervisor of the Children's Ward, Jewish Hospital; Head Nurse of the Infants' Department, Children's Hospital, Cincinnati, and for the past year an instructor and in charge of infant feeding.

Annette Fiske, M.A., is a graduate of Radcliffe College and of the Waltham Training School, Waltham, Mass., 1903. She was Assistant Superintendent at the Cambridge School of Nursing for two years, and Supervising Nurse for the Milk and Baby Hygiene Association for some time. She has been Instructor in the Waltham School for the past three years. She has devoted much time to private duty nursing,

Mollie A. Hand, R.N., is a graduate of the Norwalk Hospital, Norwalk, Conn. She served for one year as Army Nurse at U. S. General Hospital, No. 30, Rahway, N. J. She is now Industrial Nurse for the Knox Hat Company.

Elizabeth Connolly, R.N., is a graduate of the Charlotte Sanatorium Training School, Charlotte, N. C. She served for one year in the war, being overseas for six months. At present she is Superintendent of Nurses, North Carolina Sanatorium and is a member of the Board of Directors of the State Nurses' Association.

M. Adelaide Nutting, R.N., M.A., Director, Department of Nursing and Health, Teachers College, Columbia University, New York. (See Who's Who in the *Journal* for March, 1922.)

Charles F. Rittenhouse is Professor of Accounting, Boston University, Boston, Mass.

Florence M. Redfield, R.N., M.A., is a graduate of Mount Holyoke College, 1908, and of Grace Hospital, New Haven, 1910. She spent one year at Teachers College, 1919-1920. Her work has been with the New Haven Visiting Nurse Association.

DEPARTMENT OF NURSING EDUCATION

LAURA R. LOGAN, R.N., DEPARTMENT EDITOR

THIRTY YEARS OF PROGRESS IN NURSING [1]

BY M. ADELAIDE NUTTING

I am asked to tell you tonight something of the progress made in nursing during the thirty years since this society was established, and I must acknowledge frankly at the outset that the task is attempted with some hesitation, for the idea of progress is the subject of much discussion these days, and we are not nearly as sure about it as we used to be. What is progress? Is it that kind of improvement which can be measured by statistics? This was the prevailing idea during the last century, says Dean Inge. It was obvious to many of our grandparents that the nation which travels 60 miles an hour must be five times as civilized as one which travels only twelve. I am inclined to think that this would still seem an obvious measure of progress to many of the grandchildren of those grandparents.

Or is progress a spiritual thing? There are those who believe this, and think that human betterment can only come through the development of our spiritual capacities and that all other things should serve as means to this end. And then there are numerous other ideas about it, from those of Wells, who sees only mental progress—a clearing and enlargement of ideas, to others who think progress can come only through science, or through education or through new forms of social organization.

In trying, therefore, to show some of the ways in which nursing has grown to its present stature, I do so with no certainty as to how far such growth is evidence of real progress. It is obvious that at certain stages of our journey, changes were made which seemed to lead in the right direction, but some of the results as we now see them do little to satisfy us of the wisdom of the course then taken. Moreover, we are, I am sure quite too near the past thirty years in which most of us have lived and worked to be able to secure any adequate perspective of our field of labor or the part we have played in it. It would be difficult to bring a dispassionate judgment to bear upon matters with which we have been so intimately concerned. But we can at least trace the main lines of development and follow the sequence of events, for such appraisal as we can bring to them.

The past thirty years in nursing show a period of intense activity, of rapid and continuous development in old and in new fields of work, of a consequent phenomenal growth in numbers and of many new and complex problems arising within the work itself and in our various relationships outside of it.

The earliest schools of nursing in this country were created independently of hospitals by boards or committees with power and freedom to develop the education of nurses as they would. From the beginning that responsibility was largely given over to the hospitals with which they were connected and eventually

[1] Read at the twenty-eighth annual meeting of the National League of Nursing Education, Boston, Mass., June 19, 1923.

transferred wholly to them. What one surveys then in looking back over the developments in nursing is a period of nearly fifty years of almost unrestricted experiment with a system of education in which the school has existed as an integral part of the hospital, created and conducted to serve its needs, with the education of the nurse becoming thereby and inevitably a by-product of her service to the hospital.

Offering as these early schools did a new field of training and occupation for women at a time when such fields were rare, they attracted a large number of students, some of whom were women of rather exceptional ability. The result of their labors was that reform of hospital nursing to which must undoubtedly be attributed in considerable degree the extraordinary growth of hospitals which has characterized the past thirty years

At the first convention held by this Society thirty years ago there were present 44 heads of training schools coming from Canada as well as the United States. As the entire number of such schools was then about 70, this was a good representation. Thirteen states were represented, 9 of them by a single member only. Today there are schools of nursing in every state and large numbers in several of them. There are schools of nursing also in the Philippines, in Hawaii, in Porto Rico, and in Cuba, built up by American nurses. I see that there are now 75 trained nurses at work in far Alaska. So I suppose that schools will soon be on their way there, perhaps, indeed, they are there already.

Altogether there are now recorded about 1800 schools of nursing which have grown up in the rapidly multiplying hospitals of the country during the past thirty years. A picture of their rate of growth is interesting. In the ten years between 1890 and 1900, there were over 400 schools of nursing established in connection with hospitals which arose during that period; in the next ten years, about 700 more schools were created in newly erected hospitals; and in the last ten years just ended, there are recorded a further 600 schools of nursing of similar origin. In all of these hospitals the first imperative need was a good nursing service, and no one saw any way of providing this except by creating schools whose students could form the nursing staff. Of course, the continuous demand for nurses in such large numbers who were capable of organizing schools and of directing their work was obviously an entirely impossible one to meet. These new schools, arising at a rate of nearly two schools a day, had to be built up in various sections of the country out of whatever material was available for the purpose, and the results of that period of hasty growth form a part of our educational problem in nursing today. Think what it meant to a young profession just beginning to develop its educational structure, and to work out its standards of practice, to be forced into such abnormal growth as the fast multiplying hospitals of the period required.

A careful study of the situation will show these schools adjusting themselves more and more completely to the hospitals with which they were connected, more and more absorbed in efforts to meet their manifold and constantly increasing needs. Whichever way hospitals grew, their schools as a matter of course followed in the matter of service required. Never, probably, in history has any institution, philanthropic or

otherwise, had so useful and flexible an instrument of service at its command. Seldom does history record a service of purer devotion, than that which schools of nursing have rendered to hospitals. Naturally, during the greater part of this period there has not been much opportunity for educational development, both because the entire energies of the schools were absorbed in meeting the working demands of the moment, and for other reasons which will be considered later. Yet educational advances have been made and some of them are noteworthy.

It is in the direction of numbers and of enlargement in fields of work that the most noticeable advances have been made. Numerically, indeed, nursing is moving on with a swift and apparently increasing momentum which nothing in sight seems likely to check.

Shortly before this Society was formed in 1893, there were not 500 graduate nurses in the whole country. The last census shows about 150,000 graduate nurses, trained and registered, and it is of interest to note that a very large proportion (80 per cent) of the whole increase of women in all professional service was found in just two pursuits—nursing and teaching. It is of further interest for us to realize clearly that we have now reached a stage where we are graduating approximately 15,000 nurses annually, and that the certainty of increasing the existing number by 150,000 at the end of the current ten-year period offers something to think about. Even with any degree of depreciation that seems likely to occur, there is more than a reasonable outlook that we may all live to hear the last faint echo of the final cry of a shortage of nurses.

The expansion of the field of nursing has been extraordinary and is still going on. Its extent and diversity can only be roughly indicated here. Within each field there is found a good deal of elaboration and specialization, most notable perhaps in hospitals and training schools where the single official who formerly directed the nursing service and did all the teaching there was, has given place to a whole hierarchy of assistants, supervisors, (one hospital has three distinct types of supervisors), instructors, and special workers. The Bureau of Occupations at Nursing Headquarters listed recently thirty different kinds of work for which nurses with some form of special training or experience were required.

Medicine is steadily transferring to nursing, duties and procedures hitherto performed only by physicians. The giving of anaesthetics, for instance, has been in some places turned over entirely from physicians to nurses depsite the fact that laws in other sections have been enacted forbidding it. A recent article by Dr. Goldwater proposes the passing over to nurses of an entirely new range of duties now the province of the medical interne, and shows how in certain hospitals this transfer is already going on, such nurses becoming known as clinic assistants. In public health work, which offers a new and apparently almost limitless field of activity for nurses, there are several quite distinct branches of work calling for special preparation, such as School Nursing, Maternity and Infant Protection, Rural Nursing, Industrial Nursing, and others.

The Public Health movement did not create the public health nurse, it found

her at work in her district nursing the sick, watching over their families and the neighborhood, and teaching in the homes those sanitary practices, those measures of personal and home hygiene, which do much to prevent disease and to promote health. Such visiting nurses whose teaching was a cardinal principle of their work were occupied in at least fifty communities when the public health campaign was set in motion. But forty years before this date, the work had its origin in England as one of the first results of the reform in nursing then taking place. The duty of inculcating hygienic habits in home life was always as incumbent upon the district nurse in England as her actual care of the sick. The importance of this kind of teaching is hardly understood until one sees it in the light of the modern public health movement and realizes that it has become a cornerstone of that whole structure. The nurse familiar with the ravages of disease becomes your truly zealous crusader against it.

There are now about 12,000 nurses engaged in some form of public health work and the usefulness of their efforts so far has created a steady demand for more of them and for the kind of preparation which will enable them to contribute more fully and effectively to the growing needs of the most promising field which nurses have as yet entered.

A most important phase of progress has been the development of nursing associations. The formation of the Society of Superintendents was the recognition of problems common to all nurses, which could not be handled in any isolated effort, and called for their united energies; one of its avowed purposes was to foster the creation of a national association of trained nurses. A few training school alumnae associations were already in existence, and within a few years there arose: first, the Nurses' Associated Alumnae, which later became the American Nurses' Association; then there followed in rapid succession the organization of state nurses' associations which, within a comparatively brief period, were formed in every state. With these organizations began, in 1903, the first attempt through appropriate legislation to bring order out of the chaos in educational standards, methods and ideals, which had resulted from the rapid and uncontrolled growth of training schools for nurses, over a long period of years. The laws secured are very modest in all of their requirements, and most of them are as yet permissive only. Their educational standard is a moderate one,—in most states one or two years of high school is called for, followed by two years of hospital training, as a rule accompanied by a very slender body of formal instruction.

The entire profession of nursing is now organized very much after the fashion of the medical and other professions. Every state has its body of practicing nurses, its schools for training them, its associations of nurses, its laws regulating the practice of nursing and in some small degree the preparation for it. There are three National Associations and an International Council of Nurses of which fourteen countries are members and which has held conferences in London, Paris, Cologne, and San Francisco. It is now gathering itself together following the suspension of work during the war, and holds its next congress at Helsingfors, Finland, in 1925.

Nursing has also developed something in the way of a literature. Thirty years ago there were but one or two very elementary books on nursing, now several eminent publishing houses vie with each other in ministering to the needs of student nurses. One of the generous contributions of medicine to nursing is the array of text-books for nurses written by physicians, particularly those on the sciences.

There are two or three excellent nursing periodicals of national scope, and several state and alumnae publications.

Thus roughly reviewing the general growth and development in nursing, we reach the most important element in the situation,—the school of nursing. Contrasting the conditions in our leading schools today with those of the past we may well feel that great advances have been made. Measuring them by the changing need in the large and growing field of work occupied by nurses, or by any generally accepted standards of professional education, they must seem relatively small. It is little wonder, however, that they seem large to those who have labored to secure them, and know how slow and difficult the process has been, and how precarious often the gains made. For against suitable educational and other requirements for admission the hospital sets its imperative need for large numbers of workers irrespective of the fine shades of qualifications; against reasonable hours of duty for student nurses, it holds up the undeniable necessities of the sick, for nursing service. There is a clearly discernible tradition still lingering in most hospitals that every hour the nurse spends in class room or study is taken away from the patients to whom by right it belongs. Against the indispensable costs in any deserving scheme of education the hospital opposes its lack of resources for such purpose. But costs must be placed somewhere. They are incurred in a measure for every act, and are as inevitable as death. Somebody always pays,—and schools of nursing which in the very nature of things should be a matter of constant and appreciable expense, have been for years through the services of their students contributors to hospital incomes.

In a sense the superintendent of a school of nursing is ever at war with herself. She is not only director of the school, but of the nursing service and her desire to take good care of the sick is presumably as great as to provide adequate training for her students. In her battle-field which the hospital is, she holds conflicting responsibilities. The balance between them is struck with difficulty. Hospitals should be placed in a position to pay for such nursing and other services as they require and the value of the services of students should not enter into the situation. Upon the school of nursing in the final analysis all true progress in nursing must depend. Its standards and methods and its ideals are matters of serious moment, not only to nurses, but to all who are or may be concerned with sickness or the safeguarding of health,—in a word, the entire subject.

The education of nurses has long been a favorite subject for controversy, but it is not always realized that schools of nursing hold a peculiar relationship to hospitals, whose needs and interests they have so universally been created to serve. They have not, therefore, either the freedom, the power or the resources

to deal adequately with their very complex educational problem, or to develop their schools beyond a certain point. This should always be remembered in any discussion of their work. In estimating genuine and permanent advances of recent years, the most outstanding would probably be found in the better quality of teaching and supervision, and in the enlargement and wider range of instruction. The employment of trained teachers in schools has now been going on for about ten years, and is steadily increasing, and this, together with the introduction in 1914 of a curriculum for schools of nursing has helped to strengthen teaching materially in nearly every subject.

The preliminary courses which offered something in the way of a reform twenty years ago are now found in most schools of good standing, and they have done much to insure at least a minimum of sound teaching in the sciences.

Hours of duty are still a most serious problem. With the exception of the State of California in which student nurses in hospitals come under the provisions of the eight-hour law, the eight-hour day has made slow headway in hospitals generally. A nine-hour day is still the working day for students in the majority of hospitals, and twelve hours the all but universal system for night duty.

There is no one condition which stands more squarely in the path of progress in nursing than this survival of long hours for student nurses in hospitals. It is difficult to refrain from asking why they should be longer tolerated in institutions devoted to the saving of human life and health. One would naturally expect the whole purpose and spirit of hospitals to find appropriate expression in measures for conserving and safeguarding the strength and energies of those whom they employ.

The difficulty in giving the desired amount and variety of instruction within the two-year course led to the extension of that course to three years. This was begun with the highest hopes of effecting numerous improvements in the whole scheme of training; but as time went on, it became increasingly clear that the third year was of great importance to the hospital, but of most uncertain benefit to the students as a body. The third year was virtually swallowed up by the hospital and became largely an added year of experience often in services in which the student had already spent her required number of months.

Those with some promise of executive ability were placed in charge of wards or other departments, spending from six to ten months in this capacity. The length of the period of night duty, already too long, was extended, sometimes to ten or eleven months, as was also almost universally the length of the period of service in the private wards either on general or special duty. Except in a few instances, no new branches of training were available, and no resources to develop new courses of instruction or to find adequately qualified teachers for them. The amount of theory offered in the third year is sometimes less than half of the amount given in the first and second years, and the school is evidently put to it to find either subjects or teachers to fill this period creditably with instruction. The work of the third year must either be required or elective. If required, then

the training and instruction given must offer equal opportunity for all. Now the electives offered are few, suited only to the capacities of a small number and are chiefly in the form of experience unaccompanied by any appropriate instruction.

Eventually, after several years of trial, it seemed evident that a proper use of the students' time was probably impossible, and that the attempt to improve the education of nurses by thus lengthening the course of training was not under the existing system a sound or just policy. To me, at least, it finally became entirely clear that we had not made the best possible use of the two-year period of training before embarking upon the third year, and that what we now must do was to retrace our steps and study carefully the whole of the work in the two-year course with the view of finding out just what could be done to make the best possible use of the students' time. It is because I take the ground as the Report does, that the training school must remain for some time to come with the hospital, as it now is, though I hope with increasing freedom to pursue its work, that I am willing to see the three-year course to which I looked forward years ago with ardent hopes, reduced to a period which can be properly used within the hospital. It is not against three years of training in itself, but three years within the hospital that one finds oneself ranged. The appeal made by the Society of Superintendents of Schools of Nursing to the Carnegie Foundation in 1911 to make a study of the work in schools of nursing testifies to our growing anxiety over our educational problems which we seemed powerless to solve unaided. That foundation was then otherwise engaged and could not help us. Ten years later, however, such a study was in progress. The developments in the field of nursing had reached a stage where a serious study of the methods of training had become imperative and financed by the Rockefeller Foundation, directed by a Committee representing medicine, nursing and the laity, the entire system of education in nursing has been subjected to careful scrutiny and impartial evaluation. The study has occupied three years, was conducted by experts in various branches of education, and guided by a trained investigator of eminence in her particular field—Josephine Goldmark. This study with the full report which has just been published is an event of the first magnitude—and it is difficult to estimate in any adequate way the effect which it will have upon the whole nursing situation. Already it has clarified to the public mind a number of obscure or complex issues, and has served to set in motion that discussion and consideration of the desired changes in method which is the first step toward their realization. Every nurse should not only study this report, but should bring it to the attention of as large a number of others outside of nursing as can be reached. The Report should be in the hands of all hospital trustees and of physicians concerned with the education of nurses.

There is one point in the report which we must not overlook. Nursing has always cut a wide swath in its own conception of its task, and has brought thereby within the range of its efforts much that had little to do with nursing, and also a good many patients whose ailments were not such as to require the

skilled care of a trained nurse. Having accepted the idea that trained attendants are necessary in the care of certain mild forms of sickness, it is incumbent upon us to live squarely up to our convictions. We shall need to apply the same zeal, energy and resourcefulness in our efforts to train attendants that we apply to our other problems. There should be a committee at work on this matter in every state, selecting suitable places for training, working out appropriate ways of finding a suitable supply of applicants, advising and guiding every step of their training, and continuing to safeguard their practice and working lives in every practicable way in order not only that those who employ them, but that these workers themselves may be protected.

Surveying the course of events during the years in which we have been struggling with our educational problems, one is tempted to wonder if the decisive moment in our educational progress may not have come unseen and unrecognized on the day when some part of the education of nurses passed out beyond the hospital and into the university, into an institution which did not need or desire to make use of the services of students, the day when Isabel Hampton with the support of this Society prevailed upon the Dean of Teachers College to open the doors of that department of Columbia University to graduate nurses. For within a few years an organized body of instruction for nurses was built up there, a professorship in nursing established, and the first endowment for the university education of nurses received, through which the college was enabled not only to develop its existing work, but to lay the foundation for the training of public health nurses. Within a few more years, that valorous friend of nursing, Dr. Beard, has brought about the establishment of a university school of nursing in Minnesota, and now this has been followed by similar schools in other states, you all know. The past few weeks have seen another step forward in the founding of two more schools of nursing, on a distinctly new basis. These are the schools at Western Reserve University, Cleveland, endowed by Mrs. Chester Bolton, and at Yale University by the Rockefeller Foundation. Greatly as we have rejoiced in every new link which connects nursing with the university we have here cause for deeper satisfaction. Schools of nursing in the past have all lacked two great essentials, first, adequate funds for their support; second, an administrative body charged with the responsibility of conducting educational work. What sets this new school at Yale University far in advance of any other in its possibilities is that it has seen these two conditions as fundamental to the proper education of nurses. The school is to have its own funds (I deliberately put these first), its own Dean, faculty, buildings and equipment. Although the plans are not fully formulated, there is little reason to doubt that the school at Western Reserve University will follow a somewhat similar plan.

So at last we have reached the stage where these things, the every day conditions of other forms of professional education are now to be applied to the education of nurses. The school at Yale University is avowedly committed to an experiment, a much needed and most important one in our educational field. Our Miss Goodrich, who has undertaken

this task is by temperament and habit a pioneer and a resolute and adventurous one. She has no fear of treading any new path. Her capacity for brilliant leadership is well known, and her long and richly varied experience in administrative tasks in nursing will enable her to make the fullest possible use of the inspiring opportunities and resources before her. The loss at Teachers College of her devoted work for our students is very great. There is no one who can take her place. There never, in fact, could be anybody to do that. But our interest in the important educational experiment she is courageously attacking is almost as great as her own—our anxiety to help forward experiments and advances in the education of nurses is part of our very being, and of our reason for existence.

The picture of the growth of nursing as I have tried to sketch it outlines only main factors in our progress and not all probably even of them. How coldly bare and formal it all sounds in the mere recital, how full in actual life it has been of warm devotion and of splendid energy of heroic tasks carried through with unfaltering courage and of common daily tasks patiently and faithfully fulfilled. Our golden age, however, is not in the past, it is in the future, and the best inheritance we can carry over from the past is the spirit which has brought us through these difficult years, with undiminished courage and unshaken faith in the beliefs and principles for which we have striven, the spirit which leads one to seek ever for a better way, leads one to question, to search, to grope for the right solution to the difficult problem. Guided by it one may falter, one may fall, but the spirit which giveth life survives error, survives even failure. It alone leads to progress.

"Why should we expect to do the work of the Universe in a lifetime? We can't do that, but we can do a lifetime's work in the Universe and be glad."—Samuel McChord Crothers.

AMERICAN EDUCATIONAL WEEK

The American Legion, the National Education Association, and the United States Bureau of Education are urging that the week beginning November 8 be devoted to considering the need for better education for the children of America. Coöperation is asked of all ministers, mayors, newspapers and magazines, merchants, moving picture theatres, etc. The special topics suggested for the week are: Sunday, For God and Country; Monday, American Constitution; Tuesday, Patriotism; Wednesday, School and Teacher; Thursday, Illiteracy; Friday, The Community; Saturday, Physical Education.

DEPARTMENT OF RED CROSS NURSING

CLARA D. NOYES, R.N., DEPARTMENT EDITOR
Director, Nursing Service, American Red Cross



The Theatre of Herodus Atticus, Athens, Greece, where the members of the American Red Cross were decorated by the Greek King on June 26, 1923.

AMERICAN RED CROSS NURSES DECORATED BY KING OF GREECE

ONE of the most spectacular events which ever attended the withdrawal of the American Red Cross from a foreign country was the fete held on the 26th day of June by the Mayor and citizens of Athens, Greece, in appreciation of the response of the American people to the need of assistance which beset Greece with the influx of the Smyrna refugees.

The fete was held in the ancient Theatre of Herodus Atticus, an open air auditorium built 160 A. D., on the side of the Acropolis. The entrance was draped with Greek and American flags, and in conspicuous places stood the King's guards in their picturesque white kilted costumes and red caps.

The programme included addresses by the Mayor of Athens and the Minister of Public Assistance, with whose department the work of the American Red Cross has been closely associated. Colonel Wm. H. Haskell, the American Red Cross Commissioner to Greece, responded with a short address.

The music included the National hymns of America and Greece, rendered by two military bands and the best orchestra of Athens, while one of the



King George of Greece entering the Theater of Herodus Atticus for the celebration in honor of the American Red Cross and the decoration of its members.



Mrs. Charlotte M. Heilman receiving the congratulations of the King of Greece.

most attractive features of the celebration was the singing of "Douce Patrie" (from Aida) by a young Greek woman who stood in one of the niches of the old wall and entranced by her statuesque grace and beauty, which were as classic as her song.

Decorations were presented to the members of the American Red Cross Staff by the King, the Prime Minister, and the Minister of Public Assistance. To the American Red Cross was awarded the Grand Cordon of the Order of the Redeemer; to the Chairman of the American Red Cross, Judge John Barton Payne, the Grand Cordon of the Order of King George I; and to the Director of Foreign Operations, Colonel Ernest Bicknell, the Cross of Knight Grand Commander of the Order of the Redeemer.

There were thirty-nine decorations awarded, and ten of these were bestowed upon the American Red Cross nurses whose work in that sorely beset country has been watched with great interest by the nurses of our own: Mrs. Charlotte M. Heilman, Director of Nursing Service for Greece; Christine Nuno, Assistant Director of Nursing; Alice Carr, Mary Weiss, Stella Mathews, Lily Smith, Eleanor Dove, Anna Edison, Rose Regina Schaub, and Mrs. Byrtene Anderson. Mrs. Heilman, Alice Carr, and Lily Smith are graduates of the Johns Hopkins School of Nursing, while the others nurses are from Schools of Nursing connected with the following hospitals: Miss Nuno, St. Luke's, New York; Miss Weiss, the New York Post Graduate Hospital; Miss Mathews, Knowlton Hospital, Milwaukee; Miss Dove, the Robert Garrett Hospital, Baltimore, Md., 1913, and Bellevue, New York, 1919; Miss Edison, Boothby Surgical Hospital, Boston, Massachusetts; Mrs. Anderson, West Ellis Hospital, Chattanooga, Tenn.; and Miss Schaub, the Jewish Hospital, Philadelphia.

Items

Elizabeth G. Fox returned to National Headquarters the last of July from her recent trip abroad. We call attention to her article in the August 4 and August 11 issues of the *Red Cross Courier*.

Marion G. Parsons and Blanche Kacena have recently returned to America from the Prague School of Nursing. This work is now well established, and the American nurses are being withdrawn, leaving the School under the direction of the Czechoslovakian Red Cross. Miss Kacena will take a few months of rest before deciding upon future plans, and Miss Parsons will spend some weeks in study at Teachers College, Columbia University.

Lena Margaret Johnson and Emily Skorupa recently returned from American Red Cross Service with the School of Nursing at Poznan, Poland. Their accounts of the present European situation were most interesting, albeit somewhat disturbing as well. They told of a recent visit of Marshal Foch to Poland, his review of the Polish Army of 200,000 soldiers, and his urgent advice that the Army be raised to 600,000 men as soon as possible. Miss Johnson's plans for the future have not yet been definitely decided. Miss Skorupa will in all probability return to the field of Public Health Nursing.

Mary H. Bethel has returned to America for a vacation. She was re-



The Prague School of Nursing, Miss Parsons and Miss Kacena seated in the center.

leased two years ago from American Red Cross Service in Europe to the American Hospital, Constantinople, where she has since served as Assistant Superintendent of the American Hospital and School of Nursing. To this position she will return upon the completion of her rest in America.

All nurses will be interested in learning that the Delano Red Cross Nurse Fund has ben augmented to provide for three new services. One of the nurses when chosen will be assigned to Buchanan, Virginia; a second to a group of three counties in Idaho, while $3,000 has been added to the amount available for the establishing of another service where most needed. The Delano Red Cross Nurse Committee plans to extend this activity as rapidly as funds permit.

APPLIED KNOWLEDGE

A nutrition worker writes: "You may be interested in an experiment made by three little boys in a rural home in this county. I use the 'Rat Chart' of Dr. McCollum's a great deal. After showing this in one school where three brothers were much underweight, they went home and told their mother all about it. She rather laughed at the idea, but they insisted that it must be true. They happened to find two very hungry, small kittens, so they asked their mother to let them try what cream would do to make them grow. They fed both the cats separated milk, but one had a tablespoon of cream at each feeding. In telling this, the mother said, 'We had great fun about it, but just look at the difference in the kittens. I now give my boys whole milk.' "

DEPARTMENT OF PUBLIC HEALTH NURSING

A. M. Carr, R.N., Department Editor
National Organization for Public Health Nursing

SOME SALIENT POINTS IN TUBERCULOSIS NURSING[1]

By Florence M. Redfield, R.N.

IN discussing some of the salient points in tuberculosis nursing, I speak from the point of view of the public health nurse who serves her community through bedside nursing, through her care of well babies, as well as sick, through her consideration of and help in all phases of the tuberculosis situation.

Tuberculosis nursing is so all inclusive that it is difficult to pick out a few points and consider these the most important. There are, however, three or four that we may never forget if we would make any impression on the work to be done.

Tuberculosis is a communicable, chronic disease. There may be active and inactive phases. This means that in our dealings with every active case we must use, and teach the family to use, the same precautions that we would employ in any other communicable disease. The modern technic of concurrent disinfection is not offensive or difficult as were more ancient methods. It involves primarily common sense and absolute cleanliness. Most people do not realize what is meant by absolute cleanliness, but they can learn. With less difficulty that at first appears people can, if they will, form habits of hand washing, dish washing, and disinfection of discharges and clothing, which will protect the family from common colds and sore throats quite as well as from tuberculosis.

In this connection it is quite evident that the nurse must not only practice good technic but must also know how to teach it. Teaching is much more than merely presenting so much information to be accepted by the pupil. A psychologist recently said to us:

> It matters little how hygienic is the milk and the cup in which it is offered. It must be presented in such a way as to be attractive, desired, used, if it is to build up strong bodies.

So with our teaching. The information must first cross the bridge between teacher and pupil; often a weary journey through mazes of language, custom prejudice. If we would send our ideas abroad we must learn, then, to clothe them so that they arrive neat, simple, so enticing, that to try them is a temptation our pupils cannot resist.

There are various helps to make our teaching attractive. If a nurse is so fortunate as to have the school nursing in her community, there are delightful health booklets, health games, songs, in addition to the Modern Health Crusade.

In one of the outlying towns our nurses are carrying the school nursing as part of the generalized programme. The Modern Health Crusade is well organized and is producing satisfying results. The school rooms are considered cities, each with its mayor and a health officer for each row of seats. This letter from one of the health cities reflects the general attitude of the pupils.

---

[1] Paper read at the Tuberculosis Institute held at the U. S. Veterans Hospital No. 41, New Haven, Conn.

Feb. 28, 1923.

Dear Miss Smith:

How are you? I am the Mayor of Room two. Our Crusade is getting better and better every day.

We are all out in the fresh air and all are healthy. We are all doing our chores each day. We have our chore cards in School now. We all like the chores. They are not hard at all.

I will be glad when summer comes.

Yours truly,

Eugene.

This boy is next to the youngest of a family of seven children whose mother died of tuberculosis three years ago. It is essential that he should practice good health habits. He is, as you see by his letter, learning them easily and happily as a game.

With the mother of the household, the work of disinfection must be simplified so that she is not overburdened. Boiling all dishes, rinsing with hot water which will evaporate as the dishes are turned out in a rack is not a difficult way of "doing" them, if one forms the habit. It requires a little more space, but less actual attention of the dishwasher, and saves the laundering of many dish towels. From the view of the public health nurse, it kills germs of all sorts and tends to avoid contamination from dirty towels and hands. The average housewife must be convinced with difficulty that it is not more work than the method her mother taught her, or that clean dishes drying in a rack on the sink drain do not make the house untidy. The ingenuity of the nurse in saving time and work for the housewife may mean winning the fight which otherwise would be lost.

All active cases are centers of infection, and for each one it is probable that there are an average eight persons who have been exposed. It is these contacts and the early cases developing outside of the known contact groups that constitute our greatest opportunity. For tuberculosis is preventable and curable in the early stages. Whether or not a cure is effected depends upon the physical ability of the patient to build up his body tissues faster than the disease germs break them down. The earlier in the course of the disease war is declared, the better the prospect of victory for the patient. Success usually involves discarding a set of ready made habits and forming an entirely new set. This is hard work for patients, friends, and medical advisors. Hope acts as a spur, and the result justifies the effort.

Although we are all exposed to infections of various sorts we do not always become ill because we have a specific immunity for a given infection or because we possess a physical, mental and moral tone which tends to throw off all which does not contribute to that tone. In combatting any communicable or preventable disease, or in striving to attain positive health, the primary object is to develop such a physical tone. So, in our tuberculosis work, while we care for the bedridden patient to the very best of our ability, we also aim so to build up the general and specific powers of resistance of other members of the family that they may throw off easily whatever they have received of tuberculosis infection.

Practically all highly civilized peoples have so good a resistance to tuberculosis that the disease is slow in developing to a recognized degree. Our contact patient may have been exposed very slightly for a short period to the disease and therefore be unlikely to develop an

active condition. On the other hand, he may have been most intimately associated with an active case for a long period of time and have received so heavy an infection that he is likely to break down on the slightest provocation, or none. Nature may maintain the balance in favor of health as long as she has no additional strain to overcome. But if living or working conditions are not good, if an acute illness occurs, if overwork and worry become habitual, her attention seems to be concentrated elsewhere and that tuberculosis infection progresses by leaps and bounds.

To prevent the development of an active tuberculosis is really the task of the infected person, but the nurse must teach him how to do it, encourage and at times maintain his moral ability to do it, see that in some way or other he secures the material aids necessary, and never once think of letting him slip back until he is husky enough and old enough so that the possibility of active trouble is very remote. By that time he will have formed such good health habits that it will be easier than not to follow them the rest of his life.

The detailed programme which this care and supervision of tuberculosis contacts involves is just the same as that required to build up a healthy body resistant to disease of any sort with perhaps one exception. There *must* be periodic chest examinations. Now that all public health workers are teaching an annual complete physical examination for everyone, the programme differs less than formerly. The frequency of chest examinations required must of course be determined by the physician. The frequency of visits from the nurse must be determined by consideration of many factors, such as the condition of the patients and the ability or inability of the family to meet independently the needs of the patients without sacrificing the welfare of other members. I have yet to see a truly satisfactory schedule. Probably nowhere have we had sufficient funds, workers, and moral backing to do as much as we would like to do.

The need for observing even small signs and for watching the child over a period of years is well told in an article in The World's Health for December, 1922, The Protection of Children against Tuberculosis, by Dr. F. Humbert.

It has been demonstrated that between the time of infection and the appearance of the first symptoms of the disease a period can be distinguished by minute and prolonged observation during which the reactions of the body are definitely modified, and it is important that the child should be carefully watched during this period. In very young children the symptoms which may give the first alarm are those connected with growth, temperature, weight, and digestive functions.

In the school age period, all physical details are important. A writer in the first century A. D. has described the general aspect of the patient predisposed to tuberculosis, the striking whiteness and transparency of the skin, the length and slenderness of the neck, the narrowness of the chest, the projecting shoulder-blades, the general emaciation, the development of superficial veins; the gentleness of expression. Besides these superficial indications there are others. Sometimes the child is small for his age, pale and sleepy-looking; more often he has "shot up" is tall, slight, round-shouldered and with head drooping forward. His chest is narrow, his arms are thin and his bones fragile; his legs are long, with prominent knee-joints and tibias a little bent; his feet and hands are bony and his abdomen a little swollen. The tissues are flabby and without substance; the child moves slowly; his attitude reveals fatigue without cause; he is very sensitive to cold and shivers when undressed. The skin often shows minor lesions

which are small but persistent and subject to relapse. The nose and back of the throat often appear abnormal; the superficial glands are enlarged; search must be made by careful medical examination and by radioscopy for changes in volume of the glands situated inside the thorax. The digestive organs are often out of order; the appetite is irregular and failing, the child exhibiting repulsion for simple, healthy food. He may suffer from abdominal pain due to internal glandular enlargement; the action of the heart may also be irregular. In a word, there are a multitude of signs and symptoms which, taken together, will determine whether the child, is, or is not, on the threshold of tuberculosis. The fact must be insisted upon that one examination alone is nearly always isufficient to arrive at a definite diagnosis, and that periodic and prolonged observation is necessary in the majority of cases.

The more these signs and symptoms are studied, the more it becomes evident that what was formerly styled predisposition is often really deterioration due either to the direct action of the bacillus or to the poisons secreted by it, and that these symptoms should be regarded as direct manifestations of disease and not considered as constitutional weakness against which it is useless to fight. Optimism is a rule in preventive medicine: even symptoms of hereditary disease—pretended or real —can be cured when they are taken at the outset. But to do that continual detection and grading are necessary.

It is manifestly impossible for the nurse doing tuberculosis work to carry out alone the necessary care for active cases, the educational and supervisory support for contacts, and the general education of the public. Inasmuch as her goal is the same as that of all public health nurses and the detailed method of work includes those of communicable disease control, acute bedside nursing, child welfare work in all phases, industrial hygiene, the problems of indoor and outdoor relief, family social case work, and an infinite variety of other community welfare endeavors, her contact with other workers in the community is very close.

Upon her attitude toward these other workers, and the spirit of partnership which she can inspire in them will depend to a large extent the success of all. I do not mean to imply that the tuberculosis nurse must go all the way to meet the fellow worker. But everyone should, I think, aim to go more than half way. When we stop to consider that we have gone far enough, we are likely to lose that cordial relationship without which the tuberculosis patient and his family suffer. For after all we are all working to the same end, and there should be no quibbling or hard feeling as to duplication of visits, or which patient belongs to which organization. There should exist between the various groups of workers and their respective employers so friendly a spirit that the question can be frankly discussed and settled according to the character of the organization for the best good of the patient. Then when that point is settled, we all need to recognize the unquestionable right of the public authorities to come in to any of our families. There should be worked out a certain uniformity of teaching in order not to confuse an already confused family by apparent rather than real differences in directions. But ever bearing in mind that it is the duty as well as the privilege of public officials to take all steps needed for control of every communicable disease, we can hardly feel that they intrude when they call upon families who are old friends to us in private organizations.

The interdependence of the specialized and generalized workers is a fact

we often forget. We become absorbed in our own detailed task and fail to look beyond it to the broader aspect of community welfare. In tuberculosis work this is of particular importance. Consider for the moment your problem as Veterans' Bureau nurses and mine as a generalized nurse employed by a private organization. You visit a given individual with a positive diagnosis and recommendations. You know, or at least your Bureau knows, his personal history, and you are sent out to see that he follows recommendations. You have little or no time in which to give bedside care to him or to another member of his family who may be ill. Many times you do not see the other members of his family. You are chiefly concerned with the detailed task assigned in connection with the one individual. If you are interested in the community, you must consider the people with whom this man comes in contact. You cannot fail to be concerned regarding his young wife and newborn baby. Or perhaps there are several small children and his wife must go out to work to supplement the allowance granted her husband. This leaves the father too sick to work, but still trying to keep house. To whom can you turn for help in this need? To a Visiting Nurse Association. Gladly will a nurse be sent in response to your request. She will serve that family individually and collectively. Here in New Haven we can also at need send a Home Economics worker to help the man and his children organize household duties and marketing so as to make a dollar go as far as possible, and accomplish the work of the home so that health may be protected.

On our side, if you do not report to us the families of your patients no one will, in all probability, until someone is too ill to be really helped. You know the patient now; you visit him; you know of what his family consists and their living conditions. You lack time to give the ten or more years of continuous supervision which the ultimate health of those children demands. We have the facilities for giving bedside care and advisory for the whole family; we do not know the patient or his needs. As we work independently, we leave great gaping holes in the work to be done; as we work together, we more nearly cover the immediate tasks in a way which lays a good foundation for the future.

When we have cared for the active case of tuberculosis, protected his immediate associates from the disease, taught the patient and those with whom he has come in contact how to build up their resistance so as to win the individual fight for health, learned how to pull with the whole team of community workers, there is still no easy task awaiting us. For we must so record our work that the generation of nurses following us will know what we have done, how we have done it, and may learn from the results they see what mistakes of ours to avoid in order to accomplish still more. Tuberculosis records cannot be written for to-day, they must be written for to-morrow. The face of the individual or family history should picture conditions as they are at the time of the nurse's first contact with them. This should include a brief statement indicating specific economic and social conditions, as well as housekeeping habits and physical condition of each member of the family. The history

Chart of Family that has been in Contact with Tuberculosis

Improving △
Normal ★
Predisposed ▲
Incipient ●
Died ▬

CHART 1

1919



1919	★	▲	▲	●	▲	▬	●
1920	★	●	▲	●	▲		●
1921	★	●	▲	△	▲		●
1922	★	▬	▲	△	★		●

Chart of Family that has been in Contact with Tuberculosis

CHART 2

Improving △
Normal ★
Predisposed ▲
Incipient ●
Died ▬

1918



1918	★	★	●	▲	▲	▲	▲
1919	★	★	●	▲	▲	▲	▲
1920	★	★	●	▲	▲	▲	▲
1921	★	★	△	▲	▲	▲	▲
1922	★	★	★	▲	▲	▲	▲

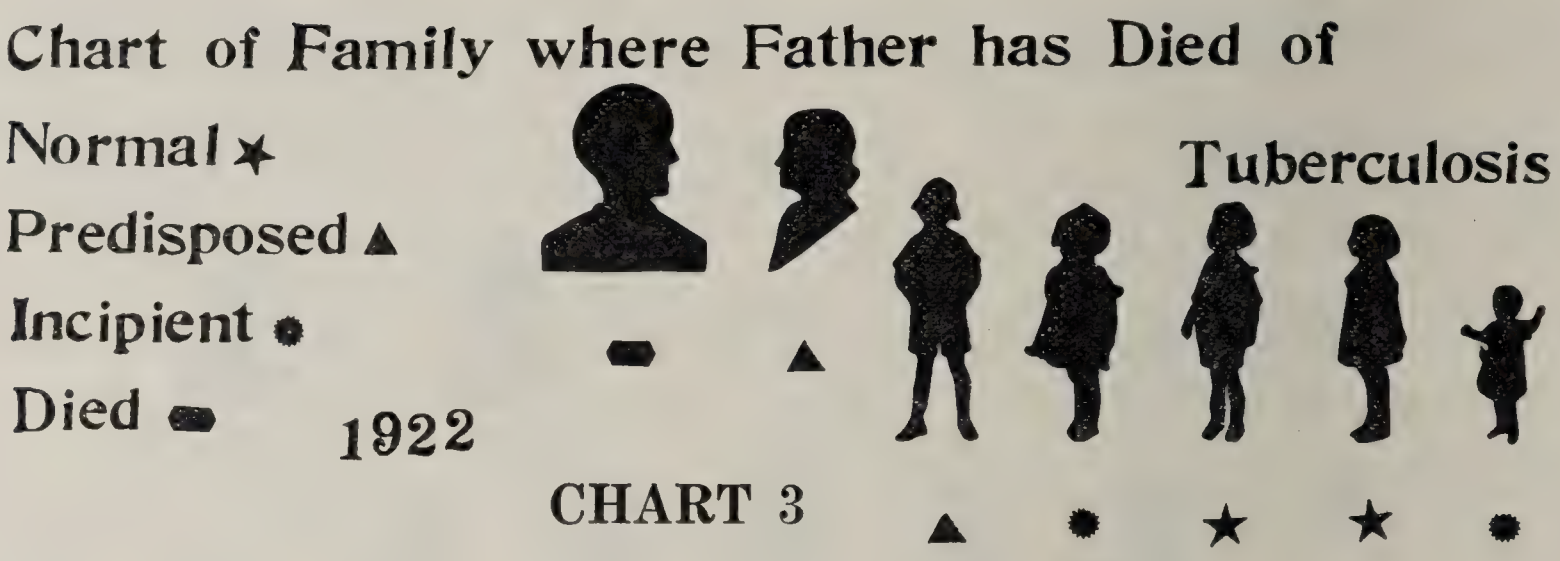


CHART 3

should be searched for possible tuberculosis infection or contact with active tuberculosis, and the result noted. Subsequent history should concern itself generally with such facts as will be of real value five or more years hence, for a tuberculosis family must be carried usually ten or more years, until the children are all adults.

Charts 1, 2 and 3 represent families in which the father has died of pulmonary tuberculosis. In all three the mother and children had been in close contact with the father during his illness and were in varying states of health at the time of his death. Upon the death of the father all other members of the families were admitted in our records as contact cases. In Chart 1, the mother and one child are the only ones who could be considered normal. Two were diagnosed incipient cases, three predisposed, the next to the youngest died very soon after the father. After four years conditions are far from satisfactory in this family. The baby is still classed as an incipient case. The other incipient one has improved but is still considerably below par. One predisposed has pulled up to about half normal, if such a term may be used. Another has remained practically unchanged, while the third developed a positive tuberculosis and died.

The family represented in Chart 2 began with better conditions. Two normal children, one incipient tuberculosis and four predisposed is, however, not an ideal group for a widowed mother to support. In the five years we have known them the incipient condition has become inactive, and the child so far improved as to be practically normal now. The four youngest are still predisposed. In neither of these families is it safe, for individuals or community, to relax vigilant and aggressive work to build up the health of the children.

Chart 3 shows a family in which the father has recently died and in which the mother is predisposed. With two children diagnosed incipient, one predisposed, one about half normal, and only one of the six normal, what situation will we have four or five years from now? Without careful supervision and advice from a nurse, what chance has the one normal child for remaining normal? These are all typical of what so many nurses refer to as "only contact families."

The public has a right to require that we shall be able at any time to state from our records the health conditions

of each member of those families we have carried for a number of years. Failure in this respect may not indicate lack of results, but it does indicate real failure. It shows a certain lack of appreciation of the responsibility we owe the public which supports our work and also that we fail to use the very best publicity methods for securing more money, more workers, and more voluntary patients; namely, the accounting of results achieved.

Summary:

We need then, to remember 5 points.

(1) That every active case of tuberculosis is a focus of infection to be treated with a view of preventing the spread of disease and with a view toward the recovery of the patient.

(2) That the tuberculosis nurse is a teacher.

(3) That in our work with contacts lies our greatest opportunity in preventing the development of active centers of infection.

(4) That we must cultivate the most hearty coöperation with all other social agencies, to ensure the complete welfare of our patients.

(5) That with all these, we still fail if we do not give an adequate intelligent and intelligible account of our stewardship.

PRACTICAL SUGGESTIONS

Nurses on duty in operating rooms and obstetrical wards will find that ordinary baking soda on a damp cloth will remove the brown stains on pans, etc., which come from the boiling method of sterilization.

I met an emergency case of burns on hands and forearms quite satisfactorily, with great relief to the patient, by immediately applying white of fresh eggs to burned parts and bandaging very loosely.—Rose L. Heineman, Ingram, Pa.

Gutta percha tissue and rubber tissue crack and deteriorate if folded. Mt. Sinai Hospital, New York City, suspends an old-fashioned wooden two-handled rolling pin from the side of its surgical carts by means of tape loops of suitable length. The tissue, covered with tissue paper, is rolled around the rolling pin and the end secured with a bit of adhesive. The tissue is thus easily available when needed and is found in good condition as it has not been possible for the layers to stick to gether nor have there been any creases along which it could break.

For restless children who attempt to climb out of their cribs, use a restraining canopy. At Mt. Sinai Hospital, New York City, the canopies are made of tennis netting the size of the top of the cribs. This oblong of netting is strongly bound with canvas and has webbing straps with buckles to attach it to the four corners of the crib. Heavy cord laced through the meshes of the netting and around the top of the crib holds the canopy securely place. The lacing can be so arranged that the canopy is readily opened on the free or working side of the crib. This device does not impede the circulation of air and does not distress the child as did the older type of canvas canopy.

HOSPITAL AND TRAINING SCHOOL ADMINISTRATION

ALICE SHEPARD GILMAN, R.N., DEPARTMENT EDITOR

THE PRINCIPLES UNDERLYING BUDGET KEEPING

BY CHARLES F. RITTENHOUSE

AN excellent definition of a budget is given by Mr. Trevor Arnett in his book on College and University Finance. He defines a budget system of control as a means designed to assist governments and institutions in restricting their expenditures to their incomes. Institutions, like individuals, often find it very difficult to live within their income. So many opportunities present themselves for service that there is always a temptation to undertake activities without any means in sight of meeting the expense of such activities. It may be stated that if an institution conducts its affairs on the basis of its opportunities, rather than on the limitations of its income, financial distress is inevitable. No institution should undertake any service for which it cannot pay. Therefore, to repeat, the fundamental purpose of any budget system of control is to restrain the ambitious executive and to provide him with a chart for his guidance.

The conditions which prompt the making of a budget are fundamental. Most business men, institutions, and individuals anticipate future income, expense, and financial requirements, even though they may do so in an informal manner and without being conscious of the fact that they are budgeting their affairs. Even the vendor of peanuts estimates his sales before buying his stock.

A newly married couple, in planning for housekeeping, makes an estimate of what they can afford to spend for rent, clothing, food, and other family and household wants based upon the husband's income. The manufacturer must estimate the market which he hopes to create for his product before contracting for raw material, or even before planning his factory and capital requirements. The institution, whether it be a school, college, hospital, library, or club, must carefully and conservatively estimate its income from all sources before making plans for the year's activities.

While this has always been done in a more or less informal manner, it is only within recent years that budget-making has been reduced to a formal definite programme. We have come to realize that it is an unwise policy for someone to carry the financial programme of a business around in his head. Modern administration of a business or of an institution sees the necessity of a standardized plan of procedure. Such a plan is essential to a stable business policy and it is only by this means that proper coöperation can be developed among those who are responsible for the sound administration of a business. Furthermore, it is the best possible means of fixing responsibility for the efficient administration of the various departments of a business or of an institution.

At the outset, let it be understood that a budget can only serve its purpose when those responsible for its operation

have a hearty respect for, and appreciation of, sound bookkeeping methods. The budget-maker must have a well developed figure sense and, if not a natural aptitude for figures and statistics in a mild form, an acquired taste for such things is essential.

Classification of the items of the budget should conform to the classification of accounts with income and expense under which are recorded the actual transactions. Double entry bookkeeping should be employed. The accounts with income and expense and with assets and liabilities should be carefully classified, separate accounts being provided for each source of income and class of expense. The bookkeeping should be in competent hands. Monthly trial balances should be taken in order that monthly reports may be prepared. By this means the monthly actual figures can be compared with the estimated figures of the budget.

Briefly summarized, the operation of an institution on a budget system involves the following:

1. A study of the figures of prior years.
2. Formation of plans for the succeeding period based both on past performance and future expectations.
3. The preparation of periodic reports which show in comparative form both the actual and the estimated figures.
4. The revision, if necessary, of the original budget to give effect to incorrect estimates of income and expenses.

The budget for a particular period consists of two parts:

1. The estimated income.
2. The estimated expenditures under each class.

In estimating the income, the amount of income annually received during the prior year from each source should be used as the basis of calculation. Any variation from the actual income of former years should be fully explained and justified. Guess work should be eliminated so far as possible. In planning the budget, a classification of items should first be decided upon. The amount of the appropriation for each item must be collected from various sources. In a school budget the cost of instruction can best be estimated by the principal or the president of the institution. Administration and general expenses can usually best be estimated by the treasurer or the chief accounting officer; estimated expenditures for the maintenance of grounds and buildings, by the person in charge of buildings and grounds.

After the budget has ben prepared, either by the budget committee or by some individual who is designated to do such work, it should be submitted to the board of trustees or other governing body of the institution. If satisfactory, the board of trustees will vote the appropriation, this vote would be incorporated in the minutes of the meeting and would become the official financial programme for the ensuing year.

Everyone connected with the institution who has any authority to incur expenditures should be definitely notified of the appropriations which are provided in the budget for the class of expense in which such person is interested and it should be a definite rule of the institution that every department must keep its expenditures within the appropriation.

At this point the necessity arises for a satisfactory accounting system. The control of expenditures should be exercised at the point where the expense is originally incurred. In other words, if an expense is contemplated in excess of the appropriation, it is important that this be known before the purchase is actually made or the expense incurred instead of when the bill comes through for payment. Such a control can best be exercised by requiring those responsible for the incurring of bills to make out a requisition for every proposed expenditure giving either actual or estimated costs. These requisitions should go to the treasurer or some other designated officer for his approval and should only be approved in case the cost is within the appropriation, unless it is an emergency expense resulting from unforeseen and unavoidable circumstances.

A BOSTON SCHOOL

PROPOSED BUDGET FOR 1923-1924 OF INCOME AND EXPENDITURES

Income:			
Tuition and Board:			
100 Boarding Pupils @ $1.400	$140,000.00		
Day Pupils	2,800.00		
		$142,800.00	
Music Pupils		1,200.00	
Tutoring		1,200.00	$145,200.00
Departments:			
Guests, Trays, Vacation Board, etc.		$ 1,200.00	
Grounds		300.00	
Book Store		150.00	
Library Fees and Fines		105.00	
Physical Training		100.00	
Laboratory Fees		70.00	
Poultry		50.00	
Infirmary Fees		400.00	2,375.00
Income from Sinking Fund			4,000.00
Miscellaneous:			
Rent of Pianos (net)		$ 200.00	
Interest on Bank Balances		225.00	
Interest on Savings Bank Deposit		100.00	
Sundries		100.00	625.00
Total Anticipated Income			$152,200.00
Expenditures:			
Instruction:			
Salaries Instructors—Schedule C-I	$ 27,807.50		
Salaries Art, Music and Dancing—Schedule C-I	1,000.00		
		$ 28,807.50	
Tutoring Services		1,000.00	
Class Room Supplies	$ 100.00		
Chorus Class and Glee Club	300.00		
Laboratory Expense	50.00		
Art Class Expense	12.50		
Library Expense	200.00		
College Board Examinations	20.00	682.50	$ 30,490.00
Scholarship Grants			3,000.00
Domestic Department:			
Salaries—Schedule C-I	$ 4,850.00		
House Wages	13,000.00		
		$ 17,850.00	

Provisions		22,000.00	
House and Faculty Laundry	$ 3,000.00		
Room and Board Outside	2,200.00		
House Linen and Blankets	300.00		
Kitchen and Dining Room Equipment	800.00		
Medicines, etc.	300.00		
Extra Nurses	400.00		
Sundries	100.00	7,100.00	
			46,950.00
Maintenance and Operation of Educational Plant:			
Salary of Superintendent—Schedule C-I	$ 2,100.00		
Wages of Male Employees	11,500.00		
		$ 13,600.00	
Repairs, Upkeep, etc.	$ 6,500.00		
Maintenance of Grounds	1,000.00		
Fuel	6,000.00		
Lighting	1,300.00		
Insurance	2,400.00		
Cleaning Supplies	500.00		
Fire Protection	100.00		
Maintenance of Auto Truck	200.00		
Taxes	20.00		
		18,020.00	
Depreciation of:			
Buildings	$ 2,300.00		
Equipment	1,800.00		
Auto Truck	100.00		
		4,200.00	
			35,820.00
Administration Expenses:			
Salaries:			
Principals—Schedule C-I	$ 4,800.00		
Dean—Schedule C-I	1,810.00		
Chaperons, Librarian, etc.—Schedule C-I	1,800.00		
		$ 8,410.00	
Annuity		5,000.00	
Office Expense:			
Salaries—Schedule C-I	$ 5,050.00		
Supplies	800.00		
Telephone and Telegraph	400.00		
Postage	300.00		
Printing	100.00		
		6,650.00	
Advertising		2,300.00	
Accountants' Fees and Expenses	$ 350.00		
Miscellaneous Administrative Expenses	300.00		
		650.00	
			23,010.00
Miscellaneous Expenses:			
Entertainments, Lectures, etc		$ 1,200.00	
Pew Rent		700.00	
Commencement		700.00	
Donations, Civic Improvements, etc.		300.00	
Interest on Notes Payable		200.00	
Transporting Day Pupils		200.00	
Flowers		100.00	
Receptions and Teas		100.00	
Circulating Library		105.00	
General Expenses		200.00	
Express		25.00	
Donation in lieu of Taxes		2,000.00	
			5,830.00
Contingent Salary Appripriation—Schedule C-I			1,500.00
Total Regular Expense Appropriations			$146,600.00

Add:		
Provision for Extraordinary Repairs		2,000.00
Total Expense Appropriations		**$148,600.00**

SUMMARY

Total Anticipated Income	$152,200.00	
Total Expense Appropriations	148,600.00	
Net Anticipated Income for 1923-1924		**$ 3,600.00**
Other Appropriations:		
Additional Equipment	$ 3,500.00	
New Assembly Hall	15,000.00	
Additions to Sinking Fund	—0—	
	18,500.00	
For these appropriations there will be available the Net Income of	3,600.00	
Balance to be Raised	**$ 14,900.00**	

Statement of Income and Expense

January 1923, and Year to Date

INCOME

Items	Actual for Month	Year to Date	Budget for Year	Amount to be Realized

EXPENSE

Items	Current Month	Year to Date	Budget Appropriation for Year	Unexpended Portion of Budget

STUDENT NURSES' PAGE

OUR CAP-PINNING SERVICE

By Ruth Breckrenridge

St. Luke's School of Nursing, St. Louis, Mo.



Preliminary nurses receiving their caps from the Senior Class, St. Luke's School of Nursing, St. Louis, Missouri.

WHAT moment in the life of a student nurse stands out more clearly in her memory than that occasion on which she is presented with the emblem of her school, the white cap.

The termination of the preliminary period seems and most assuredly is an important epoch in her life. On receiving her cap she no longer has a feeling of being in a class by herself but instead, she is one of the school body.

Up to rather recent time, no more than passing notice was given the presentation of caps to preliminary students but to-day a few of the schools of nursing realizing the importance of the occasion, call atention to the event in some special way. Some schools celebrate by arranging a special programme around this occasion.

Within our own school, we honor the occasion by holding a simple service in the main lecture room of the Nurses' Home. To this service the School faculty, the families and friends of the School are invited. We are also honored by having as many St. Luke's graduates present as possible. The Alumnae show a keen interest in this service and always welcome the new group of students.

The singing of favorite hymns by all, and a short service by the Chaplain precede the pinning on of the caps, which honor falls to members of the Senior class. After receiving their caps, the

new members then rise and together repeat the well known Florence Nightingale Pledge.

It is indeed an inspiring sight to see the eager faces of this group of young nurses who so earnestly repeat the pledge, understanding the full significance of its beauty and worth.

A glorious silk banner of blue and gold, our school colors, was presented to us by the Alumnae at our most recent service. It is needless to say that we are very proud of our gift and that for which it stands.

THE TONE OF THE IDEAL TRAINING SCHOOL

By Beatrice Whitehead
Oklahoma City, Oklahoma

EVERY training school possesses tone which may be a help or a detriment to the institution, and by tone is meant the manner in which we conduct ourselves, especially while on duty, and its effect upon observers. The ideal training school has a tone of its own and we as student nurses should realize that we are responsible for the reputation of our school; that we are under obligation to the hospital authorities to make for our hospital a name which is associated with efficiency and service. Since this is manifested primarily in the hospital, it is well to consider the many things that students should remember.

The patient must be considered first. If this is done, bells are answered promptly, orders are filled carefully, and the little helpful things are done in the kindest manner possible. In the ideal school, the nurses are thoughtful of their patients and will dispense with all the unnecessary noises heard every day in so many hospitals. These nurses are careful to keep their voices under control. Patients sensitive to harsh sounds are made very uncomfortable by a shrill, loud or rasping voice and the quality of voice depends largely on the individual's own efforts. Nor are they found in the halls, talking, giggling and looking for fun. They remember that they themselves would be unwilling to trust their loved ones to a force of that kind, so they treat their patients with the same consideration that they would expect, should they exchange places with either the patient or the family.

In this school, visitors are treated with the utmost courtesy. Nothing reflects greater discredit on a school than for visitors to say the nurses and workers are rude. It is so easy for an institution to get a bad name and once acquired, it is very hard to change. Therefore the nurses must practice the art of courtesy for the sake of themselves as well as the hospital.

The general appearance of the nurses affect the Tone of the School. A slovenly, untidy nurse impresses one as being equally careless in performing her duties. Exacting patients feel that if she is neglectful of herself she probably will be with them. If one nurse leaves such an impression, what would be the result of several?

LETTERS TO THE EDITOR

The editors are not responsible for opinions expressed in this department. Letters should not exceed 250 words and should be accompanied by the name and address of the writer.

APPRECIATION OF SUMMER COURSES

I. From Iowa

THROUGH the foresight and zeal of Josephine Creelman, the State University of Iowa for the first time in its history offered a special graduate course in Nursing Administration. The object of the course was to help the graduate nurses who are occupying administrative and teaching positions to further their education. For the instructor both in theory and practice, the course offered improved and up-to-date methods of teaching; for the executive, the latest and most efficient systems in hospital management; for all a broader knowledge of nursing affairs and organizations.

Mary C. Wheeler of the Illinois Training School, Chicago, was director of the course, assisted by Beulah Crawford and Lola Lindsey both of the Educational Department, School of Nursing, and Elizabeth Bemis, Administrative Dietetian, State University Hospital. Twenty-nine nurses registered for the nursing course, representing nursing schools in eleven states. Lydia Keller, medical missionary, who is home on furlough from China, was one of the number. Conferences were among the interesting features connected with the course. Special problems of every-day interest were discussed at these meetings and much benefit was derived. Many of the nurses have taken their vacation period in order to avail themselves of the advantages of this summer school.

Among the hospitals visited by the class were Mercy Hospital and St. Luke's Hospital in Cedar Rapids, and in Iowa City the Mercy Hospital and the University Hospital. Aside from the main building of the University Hospital, visits were made to the Isolation, Children's and Psychopathic departments, where demonstrations and lectures were given. All of the time, however, was not spent in the class room. The Iowa River is situated near the campus of the University and affords many opportunities for recreation, such as canoeing, swimming, picnics, and similar outdoor sports. Several special meetings and teas were held for this group. The class unanimously feels that they have derived much benefit from the work given, not only in the knowledge acquired but also in the revival of their interest and enthusiasm in the profession. Enough cannot be said to express fully their gratitude to Miss Wheeler for her generous help, both during and after class hours.

All have expressed a desire that the course be repeated next summer and that a similar course might be a part of the regular year's work of the University.

Myrtle Dean (for the class)

II. From California

California with its equable climate, prolific vegetation and gay bits of color served as an ideal background for the summer school conducted at Stanford University. The summer school for nurses was a response by the authorities of the University to the great need expressed by the nurses themselves for opportunity for additional study. The nursing courses were under the direction of Carolyn E. Gray, Dean of the School of Nursing, Western Reserve University, Cleveland, Ohio and were planned to meet the needs of those who could spare only a limited period of time for the work.

Stanford University offers courses during the four quarters of the year and this summer school represented one-half of a quarter's work, or five weeks. It included a course in administration of Schools of Nursing given by Miss Gray, a course in the teaching of science in Schools of Nursing by Miss White, and a course in the teaching of nursing procedures by Miss Walsh. Miss White and Miss Walsh are instructors in the School of Nursing of Stanford University Hospital. Perhaps the most vitally interesting course in which the nurses enrolled was psychology and this was taught by members of the regular faculty of the University. The course in administration was based on the Winslow-Goldmark report of Nursing and Nursing Education in the United States. The lectures, discussions and conferences cleared up many doubtful points and stimulated us to make every effort to put the recommendations included in this report

into effect in the various schools with which we are or may be connected.

Some of the subjects which came up for discussion were the difficulties concerned with introducing the 28 months basic course, necessity for correlation of theory and practise, the development of the student body in accordance with the principles of the coöperative government, the evaluation of positions, etc. Weekly excursions for observation to the principal hospitals in San Francisco, included the Army Hospital School of Nursing at the Presidio, the Naval Hospital at Mare Island, the Hospital Relief Ship which was stationed in San Francisco Bay, the Stanford University Hospital, the University of California Hospital, and the San Francisco City Hospital.

The efficient system of students' records was an outstanding feature of the University of California Hospital, permanent records condensed from periodic reports of the student's progress and efficiency are kept by the school and a transcript form of that record is given to the student on completion of the course. San Francisco Hospital is doing a notable piece of work in giving the tubercular patients special instruction in occupational therapy, this course is an elective for student nurses during the advanced period of the three year course. The development of the central supply room at the Stanford Hospital makes for economy of material and service. The Army Hospital School of Nursing at the Presidio has the advantage of large, airy and well equipped rooms for class work and demonstrations. Most particularly were we interested in the splendidly equipped and well arranged operating rooms at the Naval Hospital and of the Relief Ship and not a little fun was created when each visitor was presented to a pair of very large white canvas shoes before entering these rooms. Is there anything more conducive to the pleasure of summer courses than comfortable living quarters? Roble Hall the University dormitory for women, contributed much to our comfort and pleasure and has earned a warm place in our affections. The honor of giving the first tea of the season was granted the nurses and the response by members of the faculty and friends was certainly very gratifying. During the summer session a number of lectures were given by visiting educational leaders, including President McCracken, Vassar College and Princess Borghese of Italy. Every Thursday evening, Dr. David Starr Jordan, president emeritus of Stanford University, held a conference in his house on selected or suggested topics of interest. Delightful organ recitals were rendered twice a week in the beautiful memorial Chapel. Numerous opportunities for sight-seeing trips were taken advantage of by those who desired out door recreation.

For all these educational opportunities we aret greatly indebted to Dr. Ray E. Wilbur, President, Miss Stoultenberg, Associate Professor of Neurology and Mary B. Frye of Stanford University, Anna C. Jamme, Director of Nursing Education in California, and Maude Landis, Director of the School of Nursing at Stanford University Hospital, through whose efforts this course for nurses has been instituted, and we sincerely hope that our appreciation has been obvious enough to encourage them to continue in their endeavor to make it a permanent annual course. Indeed we hope it may prove to be the beginning of a Department of Nursing Education on the Western coast that will in time serve the western part of the United States as the Department of Nursing and Health at Teachers College has for so long served all the nurses of this great country. It is said that imitation is the sincerest flattery and because we value the work of the Department of Nursing and Health at Teachers College so highly, we of the western coast hope it will be duplicated here at as early a date as possible.

EMELINE H. BENT, (for the class)

IS THIS FAIR?

DEAR EDITOR: I went to another state last January, expecting to take up nursing again. I was told to send in my fee for registration, $10. I sent it in, but within ten days my plans were changed and as I was leaving the state, without having done any nursing, I wrote the secretary of the Board and asked to have my fee returned. They were five weeks in sending me papers, and at last a note came, saying the Board had decided not to return my fee. This may be a warning to others.

L. T.

FROM GREECE

DEAR ———: I am in Greece, on an island in the Agean Sea, but such a large island that it seems like the mainland. We have moved about twelve thousand orphans to Greece. I left Constantinople December 28, I had a ship chartered purposely for all my family, we were about 1800, and we reached here without mishap two days later. Three days after my arrival, another ship came with 3200 on board. We are occupying the hotels of a summer resort, a place of hot mineral springs, so that we are only temporarily here and will be moving shortly. We have 5500 orphans and two hundred or more teachers and helpers, there are also five Americans, my secretary, warehouse man, head nurse in the hospital, and two others in charge of different buildings. We have a 200-bed hospital and three outside infirmaries for mild cases.

E. D. C.

WHERE HELP IS NEEDED.

DEAR EDITOR: You may be interested to know that I am now at one of the mission stations in the archdeaconry of the Blue Ridge mountains. There is no place here to buy things so I have to have the pages of the *Journal* to tell me where I can get obstetric packages and other things that I need. My position is nominally that of Parish Worker, but as I am the only nurse in the countryside, whatever is to be done falls to me. This is virgin country for nurses; the people are responsive to it and it is worth while. This spot is beautifully located in the wide valley of the Shenandoah, 1000 feet above sea level. The horizon is girdled with purple blue mountain peaks to the east, the north and to the west. There is quite a little break in the hills to the south. Most of the time there is a clear wind blowing and the nights are refreshingly cool. It is a country that God has made most beautiful—but what man has done, is another thing. There are no foreigners here; the people are all of pure English descent, only terribly run down. One man who gave land for a school held the original deed dated 1750. The Mission Station strives to be a fountain of living water in the wilderness. We try to make our home what a Christian home ought to be, for an example. My recreation is my flower garden on the hillside and a motor ride occasionally to the other end of the parish which is twenty-two miles long. Also, at intervals, very interesting people come to visit the mission. Agriculture is very difficult here on account of the rocky condition of the land. Chicken raising is the most profitable industry. It would be a wonderful spot for anyone who wanted to retire. Virginia has real winters but it is open weather until Christmas and spring comes in March. One could have a little home, a garden, and a poultry yard and it would help the community by just living in it.

Virginia S. J.

REGISTRIES

DEAR EDITOR: The May number of the *Journal,* page 656, I note as advising new graduates who plan to enter private nursing to find an official, organized registry. I thoroughly believe in the importance of joining a first class organized registry in charge of a graduate nurse who thoroughly understands her business and is a fine character, herself. I believe in a high standard of nursing and we cannot keep it high if these registries are upheld by one or two doctors and a woman who is not capable.

New Jersey F. E. G.

WHAT I LIKE IN THE JOURNAL

DEAR EDITOR: Reading the *Journals* of June and July I am impressed more and more by the very much worth while papers on various subjects. Miss Skillman's "Without Vision the People Perish" is interesting and inspiring. She is a nurse after my own heart and will not be disillusioned even after twenty-five years service, if she continues as she has begun. I would like her to know that I love nursing more to-day at the end of twenty-five years of service than I did when I graduated if that were possible. Surely life is worth while only as we can render service to others, and who has greater opportunities than the nurse? Would that we all could see, as we go to patients, the especial needs and the peculiar opportunities and feel the inspiration, without which nursing is a mercenary occupation instead of a noble profession. I hope many nurses saw and read Miss Skillman's paper, it ought to help us to be

"all things to all men." "The Care of the Feet!!" During a long illness is a hospital recently I was daily reminded of this need for nurses. Miss Pepoon's paper will benefit our feet if we follow her professional advice. Anothr paper takes up that wonderful asset of a nurse "The Nurse's Voice and Manner of Speech!" Optimism is an asset which it is so important for us to have and after reading this paper it seems equally important that we cultivate our voices that they become gentle and soothing if they are not already so. You have reason to be proud of the *Journal*.

Massachusetts E. E. H.

JOURNALS ON HAND OR WANTED

Mary J. Whipple, 68 Inter Park Ave., Buffalo, N. Y. will give away *Journals* for 1921, except January; and for 1922, except November and December. Postage should be sent.

Miss Hughjean E. Mac Afee, 9 Forest Street, Newton Highlands, Mass., has the following *Journals* which she will donate to some public use or give to anyone wishing them: 1903, July only; 1905, May-December; 1906, January-June and December; 1907, January-May and August-December; 1908, January-September; 1909 complete; 1910, April-December except July; 1911, February-December; 1912, complete except March, April, October, November; 1913, complete except February; 1914, complete; 1915, complete except February, August, October; 1916, complete. Postage should be sent.

Mary B. Talcott, 1419 Thacker Street, Des Plaines, Ill., needs two copies of the *Journal* to complete her file: October and November, 1903. She will pay for both magazines and postage. (*Write to her first, to avoid duplication*).

The Babies' Dispensary and Hospital of Cleveland, Ohio, 2500 East 35th Street, is desirous of obtaining the following back numbers of the Journal: 1917, Nos. 5 and 9, February and June. A reasonable price will be paid.

THE OPERATION OF A BREAST MILK DAIRY

Dr. Henry Dwight Chapin, writing in the *Journal of the American Medical Association,* says that "about 80 per cent. of the babies dying before the completion of the first year are bottle fed. Hence the most feasible and practical way of reducing infant mortality during the first year will be in encouraging maternal feeding." Dr. Chapin advocates the establishment, in connection with maternity hospitals, of the organization necessary for collecting and supplying mothers' milk, the women supplying milk to be paid at the rate of ten cents an ounce, the cost of overhead to be added to the charge of those using the milk. Such dairies have been successfully operated in Boston, Detroit and New York; in Detroit 55,849 ounces of breast milk were distributed in 1922.

JOURNAL RENEWALS

The price for the renewal of one's subscription is the same as the price the first year. An agent reports that there has been some misunderstanding about this.

Are you watching the table? How does your state stand? Try to bring your state to 100%

NURSING NEWS AND ANNOUNCEMENTS

NATIONAL

THE NATIONAL LEAGUE OF NURSING EDUCATION is losing its Headquarters Secretary, Effiie J. Taylor, on October 1st, as she has been chosen Superintendent of Nurses and Associate Professor of the new Yale School of Nursing in New Haven, of which Miss Goodrich is Dean. Other appointments to the Yale School are: Bertha Harmer and Amelia Grant, assistant professors; Helen Stelling, Instructor in Nursing; Mabel Fletcher, Resident Director.

The Editor of the *Journal,* Mary M. Roberts, may take a three months' western trip, October through December, in order to get more closely in touch with nursing work in other than eastern cities, for the sake of the *Journal's* greater usefulness and wider representation. Will nurses who would like to have her visit their city or town on such a trip write to her at 19 West Main St., Rochester, N. Y., before October 1st?

NURSES' RELIEF FUND

REPORT FOR JULY, 1923

Receipts

Balance on hand	$18,066.52
Interest on Liberty Bonds	2.13
Interest on Bonds	106.25
Checks returned	75.00
California: Dist. No. 1, $53.50; Dist. 2, $97; Dist. 5, $52; Dist. 6, $30; Dist. 7, $11; Dist. 9, $67.50; Dist. 10, $7; Dist. 11, $12; Dist. 13, $8.50; Dist. 14, $10; Dist. 16, $6; Dist. 17, $10; collection taken at State Convention, $51.15	415.65
Illinois: One individual, Chicago	5.00
Iowa: Dist. No. 2, individuals, $43; University Hosp. Alumnae, $40; Mercy Hospital Alumnae, Iowa City, $23; Mercy Hospital Alumnae, Cedar Rapids, $12	118.00
Indiana: Dist. No. 2, individuals, $14; Epworth Hospital Alumnae, $30	44.00
Maine: One individual, Portland	1.00
Massachusetts: One individual, Boston, $5; Bristol Co. Branch, $25	30.00
Michigan: Dist. No. 8	10.00
Missouri: Missouri Baptist Sanitarium Alumnae	10.00
New Hampshire: Six individuals, Keene, $6; Individuals, $4	10.00
New York: Dist. No. 4, Auburn City Hospital Alumnae, $1; Dist. 13, Fifth Avenue Hospital Alumnae, $18; N. Y. Post Graduate Hosp. Alumnae (2 individuals) $15; St. Mark's Hosp. Alumnae, $12; New York Hospital Alumnae, $10	56.00
Ohio: Lakeside Hospital Alumnae Association	64.00
Pennsylvania: Two individuals	102.00
Wyoming: State Nurses' Association	15.00
Total Receipts	$19,130.55

Disbursements

Paid to 38 beneficiaries for July, $590.00; exchange on checks, 10c	590.10
Balance, August 1, 1923	$18,540.45
Invested funds	59,250.00
	$77,790.45

V. LOTA LORIMER, *Treasurer.*

Corrections: In March, 1923, a contribution to the Relief Fund of $5 from St. Luke's Hospital Alumnae Association of Chicago, credited to individuals, should have been credited to the Association. In the contribution of $90 sent in June from the Florida State Nurses' Association, $35 of the amount should be credited to the student nurses in the training schools in the state of Florida.

All contributions for the Relief Fund should be made payable to the Nurses' Relief Fund and sent to the State Chairman or, if her address is not known, to the American Nurses' Association, 370 Seventh Avenue, New York. Requests for leaflets should be sent to the Secretary at the same address. For information address Elizabeth E. Golding, Chairman, 317 West 45th Street, New York.

THE ALUMNAE ASSOCIATION OF THE ARMY SCHOOL OF NURSING held its second annual

meeting and reunion at the Letterman General Hospital, San Francisco, from July 12-14, during which happy time members were guests of the Western branch of their school with Dora E. Thompson, Chief Nurse, and Ruth Taylor, Instructor, as hostesses. The meeting was not very large in numbers present but it was great in spirit, many of those who could not be there sent telegrams and messages, and every member of the association had an opportunity to express her opinion on all new business in writing. These ideas were compiled into a report before the business meetings and served as a guide to those who actually voted upon questions. It was necessary to hold two business meetings in order to cover all the business which was brought up for discussion. The constitution and by-laws were amended to conform to the requirements of the American Nurses' Association and to provide a third class of members who are graduates of the Army School of Nursing in good standing, but who are inactive in the profession. It was decided to suggest to the Board of Directors that the third annual meeting be held in Detroit, in 1924, immediately preceding the meeting of the American Nurses' Association, so that members may conveniently attend both meetings .

Through an individual who is very much interested in the development of the Army School of Nursing and its Alumnae Association, a fund has been provided, to be administered through the Surgeon General's Office, for the salary of an executive secretary whose headquarters will be either in Washington or New York. An Appointment and Advisory Committee was elected to whom applications for this position may be sent. Information in regard to this may be obtained from Margaret Tracey, Glens Falls Hospital, Glens Falls, N. Y. Part of the work of the Executive Secretary will be organization of chapters of the Alumnae Association throughout the country where there is a sufficient number to make it practical. The nominating blank of the American Nurses' Association was received in time for the meeting, so the nominees were elected by the Alumnae Association. This was the first business of the American Nurses' Association which this Association has acted upon, and a great deal of interest was shown in it. Committees were elected: Secretary's appointment and advisory committee, Margaret Tracey, chairman; Class Gift Committee, Dorothea Hughes, chairman; Nurses' Relief Fund Committee, Louise Sallender, chairman; Programme and arrangements, Mrs. Yoran Pete, chairman; Nominating committee, Nita Frederick, chairman; *Alumnae Journal,* Charlotte Macon, chairman. Officers for the ensuing year were elected as follows: President, Barbara M. Price; vice-president, Nell Carrington; secretary, Florence Henry, 21 Stanfield Street, Rochester, N. Y.; treasurer, Annie Callender; additional members to Board of Directors, Elizabeth Pumphrey, Helena Clearwater, Florence Morrow, and Kitty McKelvey. On the second afternoon of the reunion, the students of the Army School at Letterman General Hospital were hostesses at a very delightful tea party given in the Red Cross recreation house. This seemed just like home to the Alumnae. The students finishing their probationary course were presented with their caps by Anna C. Jamme, Director, Bureau of Registration of Nurses of California. Miss Jamme was present in Washington in 1918 when the school was organized and she told the story, dear to the hearts of all, of The Founding of Our School. The Association was also very fortunate in having as its guest Carolyn E. Gray, Dean of School of Nursing, Western Reserve University, who gave an inspiring talk. Reunion included besides all these activities a trip to Chinatown, a supper, a theater party, and a banquet. The success of the meeting was due largely to Catherine Wellington, chairman of Reunion committee, to Dora E. Thompson, Chief Nurse, who welcomed the Alumnae and extended the hospitality of the Post to them, and to Ruth Taylor Instructor of the School, who took the Alumnae back to training school days by a tour of inspection through the school building and a talk upon the present activities of the School. Every alumna who attended the meeting left it with a spirit renewed by association with classmates and by contact with leaders in the profession and with justified pride in the way the School is "carrying on."

The International Council of Nurses held an executive meeting in Copenhagen, July 30 to August 1, with the following programme:

July 30, Addresses of welcome. Minutes of the last meeting and report of the secretary. Discussion of the relation between the Council and the newly formed European Council for Nursing Education. Reports. Reconstruction of the International Committee on Nursing Education. *July* 31, Discussion of the Standing of the International Council toward the College of Nursing, Ltd., of London. The Desirability of the International Council Broadening its Activities. Possible Coöperation with the League of Red Cross Societies. Formation of a Committee of Work. The Publication of a Nursing Magazine To Serve as the Official Organ of the Council. Sectional Nursing Conferences. *August* 1. Recent Movements in the Nursing World of the United States.

THE LIBRARY OF LOUVAIN UNIVERSITY, Belgium, is being rebuilt by contributions from America, largely from school children. The first wing to be completed was blessed by Cardinal Mercier in July. The American Nurses' Association is represented on the National Committee in the United States by its president, Adda Eldredge.

ARMY NURSE CORPS

During July, 1923, the following named members of the Army Nurse Corps were ordered transferred to the stations indicated: To William Beaumont General Hospital, El Paso, Texas, 1st Lieut. Elizabeth D. Reid, Chief Nurse; to Fitzsimons General Hospital, Denver, Colo., 2nd Lieutenants Cora E. Hicks, Mildred L. Johnson, Nellie E. McGovern, Mary J. Palmes, Mary C. Scherer, Inez H. Wiley; to Station Hospital, Camp Knox., Ky., 2nd Lieut. Elizabeth J. Crowley; to Letterman General Hospital, San Francisco, 2nd Lieutenants Irene G. Truax, Alice J. Johnson, Sara O'Connor; to Station Hospital, Fort Sam Houston, Texas, 2nd Lieutenants Frida Johanson, Alida J. Harrison, Ida L. Langenheder, Margaret Millington, Elsie Robbins, Anne G. Slater; to Station Hospital, Fort Sheridan, Ill., 2nd Lieut. Florence Miller; to Walter Reed General Hospital, Washington, D. C., 2nd Lieutenants Anne J. Crowley, Pruella H. Droddy; to Tripler General Hospital, Honolulu, H. T., 2nd Lieutenants Flora Robarge, Margaret Shook; to Sternberg General Hospital, Manila, P. I., 2nd Lieut. Sadye M. Rosenthal.

Orders were issued for the separation from the service of the following named Second Lieutenants, A. N. C.: Mary E. Armstrong, Teresa M. V. Broughton, Mary Cavanaugh, Nell B. Clements, Dorothy Cleveland, Thea C. J. Coffey, C. Elva Collison, Emilie B. Curl, Margaret David, Catherine English, Margaret M. Fitzgerald, Frederica D. Good, Margaret E. Gorman, Willa Hays, Mary Hyre, Elizabeth R. Johannis, Della A. Killeen, B. Frances Kleitz, Kathryn M. McCarthy, Sara A. McLoughlin, Isabel E. Mulick, Mary B. Crawford Reebel, Winifred Rose, Anna P. Rudrauff, Hannah B. Smylie, Frances Stuckey, Mary J. Tracy, Rose Wampler, Gertrude M. Weaver.

JULIA C. STIMSON,
Major, Superintendent, Army Nurse Corps.

U. S. PUBLIC HEALTH SERVICE NURSE CORPS

Transfers: Emma Brown, to U. S. Marine Hospital, Vineyard Haven; Hazel Lutton, to U. S. Marine Hospital, Pittsburg; Elizabeth Owen, to U. S. Marine Hospital, Key West; Minne Slay, to U. S. Marine Hospital, Memphis; Ida Holbrook and Maud Greenleaf, to U. S. Marine, Ellis Island; Mildred Blewett, to U. S. Marine, Savannah; Jessie Gessner, to Angel Island Quarantine.

Reinstatements: Susan Montague, Norfolk, Virginia; Jimmie Gauntt, Baltimore, Md.; Nita Wallis, New York City.

LUCY MINNIGERODE,
Superintendent of Nurses, U. S. P. H.

The Pan American Sanitary Bureau is desirous of learning whether the services of a public health nurse can be secured for a position in South America. The position will be as lecturer in a School of Hygiene to be established in connection with a University and for the establishment of a Visiting Nurse Organization. The salary will range from $2400 to $3000 with maintenance and the following qualifications are necessary:

1. A fluent knowledge of Spanish so that lectures may be given in that language.
2. A willingness to accept conditions as they exist.
3. To work with local nurses in harmony.
4. To train local nurses in Public Health

procedure and gradually establish educational standards for nurses along the lines of American standards.

Application should be made to the Director, Pan American Sanitary Bureau, c/o Pan American Union, Washington, D. C., with a full statement of qualifications, particularly as to ability to speak Spanish which is an absolute essential.

U. S. VETERANS BUREAU NURSE CORPS

HOSPITAL SERVICE: *Transfers:* Mrs. Kate C. Hough, C.N., Central Office, to Rehabilitation Center, No. 2, Federal Park, Md.; Virginia E. Oakley, Asst. C.N., to Philadelphia; Margaret M. Hill, Elizabeth Lehman, Margaret L. O'Gara, Florence E. Scothorne, to Rehabilitation Center, No. 2; Mollie L. Wall, to USVH 72, Helena, Mont.; Nellie E. Bauldry, Asst. C.N. to No. 24, Palo Alto, Calif.; Ora Bruchmiller, C.N., Mary J. Nash, Asst. C.N., Hannah Brandt, H.N., Grace Cashman, H.N., Mary E. Hayes, H.N., Mary M. Kelly, H.N., Mary M. Murphy, H.N.. Elizabeth Steinberg, H.N., E. Vera Eberhardt Gray, H.N., Eugenia Acevedo, Hannah Aitkinson, Bertha Ariail, A. M. Berry, Adeline P. Boren, Mrs. Letha J. Brown, Cressa F. Burley, Mary H. Campbell, Myrtle P. Crutchfield, Rue M. Dibble, Georgia B. Doughty, Marguerite Doughty, Alice L. Dunbar, Jennie M. English, Lucille Elsmere, DeAlva Frazier, Mrs. H. W. Bryan Gilbert, Carolyn A. Glickley, Kate W. Grubbs, Ruth E. Harris, Elizabeth F. Kohten, Ellen L. Laney, Harriet Mae, Bessie F. McCrory, Edna F. McKinney, Jean Mingay, M. Elizabeth Ries, Grace Round, Marie Shumaker, Adah B. Tipton, Eva R. Tompkins to No. 93, Kerrsville, Texas. Mrs. Florence J. Pelton, C.N., Catherine B. Murphy, H.N., Edith M. Prince, H.N., Carrie M. Canute, Alice Mae Crone, Marjorie J. DeRight, Lillian Fink, Lena B. Granner, Hazel A. Hurd, Elizabeth Kirby, Mary L. Kreiger, Kathleen Milmo, Ella McDaniel, Yarda S. Nelson, Elsie A. Orr, Mary Ann Reilly, Julia Smith, Etta L. Spangler, Grace A. Wipf, Charlotte Woodfall to No. 53, Dwight, Ill. Carmen Bradley, Phyllis M. Connor, Ruby Meyers, Sadell Stein, Anna C. Winn, to No. 62, Augusta, Ga.; Mary E. Carney, Belle Lombard, Mary Martin, Margaret M. Roach, Ina Wilson, to No. 74, Gulfport, Miss.; Clare S. Peters, H.N., Charlotte Woodfall, to No. 76, Maywood, Ill.; Grace M. James, to No. 79, Dawson Springs, Ky.; Mrs. Elizabeth Sewell, Helen E. Polenska, H.N., to No. 92, Jefferson Barracks, Mo.; Ann G. Coyle, Minnie A. MacDonald, to No. 48, Atlanta, Ga.; Edith L. Wood, to No. 55, Ft. Bayard, N. M.; Lucy M. Scoggin, to No. 60, Oteen, N. C.; Margaret M. Cody, to No. 81, Bronx, N. Y.; Nell S. Lurton, to No. 84, Algiers, La.

Reinstatements: Bertha A. Morgan, Palo Alto, Calif.

DISTRICT MEDICAL SERVICE: *Transfers:* Josephine T. Bird, C.N., to District No. 1, Boston; Elsie Hixson, to District No. 3, Phila.; Flora Kober, to District No. 3, Pittsburgh; Clothilde A. Beaud, to USVH 74, Gulfport, Miss.

MARY A. HICKEY,
Superintendent of Nurses, U. S. V. B.

THE AMERICAN CHILD HEALTH ASSOCIATION will hold its first convention in Detroit, October 15-17. The programme will be designed to cover the entire range of Child Health from pre-natal life to maturity, it will also deal with the special interests of public and private officials, governmental and non-governmental agencies and of the teaching, medical and nursing professions. It will stress especially the interdependence of all Health workers and their different types of work. Suggestions are welcomed of topics for discussion at round tables and names of persons effective as presiding officers. Subjects which have so far been requested are:

Health Education: 1. How can the Teacher in Service best secure her Subject Matter for Teaching Health? 2. How can School Boards and School Administrators be convinced of the necessity of Health Teaching? 3. Methods and Devices for Teaching Health in our Schools. 4. Provision for the Education of Gifted Children in the United States. *Nursing:* 1. Administrative Problems arising in the Field of Child Health Nursing. 2. Problems in Child Health Nursing in Rural Districts—How to Reach the Rural Mother. 3. Relation of Teachers and Nurses in School Health Work. *General:* 1. Study Outline of the Pre-school Child prepared for Parent Teacher Associations. 2. The Manhattanville Health Society

—a demonstration in coöperative health service for people of moderate incomes. 3. Model Sets of Clothing for Infants and Young Children. 4. How to Create and Finance a new Organization. It should be understood that question boxes will be arranged in advance of each Round Table session. The Program Committee will, therefore, welcome questions addressed to Miss Crandall, Secretary to the Program Committee, 370 Seventh Avenue, New York City, on or before October 10th.

THE MISSISSIPPI VALLEY CONFERENCE ON TUBERCULOSIS is to be held this year at Evansville, Ind., October 8-10.

THE AMERICAN DIETETIC ASSOCIATION will hold its annual meeting in Indianapolis, October 15-17, at the Claypool Hotel.

California: THE CALIFORNIA STATE ORGANIZATIONS of Nurses held their annual conventions in Santa Barbara, June 13-16. Among many interesting papers given was one on The Treatment of Diabetes with Insulin by Dr. W. D. Sansum. Santa Barbara has the honor of having a laboratory where this new medicine is manufactured. Mrs. J. F. Peterson, of Pasadena who has served for several years as State Chairman of the Committee on National Relief Fund was elected president of the California State Nurses' Association; Miss A. C. Jamme was elected president of the State League of Nursing Education and Mrs. Eleanor Hazen was elected president of the State Organization of Public Health Nursing. The Santa Barbara Convention closed with a large barbecue under the Oaks at the General Hospital. Pasadena was selected for the meeting place in 1924. **San Francisco.**—Evelyn Wood has resigned her position, that of Director of the School for Nurses, at the San Francisco Hospital.

Florida: Mrs. Louisa B. Benham, State Inspector of Training Schools, made the suggestion that the student nurses in the training schools dress dolls, to be sold at the meeting of the Florida State Nurses' Association, the proceeds to be given to the Relief Fund. The state chairman of the Relief Fund in Florida, passes this on as a suggestion to other states in raising money for the Nurses' Relief Fund.

Georgia: Examinations for registration will be held October 17 and 18 in Atlanta, Macon and Savannah. Applications must be received by the Secretary before October 1. Address communications to Jane Van De Vrede, Secretary, 688 Highland Ave., Atlanta, Ga.

Illinois: Chicago.—Many of the Sisters and nurses of Mercy Hospital attended the Catholic Hospital convention, Spring Bank, Wis. Rose Cavenaugh has joined the staff of Infant Welfare nurses. Phyllis Connor has given up her work with the Veterans Bureau and is doing private duty.

Indiana: THE INDIANA STATE NURSES' ASSOCIATION will meet in Evansville, October 4-6. (Not in September as was erroneously reported to us last month). **Fort Wayne.**—The next regular meeting of the First District Association will be held at the Irene Byron Tuberculosis Sanatorium September 8. Emilie Christ, class 1911, Lutheran Hospital, accepted the position of superintendent of the newly opened Adams County Hospital, at Decatur. Rowena Shoaff, class 1920, Lutheran Hospital, is operating room supervisor, and Naomi Butler, class 1922, is floor supervisor. **Indianapolis.**—DR. W. B. FLETCHER'S SANATORIUM TRAINING SCHOOL FOR NURSES graduated a class of six, on August 18.

Iowa: Atlantic.—THE ATLANTIC HOSPITAL ALUMNAE held their regular meeting on August 2, at the home of Mrs. Anna Fredrickson where supper was served on the lawn, after the business meeting. Three new members were admitted. Gae Condit, class of 1914, has a hospital position in New York. Mary Dimig, class of 1915, is anaesthetist for Drs. Gamble and Gamble, Greenville, Miss. Florence Laursen, class of 1921, is night supervisor in the Atlantic Hospital. Clara E. Loof, class of 1920, is night supervisor in Jones Hospital. Myrtle Dean, Superintendent of Atlantic Hospital, took the course in Hospital Administration at Iowa City, this summer. **Clinton.**—THE SIXTH DISTRICT held its quarterly meeting at the Nurses' Home, Mercy Hospital, July 19, with 25 present. Five delegates were appointed to attend the State meeting in Waterloo in October. A delightful luncheon and social hour were enjoyed with the Sisters and the Alumnae as hostesses, after which a tour of the Hospital and the Home was enjoyed. THE MERCY HOSPITAL ALUMNAE held their annual picnic at Credit Island with

about 50 in atendance, the class of 1923 and Clara Bieber being guests. Miss Bieber is now anaesthetist at the Woman's Hospital, New York. **Mason City.**—District 10 has held regular meetings during the year. In April, Dr. Crabb of Park Hospital lectured on Postoperative Care of Patients. The May meeting, a social one, was held with Nan Clack at Clear Lake. The June meeting was held at the Country Club, Algona, the members in that place being hostesses. Dr. Hemfich gave an address after the delightful picnic dinner. The July meeting was held in a tea garden, where Dr. Phillips talked on Diseases of the Spine. **Oskaloosa.**—An impressive memorial service was held on June 3, on the lawn at the Mahaska County Hospital, when a white birch tree, the official tree for soldiers in white, was planted in memory of Ruby Elizabeth Clark, class of 1918, a nurse whose death came as a result of her services during the World War. Patriotic orders, nurses, and friends atended the exercises which were given under the auspices of the Mahaska Hospital Alumnae Association, of which she was a member. **Washington.**—District No. 2 held a very interesting meeting on June 7. An address on Our Duty as Citizens was given by Alex Miller, at a luncheon given by the Hospital Association, in the Chamber of Commerce building. Alice Pattee, county nurse of Mahaska County, has resigned her position and has accepted one with the Iowa State University Hospital, in the interest of the Shepard-Towner clinics. Ellen Anderson, who has ben assistant superintendent of Jefferson County Hospital, Fairfield, has resigned.

Louisiana: Patterson.—St. Mary's Hospital celebrated Hospital Day when those interested in the Better Baby movement gave free physical examination to the babies of the parish, beginning promptly at 9 a. m. and continuing until 5 p. m. Nearly 200 babies were presented for examination; of these 138 were examined, the rest having to be turned away for lack of time to complete the work. In the evening graduating exercises were held for a class of six, and after an interesting programme, dancing was enjoyed.

Maine: The State Board of Examination and Registration of Nurses will meet October 17-18, 1923, at 9 a. m. at the State House, Augusta. Application blanks may be secured from the Secretary, Rachel A. Metcalfe, Central Maine General Hospital, Lewiston. Applications must be filed fifteen days prior to date of examination.

Maryland: The Maryland State Board of Examiners of Nurses will hold an examination for state registration during the second week of October. All applications must be filed, not later than September 15th, with the secretary, Mary Cary Packard, 1211 Cathedral Street, Baltimore, Md.

Massachusetts: The Massachusetts State Nurses' Association will hold its autumn meeting at the "Walk Over Club" Campello, on Saturday, October 20. Morning sessions will be taken up by meetings of the State League of Nursing Education, Public Health Nurses' Section and the League of Private Duty Nurses. The State Nurses' Association will present a programme for the afternoon which will be followed by social entertainment. Bertha A. Hunt, Superintendent Brockton Hospital, Brockton, Mass., is Chairman of the Committee on Arrangements. **Boston.**—The trustees and alumnae of the BostonCity Hospital gave a reception on the evening of June 22, at Vose House, for Lucy L. Drown, when many old friends rejoiced in meeting her. Laura E. Coleman has taken charge of the Milton Convalescent Home. Maude E. Duncklee has taken charge of the Knox County Hospital, Rockland, Maine. The Alumnae Association of the Boston City Hospital held its annual meeting in June at the Boston State Hospital, when the following officers were elected: President, Mary M. Riddle; vice presidents, Ellen C. Daly, Jessie E. Catton; secretary, Elizabeth C. Fairbank; treasurer, Clara F. Managhan. **Fall River.**—The Truesdale Hospital graduated a class of twelve on June 26. The class and former graduates were entertained at a banquet given by the Alumnae Association, on the following evening, held at the New Bedford Hotel. **Salem.**—The Salem City Hospital held graduating exercises on June 26, for a class of four. The address was given by Rev. Franklin P. Reinhold; diplomas were presented by H. J. C. Boone and the pins by Nelle I. Templeton, Superintendent. A very interesting programme was enjoyed which was

followed by a reception in the Hannah E. Mullins Nurses' Home.

Minnesota: The Minnesota Board of Examiners of Nurses will hold the next examination October 5 and 6 in St. Paul, Duluth, and Rochester. For further information address the Secretary, Dora M. Cornelisen, Old State Capitol, St. Paul. Mary E. Gladwin of Ohio has been appointed Educational Director for the state. Her headquarters will be at the Old State Capitol, St. Paul, Board of Nurses Examiners. The State Registered Nurses' Association, The State Organization for Public Health Nursing, and The State League of Nursing Education will hold a joint meeting in St. Paul, in October. The exact dates will be published in the October *Journal*. The Third and Fourth Districts are sponsoring a pageant, depicting the History of Nursing, to be given daily at the State Fair in St. Paul during the first week of September. **Minneapolis.**—The Swedish Hospital Alumnae held a delightful picnic at the summer home of Dr. S. W. Wright on Lake Minnetonka, with about 75 in atendance. Dancing, swimming and boating were enjoyed. Farewell entertainments have ben given for Ella Ackerson, who is returning to China after her furlough, and for Arno Quello who is taking up work in the same country. Miss Ackerson has been in China for eleven years, the first graduate of the school to do missionary nursing. The Deaconess Hospital graduated a class of thirteen, June 13. A banquet was given by the Alumnae at the Leamington. The guests were the graduating class and three missionaries who are home on furlough, Sister Milla Peterson, Mannasoa, Madagascar; Emma Larson, Belgian Congo, Central Africa; and Mrs. Ekelund, China. Hannah Bovre, class of 1916, left June 23, for Maragascar where she will resume the work of Sister Milla Peterson, at the girls' school.

Missouri: St. Louis.—M. Anna Gillis, Superintendent of Nurses at St. Louis City Hospital, has resigned to accept the same position at Mt. Sinai Hospital, Cleveland, Ohio. Clarbel Wheeler, formerly Superintendent of Nurses at Mt. Sinai Hospital, Cleveland, has core to St. Louis as Director of Nurses of the Washington University School for Nurses, taking the place left vacant by the resignation of Helen Wood. St. Louis and Missouri nurses regret exceedingly the departnure of Miss Gillis and Miss Wood. Miss Gillis for many years has been a member of the State Board of Nurse Examiners, and Miss Wood during her short residence here, worked indefatigably as Chairman of the Legislative Committee of the State Nurses' Association. Missouri nurses welcome Miss Wheeler and know they can rely upon her to do her share in the interest of the nursing profession in Missouri. Graduates of the St. Louis Training School and Dr. Scharff gave a pleasant farewell reception to Miss Gillies, on the hospital lawn, at the close of her fourteen years of service. Regret at her departure is felt by all who know what her loyalty and ability have meant to the hospital and the school. She has endeared herself to all her associates and she has their affectionate interest and Godspeed. Miss Serafini has accepted the position of Superintendent of Nurses at the Missouri Pacific Hospital. Misses Cavenar, Runberg and Heitzberg have also accepted positions with this hospital. A training school will be organized when the new hospital opens.

New Hampshire: The Graduate Nurses' Association of New Hampshire will hold its regular fall meeting at the Sanatorium, Pembroke, September 12. Sections for public health and private duty nurses will be held in the morning and a general meeting in the afternoon. **Concord.**—The New Hampshire State Hospital Training School celebrated the thirty-third anniversary of its first graduation on June 29-30, by holding a reunion of the nurses. Music, dancing on the lawn, refreshments and a social time were enjoyed the first day, followed by a reception and dancing in the evening. In the receiving line were Dr. and Mrs. Charles H. Dolloff, Helen C. Williams, Directress of Nursing, Mary Londergan, a member of the first class, and Margaret Alexander, president of the Alumnae. The morning of the second day was spent by the visiting nurses in inspecting the hospital buildings and in the afternoon tea was served in the Nurses' Home.

New Jersey: Montclair.—The Mountainside Hospital recently carried on a campaign to raise $800,000 for the purpose of making extensive additions to the hospital.

The Alumnae endeavored to raise $2,500 toward this amount, for building a room to be used for sick nurses. At the last meeting the Campaign Committee reported $2,746 as pledged.

New Mexico: THE NEW MEXICO STATE BOARD OF NURSE EXAMINERS has been appointed; its officers and members are: President, Sister Mary Laurence, Albuquerque; secretary and treasurer, Mrs. Lupe Wilson, 804 North 13th Street, Albuquerque; Mrs. Miner, Silver City; Miss Bartlett, Albuquerque; Amanda Metzger, Dawson. The Board will hold a meeting at the State House, Santa Fe, September 5.

New York: THE NEW YORK STATE NURSES' ASSOCIATION will hold its annual meeting in Buffalo, Hotel Statler, October 23-25. **Albany.**—THE ALBANY HOSPITAL ALUMNAE ASSOCIATION gave a farewell tea on July 31 in honor of Cora Mitchell, who has been acting as assistant superintendent of nurses for the past two years. As a token of the esteem in which she is held, Miss Mitchell was presented with a platinum wrist watch and a purse of $25 in gold by the graduate nurses. **Buffalo.**—THE BUFFALO CHILDREN'S HOSPITAL ALUMNAE ASSOCIATION held a reunion dinner on June 13, and had as its guests the graduating class of 1923 and the honorary members. Dr. Thew Wright presided at the graduating exercises on June 14. The diplomas were presented by Dr. DeWitt H. Sherman and the pins by Dr. Clayton M. Brown. Rev. George A. Buttrick addressed the class. THE BUFFALO WOMAN'S ALUMNAE held a meeting at Wales Center on June 16, at which the following officers were elected: President, Mary Archer; vice-presidents, Dorothy Dodds, Grace Addison; secretary, Mary Raiber; corresponding secretary, Sophia Weiland; treasurer, Ruth Zemke. DEACONESS HOSPITAL held graduating exercises on May 10 for a class of fourteen. Addresses were given by Dr. Chester Moses and Rev. George Williams. The Deaconess Hospital Alumnae accepted the 1923 graduating class as social members on May 11. Mrs. Hansen gave a very interesting talk. **Canandaigua.**—Clara E. Fellows has been appointed Superintendent of the Frederick Ferris Thompson Hospital. Miss Fellows is a graduate of St. Mary's Free Hospital for Children, New York City; also took a postgraduate course at General Memorial Hospital, New York, and has had one year at Teachers College. **New York.**—THE BELLEVUE ALUMNAE ASSOCIATION, at its annual meeting in May, elected the following officers: President, Mrs. Metcalf; vice-presidents, Jane Carnes, Florence Bacon; recording secretary, Anna J. Delmore; corresponding secretary, Loretta Bisett; treasurer, Emma G. Paulding. The Association has been raising money for a Carrie J. Brink Scholarship Fund. THE LENOX HILL HOSPITAL ALUMNAE ASSOCIATION has raised more than $2,600 toward its Pension Fund. Ida Hoffman, class of 1903, has returned to New York after five years of work in Palestine. Martha Wenke is Assistant Superintendent of the Nathan Littauer Hospital, Gloversville. Margaret S. Wilson has been appointed Directress of Nurses at the Post Graduate Hospital, having served a short time as Assistant Directress. She is a graduate of St. Mary's Hospital, Passaic, N. J., and has held other executive positions. **Niagara Falls.**—THE MEMORIAL HOSPITAL ALUMNAE ASSOCIATION entertained District No. 1 on June 2, at which time the Buffalo City Hospital Alumnae was accepted into the District. After the meeting a delightful luncheon was enjoyed. District No. 1 will hold its next meeting on September 19 at the Buffalo Players' Club. **Rochester.**—Miss Van Vranken is leaving her position at the Rochester General Hospital to take a course in Public Health Nursing. Elizabeth Gallery has been appointed Superintendent of Nurses at the Park Clinical Hospital. Miss Gallery was for eight years Superintendent of the Reading Hospital, Reading, Pa., and has recently been a supervisor at the University of Pennsylvania Hospital. Mary E. Morris, retiring Superintendent, was given many tokens of appreciation of her long and faithful service. The graduates gave a party at Charlotte and presented her with an autographic camera. The training school gave a surprise party, when a platinum bar pin, set with a diamond, was given by the training school and the resident staff. **Saratoga Springs.**—THE TWENTY-SECOND ANNUAL CONFERENCE OF SANITARY OFFICERS AND PUBLIC HEALTH NURSES was held June 26-28. There were 1,112 delegates in attendance. The nurses held a separate session on June 26, when interesting lectures

were given by Alice Shepard Gilman, Gertrude Hodgman, and Margaret Buckman who described the Warren County Summer Camp for Children. **Trudeau.**—The commencement exercises of the tenth class to graduate from the D. Ogden Mills Training School for Nurses at the Trudeau Sanatorium were held on the afternoon of August 28 on the green near the memorial statue of Dr. Trudeau, the founder of the school. The graduates and trustees of the institution were seated in a rustic pavilion banked with evergreens, the Adirondack Mountains in the background. Bishop Brent and Dr. Walter B. James gave addresses. The class took the Nightingale Pledge. The diplomas were presented by Dr. Lawrason Brown; the pins by Dr. Edward R. Baldwin and Mrs. Whitelaw Reid. There were eleven in the class. **Watertown.**—At the last quarterly meeting of DISTRICT No. 6 a very interesting lecture was given by Mrs. Julius Frank, chairman of Mental Hygiene Committee, New York State Federation of Women's Clubs.

Ohio: Columbus.—THE PUBLIC HEALTH SECTION of the Ohio State Association of Graduate Nurses will hold an Institute in Columbus on October 10 and 11 for all nurses doing Public Health work in Ohio. **Cincinnati.**—Winifred Culbertson has resigned the position of Director of the Nursing Service of District No. 7, United States Veterans' Bureau, which she has held since the office was established; she will have charge of the new Nose and Throat Hospital to be opened in the autumn by Dr. William Mithoefer. **Cleveland.**—LAURA F. GRANT, formerly Superintendent of Nurses at the Cleveland City Hospital, has been appointed to a similar position at Lakeside Hospital. Nellie Parks, former Superintendent of the Contagious Disease Department of the Cleveland City Hospital, has been appointed an instructor under the Board of Nurse Examiners, a position provided for in the recently amended law. **Kenton.**—GERTRUDE SUTTER, who has been the public health nurse and acting health commissioner for several years, has resigned. **Mansfield.**—THE DELAWARE SPRINGS SANITARIUM ALUMNAE ASSOCIATION held its fourth annual meeting July 14. The following officers were elected: President, Marie Gautschi; vice-president, Mrs. Eva Longwell Fogarty; secretary, Marcia Foy Demarest; treasurer, Mrs. Mae Louks Weller. After appointing various committees and drafting a new constitution, a picnic supper on the sanitarium grounds was enjoyed. **Middletown.**—BERTHA ALLWARDT, formerly with the staff of public health nurses, has resigned to become public health nurse at Greenville, Darke County.

Oklahoma: El Reno.—THE EL RENO SANITARIUM TRAINING SCHOOL FOR NURSES for the last two semesters has had the honor of making the highest average of any school in the state of Oklahoma. Mrs. Jessie Gilham for the first half and Elsie Owens the second half.

Oregon: Portland.—ELNORA THOMSON has accepted the position of Pacific Coast Field Director for the American Child Health Association. The position of Director of Public Health Nursing in the Portland School of Social Work, which Miss Thomson has resigned, will be filled by Helen S. Hartley. Miss Thomson remains on the faculty as a special lecturer, but her headquarters will be in San Francisco. She will be greatly missed by her many friends in Oregon. **Eugene.**—Five nurses graduated from the course in Public Health Nursing of the University of Oregon in June. Minnie Fontz (class of 1923, St. Vincent's Hospital) goes to Mt. Silinda, Rhodesia, South Africa, in the near future to do missionary work.

Pennsylvania: THE GRADUATE NURSES' ASSOCIATION OF THE STATE OF PENNSYLVANIA will hold its annual meeting October 22-25 at the William Penn Hotel, Pittsburgh. The first day, Monday, the 22, will be given to business in the morning, with a luncheon at noon. In the afternoon there will be meetings of District Associations and of the Private Duty Nurses' Session, a round table on Red Cross Nursing Service at 5 p. m., conducted by Sara M. Murray. The evening session will be the formal opening session with the President's address and one by Dr. Caroline Hedger of Chicago on Positive Health. Tuesday will be given largely to League business and papers, beginning with a round table at 8:30. At 2 p. m. there will be a discussion of the reorganization of the Board of Nurse Examiners, papers by Laura Wilson and Dr. Kilduffe, and a report of the Central School by Miss Huntley. In the evening the speaker will

be Dr. Ambrose L. Suhrie of Cleveland. Wednesday, the 25, will begin with business meetings of the Public Health Section and of the State Association. At 10 a. m. there will be a trip to the Nurses' Home of the Western Pennsylvania Hospital. In the afternoon there will be addresses under the auspices of the Public Health Section by I. Malinde Havey of Washington, D. C., Frances V. Brink of New York, Dr. Charles H. Miner of Harrisburg, and Dr. Richard A. Bolt of New York. A banquet will be held in the evening with an address by Cora H. Collidge, Dean, Pennsylvania College for Women. Thursday morning will be occupied by closing business sessions of the Private Duty Section and the State Association. THE INSTRUCTORS' INSTITUTE under the direction of the State League of Nursing Education will begin on Thursday, October 25, at 2 p. m. and continue until 12 noon, Saturday, October 27. **Philadelphia.**—THE PRESBYTERIAN HOSPITAL ALUMNAE have completed the endowment of two beds for the use of their members and are now working for an endowment for their training school. This is to be called "The Caroline I. Milne Endowment Fund" in honor of a much loved former Directress of Nurses. A substantial sum has already been raised. **Pittsburgh.**—THE NURSES' ALUMNAE ASSOCIATION OF THE ALLEGHENY GENERAL HOSPITAL held its annual picnic on the beautiful grounds surrounding the home of Ethel Zavitz Smith. The class of 1923 were honor guests. A good time was enjoyed by all.

Rhode Island: Providence.—The student nurses of the Rhode Island Hospital Training School gave a successful bazaar on June 8, and were able to add $500 to the Training School Fund. This fund was established by Inez C. Lord in 1917 for use as a loan fund or such other purposes as might arise.

Tennessee: Nashville.—THE SUMMER COURSES AT PEABODY COLLEGE were most successful. There were 15 students in the Public Health course and two in that for Hospital Administration. A reception was given on July 5 by the Nashville District Nurses' Association for Miss Goodrich and Mrs. Morrison (formerly Mrs. Gould), President of the State Association.

Texas: Waco.—The meeting of the STATE BOARD OF NURSE EXAMINERS for Texas was held July 26. The following officers were elected for the coming year: Mrs. Lehmann, president; A. Louise Dietrich, educational Secretary, and Marq Grigsby, secretary and treasurer.

Washington: Seattle.—THE SEATTLE GENERAL HOSPITAL has made arrangements with the University of Washington whereby the Freshmen may take special subjects there during the preliminary course,—15 hours a week. The annual banquet of the graduates was held on May 2, Miss Hall acting as toastmistress. *"Drugless Doses,"* a monthly bulletin of the students, is unusually well done, in fine hand printing, illustrated by photographs.

Wisconsin: Milwaukee.—THE PRIVATE DUTY SECTION OF THE FOURTH AND FIFTH DISTRICTS met June 12 at the Club House. The following officers were elected: President, Mary Reynold; secretary, Mildred Dallwig. This section is raffling a hope chest of linen for the benefit of the Wisconsin Nurses' Club. THE WISCONSIN NURSES' CLUB gave an ice cream social on the club house lawn July 21. The entertainment was furnished by the Abraham Lincoln House and three little colored boys. The proceeds went toward the Club House. Grace Vogel, class of 1919, Mt. Sinai Hospital, has returned from the Sloane Hospital, New York, where she has been for a year, and will take up work with the obstetrical branch of the Visiting Nurses' Association.

BIRTHS

To Mrs. Carl Calloway (**Gertrude Austin,** class of 1920, Presbyterian Hospital, New York), a daughter, in June.

To Mrs. H. R. Leaman (**Edna Brookmyer,** class of 1918, Lankenau Hospital, Philadelphia), a son, Richard, July 28.

To Mrs. G. E. McKee (**Sarah Campbell,** class of 1917, Allegheny General Hospital, Pittsburgh), a daughter, Kathryn Rose, July 25.

To Mrs. C. Jonleau (**Helen Davis,** Mercy Hospital, Chicago), a daughter, July 15.

To Mrs. Alexander Eisenhauer (**Mary Frye,** class of 1910, Lankenau Hospital, Philadelphia), a daughter, Betty Rose, July 17.

To Mrs. Frank Kelly (**Mildred Guilfoyle,** Mercy Hospital, Chicago) a daughter, July 3.

To Mrs. Thomas Kavanaugh (**Agnes Horan,** Mercy Hospital, Chicago), a son, July 15.

To Mrs. Harold Saunders (**Mathilda Hunter,** class of 1914, Braddock General Hospital, Braddock, Pa.), a son, Harold Earl, August 2.

To Mrs. E. J. Engberg (**Dagmar Larson,** class of 1916, Mounds Park and Allied Hospital, St. Paul, Minn.), a son, June 10.

To Mrs. Clarence Mardorf (**Alma Loeblich**, class of 1916, St. John's General Hospital, Pittsburgh), a daughter, July 30.

To Mrs. James D. Rowland (**Eileen McCarthy,** Mercy Hospital, Chicago), a son and a daughter, July 18.

To Mrs. Raymond S. Killip (**Mabel McMann,** class of 1918, New York Hospital, New York City), a daughter, Helen Elizabeth, July 2.

To Mrs. Robert Fleming (**Anna Nelson,** class of 1920, Passaic General Hospital, Passaic, N. J.), a son, Edwin Robert, June 11.

To Mrs. L. S. Williams (**Estella Oestrander**), a daughter, July 28.

To Mrs. F. R. Hein (**Sophie Olson,** class of 1914, City and County Hospital, St. Paul, Minn.), a son, June 23.

To Mrs. Fred C. Selby (**Ruth Patton,** class of 1920, Hahnemann Hospital, Philadelphia), a son, August 2.

To Mrs. V. C. Judd (**Minnie Streucki,** class of 1919, Braddock General Hospital, Braddock, Pa.), a daughter, Myrtle Nadine, July 15.

To Mrs. Ed Gorman (**Clara Tvede,** class of 1920, Mounds Park and Allied Hospital, St. Paul, Minn.), a son, June 14.

MARRIAGES

Rhea Betters (class of 1920, Fort Wayne Lutheran Hospital, Fort Wayne, Ind.), to Sheridan Snyder, in August.

Elenor Beuchlor (class of 1920, Milwaukee County Hospital, Wauwatosa, Wis.), to Mike Thorna, June 27. At home, Milwaukee, Wis.

Jeannette Bryan (class of 1920, Fort Wayne Lutheran Hospital, Fort Wayne, Ind.), to Fred Fox, in July. At home, Fort Wayne.

Agnes Campbell (class of 1922, Springfield Hospital, Springfield, Mass.), to Byron M. Murdock, July 25. At home, Frankfort, N. Y.

Viola Deegan (class of 1914, Buffalo Hospital Sisters of Charity), to Louis Stone, June 4.

Mabel Evans De Nyse (class of 1917, Staten Island Hospital, Staten Island, N. Y.), to Frank D. Faulds, June 19. At home, Staten Island, N. Y.

Emma L. De Pover (class of 1918, St. Joseph's Mercy Hospital, Sioux City, Ia.), to Philip Francis Verzani, May 15. At home, Ponca, Neb.

Edith Emerson (class of 1918, Deaconess Hospital, Spokane, Wash.), to A. N. Mellor, June 28. At home, Spokane.

Patricia Farrell (Mercy Hospital, Chicago), to Leland S. Benson, June 4. At home, Los Angeles, Calif.

Mary Forsthoff (class of 1911, Lenox Hill Hospital, New York City), to Alfred Rochefort Perrin, D.D.S., July 26.

Adaline M. Fritz (class of 1919, Lakeside Hospital, Cleveland), to Henry Randolph Hanson, June 27. At home, Cleveland.

Ethel Godfrey (Albany Hospital, Albany, N. Y.), to Edward Campbell, M.D., July 24. At home, Albany.

Pauline Goins (class of 1918, Hahnemann Hospital, Philadelphia), to Joseph Magee, July 9. At home, Philadelphia.

Mrs. Daisy M. Gould (President of the Tennessee State Nurses' Association) to Judge John F. Morrison, July 4. At home, Lawrenceburg, Tenn.

Eva Gross (Army School of Nursing), to H. C. Smith, June 16. At home, Chicago.

Gertrude Green Hard (class of 1914, Presbyterian Hospital, Chicago), to Vincent Ellwood Peterson, July 16.

Freda J. Hintz (class of 1913, Jewish Hospital, St. Louis, Mo.), to Clarence G. Canute, April 2. At home, Kalabazoo, Mich. (Received in time for the June Journal, but through an error it was not published.)

Marie M. Hoser (class of 1919, McKeesport Hospital, McKeesport, Pa.), to George C. Haberman, June 16. At home, McKeesport.

Beatrice Hotchkiss (class of 1921, St. Vincent's Hospital, Portland, Oregon), to Clarence George, in June. At home in Nebraska.

Lola Jerrells (class of 1921, King's Daughters' Hospital, Temple, Tex.), to Zina Carl Jones, July 3. At home, Austin, Tex.
Anna Jones hamtar hamtar hamtar martamr

Anna Jones (class of 1920, School of Nursing, University of Minnesota, Minneapolis, Minn.), to Ernest Mariette, M.D., June 9. At home, Glen Lake.

Grace E. Keech (class of 1915, House of the Good Samaritan, Watertown, N. Y.), to Fay A. Soults, May 20.

Anna Martha Kendig (class of 1913, Lankenau Hospital, Philadelphia), to Harold Wright Kraft, August 4. At home, Savannah, Ga.

Constance King (class of 1920, Deaconess Hospital, Great Falls, Mont.), to Arthur Hills, June 7.

Bessie Kirkham (Ottumwa Hospital, Ottumwa, Ia.), to Clarence Bickford, June 20. At home, Detroit.

Sara Klingensmith (class of 1919, Braddock General Hospital, Braddock, Pa.), to Albert Limbacher, in June.

Anna C. LaCourse (class of 1921, Butler Hospital, Providence, R. I.), to Charles E. Hecox, August 1.

Dorothy Larenzen (class of 1918, Mercy Hospital, Davenport, Iowa), to Elmer Wirthman, July 14. At home, Davenport, Iowa.

Cora Larson, of Mason City, Iowa, to F. H. Reed, June 12.

Dorothy McManus (class of 1922, St. John's Hospital, Pittsburgh, Pa.), to P. J. Murphy, June 20.

Mary Mason (class of 1921, Allegheny General Hospital, Pittsburgh), to Edward Hickey, June 11. At home, Pittsburgh, Pa.

Ana Isabella Mather (class of 1922, Presbyterian Hospital, New York), to Arthur Claude Locke, M.D., June 9.

Laura Matti (class of 1920, Prairie Du Chien Hospital, Prairie Du Chien, Wis.), to Ernest Brooks, June 27.

Gertrude C. Meade (class of 1920, Homeopathic Hospital, Albany, N. Y.), to Francis Raymond Rubelli, June 16. At home, Staten Island, N. Y.

Anne Mitchell (class of 1920, Springfield Hospital, Springfield, Mass.), to W. A. R. Chapin, M.D., June 12. At home, Springfield, Mass.

Cecil Moore (class of 1918, St. Vincent's Hospital, Portland, Oregon), to Dr. Morse, in June. At home, Wasco, Oregon.

Mary Moran (Army School of Nursing), to Captain Walter Shea Wood, June 24. At home, Camp John Hay, Mountain Province, P. I.

Edna Morrison (class of 1916, Allegheny General Hospital, Pittsburgh), to Ernest DeSilver, in June. At home, Pittsburgh, Pa.

Juanita Newton (class of 1921, Columbus Hospital, Great Falls, Mont.), to William C. Taylor, June 17. At home, Great Falls.

Helga Nordstrom (class of 1910, Lenox Hill Hospital, New York City), to Benjamin Boss, August 7. At home, Albany, N. Y.

Mary H. O'Brien (class of 1918, Worcester City Hospital, Worcester, Mass.), to Harry A. Santman, May 25. At home, New York City.

Dora Ola (class of 1921, Milwaukee County Hospital, Wauwatosa, Wis.), to Carl Ruezar, June 5.

Sue Peters (class of 1917, Germantown Hospital, Philadelphia), to Mr. Ballantine, June 9. At home, Germantown.

Rosalie Pfeffer (class of 1922, St. Vincent's Hospital, Portland, Oregon), to Harry Pearsall, July 18. At home, Boise, Idaho.

Helen Curtice Raleigh (class of 1911, Children's Homeopathic Hospital, Philadelphia), to Col. William M. Cooley, August 4. At home, Knoxville, Tenn.

Rose Rassmussen (class of 1922, Atlantic Hospital, Atlantic, Iowa), to Gordon Miller, July 19. At home, Atlantic, Iowa.

Martha Simpson (class of 1915, Christ's Hospital, Topeka, Kansas), to Raymond Brisbane, July 28. At home, San Jose, Calif.

Edith D. Smith (class of 1921, Deaconess Hospital, Great Falls, Mont.), to Purnal A. Whitehead, June 20. At home, Great Falls.

Gladys M. Spencer (class of 1920, Presbyterian Hospital, New York), to Joseph S. Richardson, June 30.

Ida Steele (class of 1918, Mercy Hospital, Davenport, Iowa), to John Palmer, July 21. At home, Salt Lake City, Utah.

Alexandra Thyra Stewart (Base Hospital 65 and Mary Elizabeth Hospital Staff, Raleigh, N. C.), to James Guy Oliver, June 30. At home, Pittsburgh, Pa.

Mary J. Stone (Superintendent of Hackensack Hospital, Hackensack, N. J.), to George W. Conklin, August 2.

Lorraine Virginia Terhune (class of 1923, Presbyterian Hospital, New York), to Franklin A. Stevens, M.D., June 8.

Ruth Tonkin (class of 1919, Hahnemann Hospital, Philadelphia), to Daniel Parker, May 29. At home, San Francisco.

Ruth Turton (class of 1920, Allegheny General Hospital, Pittsburgh), to William S. Pyle, July 23. At home, Donora, Pa.

Helen C. Twomey (class of 1918, Physicians and Surgeons Hospital, Wilmington, Del.), to W. Pierce Barnes, July 27.

Dollie Vanthrin (class of 1916, Christ's Hospital, Topeka, Kansas), to Roland Whitfield Chase, June 30.

Helen Anne Vyskocil (Buffalo Hospital, Sisters of Charity), to Vincent Mangeruga, June 22.

Helen Wayman (class of 1921, Mercy Hospital School for Nurses, Hamilton, Ohio), to Charles Tully, in June. At home, Rawl, W. Va.

Anna Weingartz (class of 1915, St. Anthony's Hospital, Rock Island, Ill.), to Leo De Schinckel, July 28. At home, Rock Island.

Jessie Wetherald (class of 1911, Presbyterian Hospital, Philadelphia), to Thomas McCrum, July 20.

Emma Margaret White (class of 1916, Lenox Hill Hospital, New York City), to John Andreas Fahr, July 31.

Grace Willis (class of 1915, St. John's Hospital, Pittsburgh, Pa.), to Howard Middlestatter, July 14.

DEATHS

Victoria Eleanor Armstrong (class of 1908, Erie County Hospital, Buffalo, N. Y.), of acute dilation of the heart, following an operation, at the Citizens' General Hospital, New Kensington, Pa., on July 6. Miss Armstrong was a member of the Board of Directors of the Sixth District Association at the time of her death. Her judgment was greatly relied upon and was always good. She has held several important positions: Assistant Directress of Nurses at West Penn Hospital; for four years she was with the U. S. Army, seeing duty in the Philippines; was Superintendent of the hospital at Monongahela and later at Washington, Pa., and had been Superintendent of the Citizens' General Hospital for two years. She will be greatly missed by her associates.

Emma J. Burns (class of 1918, Post Graduate Hospital, New York), at the hospital, after a long illness. Miss Burns was a member of the Executive Board of her Alumnae Association; she will be much missed.

Mrs. Percy Hallock (**Opal Cannon,** Homeopathic Hospital, University of Iowa), at her home at Brayton, Iowa, July 15, after an abdominal operation.

Loretta Cavanaugh (class of 1917, Bellevue Hospital, New York), on April 17, of acute streptococcus infection. Miss Cavanaugh was one of the supervisors until she went to Italy, under the Red Cross. Since her return she has done private nursing. She gave her best self to her work.

Mary V. Clancy (class of 1910, Bellevue, New York), at her home in Haverstraw, N. Y., May 2. Miss Clancy had held various positions in Bellevue until last fall when she became ill. She had many friends.

Mrs. Alice Evans Smith (**Alice Evans,** class of 1889, Bellevue Hospital, New York), on March 18. Before her marriage, Miss Evans was in charge of the Koch Sanitarium, Denver, Colo., and later of the Home Sanatorium, Rome, Ga. During the war she was attached to the Bellevue Unit for Home Defense and was in charge of the canteen connected with St. Michael's Episcopal Church. Burial was at her former home, Tidionto, Pa.

Mrs. Rena Vose Harrison (class of 1913, Post Graduate Hospital, New York), at Pittsburgh, Pa. Mrs. Harrison was a good nurse and an excellent teacher. She served overseas with Base Hospital No. 8. She was gentle and loveable and will be mourned by many friends.

Martha N. Kough (class of 1915, Altoona Hospital, Altoona, Pa.), at her home, July 31, following several months' illness. Miss Kough was loved by all who came in contact with her. She was a true nurse and a true friend.

Margery Jerould Lewis (class of 1908, Presbyterian Hospital, New York City), on July 26, at the Muhlenburg Hospital, Plainfield, N. J., after a brief illness. Miss Lewis had held a position in the Social Service Department of the Presbyterian Hospital; she

was organizer and head nurse of the Visiting Nurse Association, Wilkes-Barre, Pa., and was Industrial Nurse with C. Kenyon & Company, Brooklyn. At the time of her death Miss Lewis was corresponding secretary of the New York State Federation of Women's Clubs. She had been Secretary of the Industrial Nurses' Club from the time of its organization, and the club owes its existence to her efforts. Its members feel the deepest regret at their loss.

Gladys McCay (class of 1921, Allegheny General Hospital, Pittsburgh, Pa.), suddenly, at her room in Pittsburgh, July 18. Miss McCay's death was a great shock to her relatives and friends, especially her roommate, who found her dying one hour before they were to report for duty in the hospital. Funeral services were held at the home of her parents, New Castle, Pa.

Edna McLaughlin (West Side Hospital, Chicago), on July 19, at the Henry Ford Hospital, Detroit, where she had served for two years.

Ellen Olson (class of 1920, Lake City Hospital, Lake City, Minn.), at the Lake City Hospital, July 19, following an operation for ruptured appendix.

Agnes Seery (Mercy Hospital, Chicago Ill.), at Phoenix, Arizona, on July 25. Miss Seery was always a force for good in her profession with high ideals and devotion to duty. Her health failing some two years ago, she had to give up active duty. Burial was at her old home in Canada, where there was a delegation of Sisters and Nurses from Mercy Hospital.

Sister Mary Mark Sheridan, at Mercy Hospital, Chicago, Ill., on July 14, after a lingering illness. For twenty years she was in charge of the Nurses' Home at Mercy Hospital. The graduates considered Sister's death a personal loss. One hundred graduates in white uniform formed a guard of honor as a token of love to their beloved friend.

Mrs. Ansie Loyd Strasser (class of 1921, Walker Hospital, Evansville, Ind.), was drowned in the Wabash River near Flint, Ind., while bathing, July 20. Burial was at Oak Hill Cemetery, Evansville. Mrs. Strasser's death means a great loss to her friends and family.

Agnes Swift (Dixon Hospital, Dixon, Ill.), at her home, Washington, Ia., July 14, after an illness of four months. Miss Swift possessed tact, honesty, vision and a devotion to high ideals, noble purposes and a spirit of generous coöperation. Her faithful and efficient service will not be forgotten. During the war she served overseas with Unit R, Base Hospital 32. Miss Swift was a member of District 2, Burlington, Iowa.

Wilhelmina Wedekind (class of 1916, Mercy Hospital School for Nurses, Hamilton, Ohio), on July 22, at her home in Hamilton after an illness of several months. Miss Wedekind was beloved by all who knew her and is mourned by her family and many friends.

"So they crown not the runner, but the race; and honor not the bearer, but the torch; and they who have run well and faithfully are glad, for they too have found that the joy lies not in any greeting from another, but in driving back the night."

—*Hamilton Wright Mabie.*

IMPORTANT NOTICES—TOO LATE FOR CLASSIFICATION

National: The Child Hygiene Section of the American Public Health Association will meet in Boston October 8-11. Not only will there be papers and discussions dealing with various phases of school health work, but there will also be arranged exhibits of various kinds of school health work in connection with the Boston Health Show activities in the school system of Boston and some of its suburbs. Some of the interesting features in the tentative programme are: *Tuesday, October* 9, Standardization of School Medical Inspection, Carl E. Buck Detroit; The Growth of Children, William T. Porter, M.D. *Wednesday, October* 10, Health Standards for School House Construction and Sanitation, Louis I. Harris, New York; The Place of Mental Hygiene in the School Programme, W. L. Treadway, U. S. Public Health Service; Some Phases of Nutrition Work, Alice Blood, Boston. *Thursday, October* 11, The Surgical Problems and Convalescent Treatment of Crippled Children, R. G. Osgood, M.D., Boston; The Crippled Child as a Public Health Nursing Problem, Edna L. Foley, Chicago; Breast Feeding from a Public Health Standpoint, E. J. Huenekens, M.D., Minneapolis.

California: The California Bureau of Registration of Nurses has, since July 1 of this year, been obliged to return about 200 completed applications and fees to nurses residing outside the State of California who were requesting registration in this state. It has also been obliged to refuse application blanks to fully as many more. The Bureau regrets this exceedingly, but has been forced to do so, owing to certain conditions. The "economy" plan on the part of the new Governor of California contemplates a budget system. The budget maker interprets the new budget law in such way as to sweep all special funds into the general fund of the state for general state purposes. This includes, not only the special fund created by the Nurse Registration Act of 1913, but also other special funds created by law. This is what has happened to the Bureau and, as no appropriation was made by the legislature, therefore is in the mind of the Board of Control, there is no money to pay salaries for clerical help and the office of the Bureau cannot carry on its functions. The turning back of these applications amounts to a loss of fully $6,000, as against the economy of securing a clerical assistant or two to handle the work. The Bureau has requested all applicants out of the state to wait until they come to California, when the Bureau will gladly take up their registration. The State Nurses' Association is not calmly accepting this state of affairs; the members are going "to the bat" on it in a courageous and spirited manner. They are employing one of the best attorneys in the state as counsel, who has taken the matter to the Supreme Court. A hearing was given in Los Angeles on August 8, at which the court ordered a brief prepared, which will be presented at the next meeting of the court early in October. This case will be watched with considerable interest, as it will decide a much contested point in the budget law.

Arkansas: The Arkansas State Board of Nurse Examiners will hold its semi-annual meeting in Little Rock, Ark., October 30-31, 1923, for the purpose of examining applicants. Applicants desiring to write will apply to the Secretary, Eva Atwood, St. John's Hospital, Ft. Smith, Ark. Applications must be in fifteen days before the examination date.

Michigan: The Michigan Board of Reristration of Nurses and Trained Attendants will hold an examination for graduate nurses and trained attendants at Ishpeming, Mich., September 18 and 19. Helen deSpelder Moore, Secretary, Lansing, Mich.

Missouri: Due to delay in appointment of Board of Nurse Examiners under law in effect June 24, 1923, application forms for registration in Missouri are not yet ready. Nurses writing for reciprocity in Missouri should state the name of the school of nursing from which they graduated.

Pennsylvania: The Board of Nurse Examiners of Pennsylvania under the new law has been appointed as follows: S. Lillian Clayton, Margaret Dunlop, Harriet Frost, Roberta M. West, all of Philadelphia, and Miss Yingst, Carlisle.

BOOK REVIEWS

REST AND OTHER THINGS. Allen K. Krause, M.D. Williams and Wilkins Company. Baltimore, Md. Price, $1.50.

ENVIRONMENT AND RESISTANCE IN TUBERCULOSIS. By Allen K. Krause, M.D. Williams and Wilkins Company, Baltimore, Md. Price, $1.50.

In his little book, Rest and Other Things, Krause in his usual facile style touches in an interesting and readable way on those phases of the tuberculosis problem which are of particular interest to lay workers and organizers in the tuberculosis field.

His chapter on Rest is brief and to the point. Some of the thoughts brought out are further elaborated in the following chapter on Treatment. Chapters three and four deal with childhood infection; the various hypotheses of infection are discussed from the historical viewpoint; taking into consideration bovine and human infection, the indoor and direct contact hypotheses, Krause believes that in childhood the outdoor, indirect infection, through sputum, makes up the greater proportion of the total number of those infected.

The next three chapters, dealing with preventive measures in a broad sense, contain much meat for those of us who are called upon to give vocal expression to the faith that is in us, before skeptical audiences. His keynote is education of both physician and layman by specially trained and enthusiastic teachers, and the control of manifest disease.

The closing chapter on medical education in tuberculosis should be brought to the attention of those in whose hands rests the planning of medical curricula; the present outlook is very dark; there is little incentive for men of ability to enter the field. This situation would change over night, says Krause, "if we had foundation,—departments of tuberculosis, in our medical schools." Resources netting $50,000 a year are suggested as an adequate foundation for medical schools like Harvard, University of Pennsylvania, Johns Hopkins, etc.

Krause's Environment and Resistance in Tuberculosis, like the volume reviewed above, is well printed, in large type, and is of convenient coat-pocket size.

It is divided into two parts. The first, on environment, packs into twenty-eight pages an entirely new conception of a term much in vogue among the laity, and should be read by all public health workers. Krause was greatly astonished to discover that to most people environment means nothing more than those physical objects which encompass human beings—the cities, the houses, the rooms, the baths, the furniture, the clothing, air and sunshine which people may or may not have. He calls our attention to the environment of disease; to that which comprises opportunities for physical injury to the person; the environment of occupation; the environment of antagonistic personal association.

As regards tuberculosis, any experience that may modify in any way the origin and development of infection is an environment influence.

Part II, on resistance, is an elaboration of a former address and includes material from several other papers. In approximately one hundred pages Krause shears away the verbiage which

has helped to obscure this term, and gives a scientific, clearly understandable account of resistance in its relation to pathology, diagnosis, symptoms, and treatment of tuberculosis. This part of the book will be of particular value to physicians and medical students.

I would recommend the purchase of these volumes to all interested in the broader aspects of tuberculosis.

ALICE E. STEWART, R.N.,
Pittsburgh, Pa.

THE FAMILY AND ITS MEMBERS. By Anna Garlin Spencer. J. B. Lippincott Company, Philadelphia. 322 pages. Price, $2.

The closing sentence of the introduction to Mrs. Spencer's book, The Family and Its Members, gives us her ambition "to serve as one who opens doors of insight into the House of the Interpreter." The aim of the book, as stated earlier, is

> to suggest some of the changes in external customs and inherited ways of living which may lead toward a firmer hold upon social idealism within the family, as well as within all other inherited institutions, while new bases of democratic freedom are being firmly installed.

In the pursuit of this aim and ambition, Mrs. Spencer, holding ever to the ideal of Social Service, analyzes some of our basic relationships in life. Keeping clearly in mind the lessons of the past, she places fairly before us the dangers, as well as the opportunities, of this time of great mutability of our social ideals. Though we may not agree with her in all points, her book is most worthy of careful reading by women of this day and generation. Especially is it worthy of consideration by those of us who, coming into close contact with families, would use to the utmost our opportunities to serve. To understand more clearly the changing conditions within and without the family, and to bear our share in the onward and upward march is our duty and our privilege. The author's able analysis of the present situation, together with her high ideals of justice and service, should prove a very real help and inspiration to all of us.

FLORENCE H. FALLS,
Chicago, Ill.

THE EDUCATION OF WOMEN. ITS SOCIAL BACKGROUND AND ITS PROBLEMS. By Willystine Goodsell, Ph.D. 378 pages. The Macmillan Company, New York. Price, $2.60.

Nurses who have enjoyed Miss Goodsell's courses at Teachers College in the History of Education and the History of Women will welcome this book as will all those who are genuinely interested in "the woman question." Written by an ardent feminist, it is notable for its restraint. The writer has not only drawn on a wealth of biological, psychological, social and historical material for each chapter but she has also appended a list of "Selected Readings" to each one. The temper of the concluding paragraph of the chapter on Cultural vs. Vocational Education, characteristic of the whole book, is as follows:

> The utilization of the dynamic force of interest in a chosen life work to lead the student out into the fertile and varied fields of human culture is the outstanding educational problem of this industrial age. It is idle to claim that the problem has been solved save in individual instances. Neither the college of liberal arts nor the vocational college has yet convincingly shown the way by which cultural education may be infused with social purpose and efficiency and vocational education may be enlarged in scope and significance as to become truly liberalizing to the mind.

The book should prove stimulating to those who are concerned with the education of nurses.

M. M. R.

BOOKS RECEIVED

PRINCIPLES AND PRACTICE OF X-RAY TECHNIC FOR DIAGNOSIS. By John A. Metzger, M.D. C. V. Mosby Company, St. Louis, Mo. Price, $2.75.

LECTURES ON DIETETICS. By Max Einhorn, M.D. W. B. Saunders Company, Philadelphia, Pa. Price, $2.25.

NEWER KNOWLEDGE OF NUTRITION. By E. V. McCollum, M.D. 436 pages. The Macmillan Company. Price, $3.80.

SURGICAL AND GYNECOLOGICAL NURSING. Parker and Breckinredge. Revised. J. B. Lippincott Company, Philadelphia, Pa. Price, $3.

PRACTICE OF PREVENTIVE MEDICINE. By J. G. Fitzgerald, M.D. Assisted by Peter Gillespie, M.Sc. By H. M. Lancaster, B.A.Sc., and with chapters by special writers. 826 pages. Illustrated. C. V. Mosby Company, St. Louis, Mo. Price, $7.50.

IMPOTENCY, STERILITY, AND ARTIFICIAL IMPREGNATION. By Frank P. Davis, M.D. Second Edition, revised and enlarged. C. V. Mosby and Company, St. Louis, Mo. Price, $2.25.

THE CONQUEST OF CONSTIPATION. William S. Walsh, M.D. 260 pages. E. P. Dutton and Company, New York. Price, $2.

NUTRITION AND CLINICAL DIETETICS. Herbert S. Carter, M.D.; Paul E. Howe, Ph.D., and Howard H. Mason, M.D. Third Edition. Thoroughly revised. 730 pages. Lea and Febiger, Philadelphia. Price, $7.50.

TUBERCLE BACILLUS INFECTION AND TUBERCULOSIS IN MAN AND ANIMALS. By Albert Calmette, Associate Director, Pasteur Institute, Paris, France. Authorized translation by Willard Soper, M.D. and George S. Smith, Ph.D. Second Edition. 714 pages. Illustrated. Williams & Wilkins Company. Baltimore. Price, $8.

FASTING AND UNDERNUTRITION. A Biological and Sociological Study of Inanition. By Sergius Morgulis, Professor of Biochemistry, University of Nebraska College of Medicine. 310 pages, with a Bibliography of 85 pages. E. P. Dutton & Company, New York. Price, $5.

The new ANATOMY AND PHYSIOLOGY by Jesse Feiring Williams of Teachers College is now ready for distribution.

Le Service a l'Hospital. Mme. Edouard Krebs-Japy, Des Presses Universtaries de France. Mme. Japy is a French physician and wife of a physician and she presents in a remarkable manner the history of Social Service in the United States and its development in France since 1914. Mme. Japy acknowledges a great debt to the American Red Cross and the Rockefeller Mission. Thus far their efforts are largely confined to three spheres: Tuberculosis, Maternity Care and Child Welfare, although something has been done for the control of cancer and the care of mental patients. Mme. Japy seems to have reliable information on the status of hospital and social service in twenty countries and has appended a bibliography of seventeen pages to her thesis.

OFFICIAL DIRECTORY

International Council of Nurses.—Secretary, Christine Reiman, Kronprinsessegade 50, Copenhagen, Denmark.

The American Journal of Nursing Company. — Headquarters, 370 Seventh Avenue, New York. Business Office, 19 West Main Street, Rochester, N. Y. President, Sarah E. Sly, Birmingham, Mich. Secretary, Elsie M. Lawler, Johns Hopkins Hospital, Baltimore, Md.

The American Nurses' Association.—Headquarters, 370 Seventh Avenue, New York. President, Adda Eldredge, Bureau of Nursing Education, Board of Health, Madison, Wis. Secretary, Agnes G. Deans, 370 Seventh Avenue, New York. Treasurer, V. Lota Lorimer, 141 South Third Street, Columbus, Ohio. Sections: **Private Duty,** Chairman, Frances M. Ott, 119 South Shore Drive, Elkhart, Ind. **Mental Hygiene,** Chairman, May Kennedy, Chicago State Hospital, Chicago, Ill. **Legislation,** Chairman, Roberta M. West, Room 150, 34 S. 17th Street, Philadelphia, Pa. **Relief Fund Committee,** Chairman, Elizabeth E. Golding, 317 West 45th Street, New York, N. Y.

The National League of Nursing Education.—Headquarters, 370 Seventh Avenue, New York. President, Laura R. Logan, General Hospital, Cincinnati, O. Secretary, Ada Belle McCleery, Evanston Hospital, Evanston, Ill. Treasurer, Bena M. Henderson, Children's Memorial Hospital, Chicago, Ill. Executive Secretary, Effie J. Taylor, 370 Seventh Avenue, New York.

The National Organization for Public Health Nursing. — President, Elizabeth G. Fox, 3800 14th Street, N. W., Washington, D. C. Director, Anne Stevens, 370 Seventh Avenue, New York.

Isabel Hampton Robb Memorial Fund Committee. — Chairman, Elsie M. Lawler, Johns Hopkins Hospital, Baltimore, Md. Treasurer, Mary M. Riddle, 223 Newbury Street, Boston, Mass.

New England Division, American Nurses' Association.—President, Mary M. Riddle, 223 Newbury St., Boston, Mass. Secretary, Esther Dart, Stillman Infirmary, Cambridge, Mass.

Nursing Service, American Red Cross.—Director, Clara D. Noyes, American Red Cross, Washington, D. C.

Army Nurse Corps, U. S. A.—Superintendent, Major Julia C. Stimson, Office of the Surgeon General, Army Corps Division, War Department, 19th and B Streets, Washington, D. C.

Navy Nurse Corps, U. S. N.—Superintendent, J. Beatrice Bowman, Bureau of Medicine and Surgery, Department of the Navy, Washington, D. C.

U. S. Public Health Service Nurse Corps. — Superintendent, Lucy Minnigerode, Office of the Surgeon General, U. S. Public Health Service, Washington, D. C.

Nursing Service, U. S. Veterans' Bureau.—Superintendent, Mrs. Mary A. Hickey, Hospital Section, U. S. Veterans' Bureau, Washington, D. C.

Department of Nursing and Health, Teachers College, New York. — Director, M. Adelaide Nutting, Teachers College, Columbia University.

STATE ORGANIZATIONS OF NURSES

Alabama.—President, Bertha Clement, 2019 Avenue F., Birmingham. Secretary, Ruth Davis, Selma. State League, President, DeWitt Dillard, Mobile Infirmary, Mobile. President examining board, Helen MacLean, 1808 North 7th Ave., Birmingham. Secretary, Linna H. Denny, 1808 North 7th Avenue, Birmingham.

Arizona. — President, Louise E. Perritt, Prescott. Secretary, Catherine Beagin, Prescott. President examining board, Edith P. Snowden, Phoenix. Secretary-treasurer, Kathryn Hutchison, Tombstone.

Arkansas.—President, Mrs. James D. Moncure, Route 4, Box 200, Little Rock. Secretary, Blanche Tomaszewska, 815 Laurel St., Pine Bluff. President examining board, Walter G. Eberle, M.D., First National Bank Building, Fort Smith. Secretary-treasurer, Eva Atwood, St. John's Hospital, Fort Smith.

California.—President, Mrs. J. F. Peterson, 1822 North Fair Oaks Avenue, Pasadena. Secretary, Mrs. J. H. Taylor, Route A, Galt. State League President, Anna C. Jamme, State Building, San Francisco. Secretary, Mary May Pickering, University Hospital, San Francisco. Director, Bureau of Registration of Nurses, Anna C. Jamme, State Building, San Francisco.

Colorado. — President, Jessie D. Stewart, 220 E. Yampa St., Colorado Springs. Secretary, Mrs. Mae M. Carpenter, 1027 Fillmore St., Denver. State League President, Mrs. Gertrude Loutzenheiser, Children's Hospital, Denver. Secretary, Loretto Mulherin, St. Joseph's Hospital, Denver. President examining board, Blanche I. Lewis, 1116 East Boulder Street, Colorado Springs. Secretary, Louise Perrin, State House, Denver.

Connecticut. — President, A. Elizabeth Bigelow, 69 East Main Street, Meriden. Secretary, Kathryn E. Sherman, 220 Farmington Avenue, Hartford. State League President, Sarah E. Hyde, Middlesex Hospital, Middletown. Secretary, Amelia M. Jones, Middlesex Hospital, Middletown. President examining board, Martha P. Wilkinson, 34 Charter Oak Avenue, Hartford. Secretary, Mrs. Winifred A. Hart, 109 Rocton Avenue, Bridgeport.

Delaware.—President, Marie T. Lockwood, Ford Building, Wilmington. Secretary, Amy E. Wood, 213 Seventh Street, Wilmington. President examining board, Harold L. Springer, M.D., 1013 Washington Street, Wilmington. Secretary, Mary A. Moran, 1313 Clayton Street, Wilmington.

District of Columbia.—President, Eleanor Maynard, 2520 14th Street, N. W., Washington. Secretary, I. Malinde Havey, 3800 14th St., N. W., Washington. District League President, Minnie Goodnow, Children's Hospital, Washington. Secretary, Anne H. Raffin, Emergency Hospital, Washington. President examining board, Mary G. Wolford, 1337 K Street, N. W., Washington. Secretary-treasurer, Mary E. Graham, 1337 K Street, N. W., Washington.

Florida. — President, Theresa P. Fremd, Orange General Hospital, Orlando. Secretary, Elizabeth Steil, Riverside Hospital, Jacksonville. President examining board, Anna L. Felting, Box 196, Miami. Secretary-treasurer, Mrs. Louisa B. Benham, Hawthorne.

Georgia.—President, Mrs. Mae M. Jones, State Sanatorium, Millidgeville. Secretary, Chloe M. Jackson, 602 Chamber of Commerce, Atlanta. State League President, Mrs. Eva S. Tupman, Macon City Hospital, Macon. Secretary, Jean Harrell, Baptist Hospital, Atlanta. President examining board, Jessie M. Candlish, 20 Ponce de Leon Ave., Atlanta. Secretary-treasurer, Jane Van De Vrede, 688 Highland Avenue, Atlanta.

Idaho. — President, Barbara Williams, St. Luke's Hospital, Boise. Secretary, Louise W. Gerrish, St. Luke's Hospital, Boise. Department of Law Enforcement, Bureau of Licenses, Examiner, Napina Hanley, State Capitol, Boise.

Illinois.—President, Mabel Dunlap, 1531½ Third Avenue, Moline. Secretary, May Kennedy, Chicago State Hospital, Chicago. State League President, Mary H. Cutler, 1750 Congress St., Chicago. Secretary, Dora C. Saunby, Michael Reese Hospital, Chicago. Superintendent of Registration, Addison M. Shelton, State Capitol, Springfield.

Indiana. — President, Ina Gaskill, State Board of Health, Indianapolis. Secretary, Eugenia Kennedy, St. Vincent's Hospital, Indianapolis. President State League, Mary M. Peterson, Robert W. Long Hospital, Indianapolis. Secretary, Lizzie L. Goeppinger, Protestant Deaconess Hospital, Indianapolis. President examining board, Nellie G. Brown, Robert W. Long Hospital, Indianapolis. Secretary, Ida J. McCaslin, 501 East Noble Street, Lebanon.

Iowa. — President, Amy Beers, Jefferson County Hospital, Fairfield. Secretary, Nelle Morris, The Summit, D-1, Iowa City. State League President, Faith Ankeney, Methodist Hospital, Des Moines. President examining board, C. F. Launder, M.D., Garwin. Secretary, Rodney P. Fagan, M.D., Des Moines.

Kansas. — President, Ethel L. Hastings, Bethany Hospital, Kansas City. Secretary, Caroline E. Barkemeyer, Halstead. President examining board, Sister Catherine Voth, Newton. Secretary-treasurer, Sister Mary Helena, St. Luke's Hospital, El Dorado.

Kentucky.—President, Edith E. Bush, 1112 South 4th Ave., Louisville. Corresponding secretary, Gertrude Bethel, 700 Francis Building, Louisville. State League President, Lee Guthrie, Southern Kentucky Sanitarium, Franklin. Secretary, Mary Foreman, Massie Memorial Hospital, Paris. President examining board, Sophia F. Steinhauer, Speers Memorial Hospital, Dayton. Secretary, Flora E. Keen, Somerset.

Louisiana.—President, Mrs. Lydia Breaux, 521 S. Hennessy St., New Orleans. Secretary, Mrs. Clara McDonald, 1624 Marigny St., New Orleans. President examining borad, J. T. Crebbin, M.D., 1207 Maison Blanche, New Orleans. Secretary, J. S. Hebert, M.D., 27 Cusachs Building, New Orleans.

Maine. — President, Mrs. Lou S. Horne, 122 Emery St., Portland. Secretary, Louise Hopkins, 246 Essex Street, Bangor. President examining board, Margaret M. Dearness, Maine General Hospital, Portland. Secretary-treasurer, Rachel A. Metcalfe, Central Maine General Hospital, Lewiston.

Maryland. — President, Elsie M. Lawler, Johns Hopkins Hospital, Baltimore. Secretary, Sarah F. Martin, 1211 Cathedral Street, Baltimore. State League President, Maude Gardner, Hospital for the Women of Maryland, Baltimore. Secretary, Charlotte M. Snow. President examining board, Helen C. Bartlett, 604 Reservoir Street, Baltimore. Secretary and treasurer, Mary Cary Packard, 1211 Cathedral Street, Baltimore.

Massachusetts. — President, Carrie M. Hall, Peter Bent Brigham Hospital, Boston. Corresponding secretary, Jessie E. Catton, New England Hospital for Women and Children, Dimock St., Boston, 19. President State League, Sally Johnson, Massachusetts General Hospital, Boston. President examining board, Mary M. Riddle, 223 Newbury St., Boston. Secretary, Samuel H. Caulderwood, M.D., State House, Boston.

New Process FREES Castor Oil of Nauseating Taste and Odor

Send for FREE Trial Bottle. Recommended by physicians. Actually pleasant to take, and meets with no objections whatever from patients.



No longer need anybody dread taking Castor oil. Through a marvelous new process of refinement, the ordinary castor oil that was so obnoxious, is now devoid of all taste and smell. It is as easy to swallow as water, and produces no nausea or unpleasant after-effects. Once a patient has taken a dose of this new kind of castor oil, all objections instantly disappear and doses can be administered as often as necessary.

This new kind of castor oil is the result of years of careful, scientific research and experimentation by Spencer Kellogg & Sons, Inc., one of the largest refiners of vegetable oils in the world. Through their exclusive process of super-refinement they have succeeded in placing at the disposal of the medical and nursing profession a castor oil free from castor taste or odor that can be employed to its fullest extent, and with the most satisfactory results.

None of the medicinal properties of the oil are lost in this refining process. Absolutely nothing has been added or removed to disguise or alter the taste. Strength and purity remain unchanged.

Recommended by Prominent Physicians

Doctors in increasing numbers are recommending Kellogg's Tasteless Castor Oil, as fast as they realize that it is simply ordinary castor oil without its disagreeable features. It is pleasant to take, does not cause after-nausea and will not upset the stomach nor produce the qualm which so frequently accompanies the taking of ordinary castor oil. Kellogg's Tasteless Castor Oil can be taken by infant or child, delicate or fastidious women, elderly, invalid or infirm persons with eminently satisfactory results—and with no objections.

Coupon Brings FREE Trial Bottle

So that you may prove for yourself what a boon Kellogg's Tasteless Castor Oil is, we shall gladly and promptly send you a generous-sized Trial Bottle **absolutely FREE,** if you will fill in and mail the coupon below. No nurse or physician should fail to test this remarkable product. Mail the coupon for your sample bottle to-day.

WALTER JANVIER, Inc.
Dept. 39, 417 Canal St., New York, N. Y.

- -

Walter Janvier, Inc.,
Dept. 39, 417 Canal Street,
New York, N. Y.
Gentlemen:

Without cost or obligation on my part, please send me a FREE Trial Bottle of Kellogg's Tasteless Castor Oil.

Name _____

Address _____

Michigan. — President, Mary A. Welsh, Grand Rapids. Corresponding Secretary, Mabel Haggman, Flint. State League President, Maud McClaskie, Harper Hospital, Detroit. Secretary, Helen M. Pollock, Flint. President examining board, Richard M. Olin, M.D., Lansing. Secretary, Mrs. Helen de Spelder Moore, 206 State Office Building, Lansing.

Minnesota. — President, Irene English, Northern Pacific Hospital, St. Paul. Secretary, Dora Cornelisen, Old State Capitol, St. Paul. President State League, Caroline Rankiellour, 3915 Eleventh Ave. S., Minneapolis. Secretary, Pearl L. Rexford, Northwestern Hospital, Minneapolis. President examining board, Margaret Crowl, St. Luke's Hospital, St. Paul. Secretary, Dora Cornelisen, Old State Capitol, St. Paul.

Mississippi.—President, Mrs. B. M. Hopper, Mattye Hersey Hospital, Meridian. Secretary, Mrs. James A. Cameron, 511 Bay Street, Hattiesburg. President examining board, Dr. J. H. Fox, Jackson. Secretary-treasurer, Mrs. Ernestine Bryson Roberts, Starkville.

Missouri. — President, Mance Taylor, Parker Memorial Hospital, Columbia. Secretary, Bertha Love, Parker Memorial Hospital, Columbia. State League President, Eleanor Keeley, Columbia. Secretary, Glory H. Ragland, 3908 Olive Street, St. Louis. President examining board, Mary G. Burman, Children's Mercy Hospital, Kansas City. Educational director-secretary, Harriet L. P. Friend, 620 Chemical Building, St. Louis.

Montana.—President, Mrs. Clara Barrington, Ford Building, Great Falls. Secretary, F. L. Kerlee, 514 Eighth Ave., Helena. President examining board, E. Augusta Ariss, Deaconess Hospital, Great Falls. Secretary-treasurer, Frances Friederichs, Box 928, Helena.

Nebraska.—President, Lulu F. Abbot, 847 North 26th Street, Lincoln. Secretary, Cora E. Higgins, 2100 South St., Lincoln. State League President, Charlotte Burgess, University Hospital, Omaha. Secretary, Bertha A. Bryant, Grand Island Hospital, Grand Island. Bureau of Examining Board, secretary, H. H. Antles, Department of Public Welfare, State House, Lincoln.

Nevada.—President, A. Craven, Reno Hospital, Reno. Secretary, Margaret A. Ross, 243 West 3d St., Reno.

New Hampshire. — President, Anna C. Lockerby, Laconia Hospital, Laconia. Secretary, Mrs. Florence M. Knowles, Portsmouth. President examining board, Mae Morrison, Whitefield. Secretary, Ednah Cameron, 8 North State Street, Concord .

New Jersey. — President, Virginia Chetwood, 50 Hudson Street, Hackensack. Secretary, Marie Louis, Muhlenberg Hospital, Plainfield. State League President, Florence Dakin, 468 Ellison St., Paterson. Secretary, Marie Louis, Muhlenberg Hospital, Plainfield. President examining Board, Mrs. George W. Conklin, Room 302, McFadden Building, Hackensack. Secretary-treasurer, Elizabeth J. Higbid, Room 302, McFadden Building, Hackensack.

New Mexico.—President, Mrs. Blanche A. Montgomery, Women's and Children's Hospital, Albuquerque. Secretary, Mary Priest Wight, Presbyterian Sanatorium, Albuquerque. President examining board, Sister Mary Lawrence, St. Joseph's Hospital, Albuquerque. Secretary and treasurer, Mrs. L. L. Wilson, 804 North 13th Street, Albuquerque.

New York.—President, Mrs. Anne L. Hansen, 181 Franklin Street, Buffalo. Secretary, Ella F. Sinsebox, 443 Linwood Avenue, Buffalo. State League President, Amy M. Hilliard, Samaritan Hospital, Troy. Secretary, Helen Young, Presbyterian Hospital, New York. President examining board, Lydia E. Anderson, 41 South Oxford Street, Brooklyn. Secretary, Alice Shepard Gilman, State Education Building, Albany.

North Carolina.—President, Blanche Stafford, Winston-Salem. Secretary, Edna Heinzerling, Winston-Salem. State League Chairman, Emily A. Holmes, Rutherford. Secretary, Gilbert Muse, High Point. President examining board, Mary P. Laxton, Biltmore Secretary-treasurer, Dorothy Hayden, Greensboro.

North Dakota. — President, Sarah Sand, Osgood Flats, Fargo. Corresponding secretary, Esther Teichmann, 720 Fifth Street South, Fargo. President examining board, Ethel Stanford, 703 Fourth Street, South, Fargo. Secretary, Mildred Clark, General Hospital, Devils Lake.

Ohio.—President, Augusta M. Condit, 141 South Third St., Columbus. Secretary, Lucille Grapes, 797 East Fulton St., Columbus. State League President, Blanche Pfefferkorn, Cincinnati General Hospital, Cincinnati. Secretary, E. Muriel Anscombe, Mt. Sinai Hospital, Cleveland. Chief examiner, Caroline V. McKee, 275 South 4th St., Columbus. Secretary, Dr. H. M. Platter, Hartman Hotel Building, Columbus.

Oklahoma.—President, Olive Salmon, Pawhuska. Secretary, Virginia Tolbert Fowler, 622 East 12th Street, Oklahoma City. State League President, Candace Montfort, University Hospital, Oklahoma City. Secretary, Sister M. Lucia, St. Anthony's Hospital, Oklahoma City. President examining board, Olive Salmon, 204 Triangle Building, Pawhuska. Secretary-treasurer, Bess Ross, Soldiers' Memorial Hospital, Muskogee.

Oregon. — President, Grace Phelps, 616 Lovejoy Street, Portland. Secretary, Margaret A. Tynan, St. Vincent's Hospital, Portland. President examining board, Jane V. Doyle, 660 Johnson St., Portland. Secretary-treasurer, Mrs. O. E. Osborne, 512 Oakdale Avenue, Medford.



Saving the lives of countless thousands of little children

How the Trained Nurse can help

NURSES, in their important work in the interest of health, can help eradicate diphtheria by explaining to parents how to protect their children from this dread disease. Every child should have The Schick Test made by the family physician and if necessary be given the Diphtheria Toxin-Antitoxin. In this way, diphtheria will soon disappear from our communities.

The Schick Test enables physicians to tell whether children are susceptible to diphtheria or not. Should The Schick Test show that any child is susceptible, treatment with Diphtheria Toxin-Antitoxin (a mixture of the toxin which causes the disease and Diphtheria Antitoxin) will protect him from diphtheria for many years.

It is a part of the Squibb obligation to produce Diphtheria Antitoxin, Schick Test and Diphtheria Toxin-Antitoxin of absolutely correct standards.

The Squibb Laboratories do not produce an inferior biological to be marketed under the so-called Board of Health label. Every biological product bearing the Squibb label is the best that they are capable of producing regardless of price.

E·R·SQUIBB & SONS, NEW YORK

MANUFACTURING CHEMISTS TO THE MEDICAL PROFESSION SINCE 1858.

THE "PRICELESS INGREDIENT" OF EVERY PRODUCT IS THE HONOR AND INTEGRITY OF ITS MAKER

Copyright 1923, E. R. Squibb & Sons, New York, N. Y.

DeLee, Joseph B., M.D., Outline for study, 440.
Dock, Pickett, Noyes, Clement, Fox, Van Meter, History of American Red Cross (Official). (Reviewed by A. M. Carr), 620.
Dorland, W. A. Norman, M.D., The pocket medical dictionary, 164.
Drew, Lillian Curtis, Individual gymnastics. (Reviewed by Dorothy Deming), 163.
Dunlap, Knight, Elements of scientific psychology. (Reviewed by Mary T. Whitley), 266.
Flagg, Paluel J., M.D., Art of anaesthesia, The. (Reviewed by Agatha Hodgins), 909.
Galloway, T. W., Biology of Sex. (Reviewed by Ann Doyle), 79.
Gibson, Anna L., Clinical laboratory technic for nurses. (Reviewed by Bess Everett), 164.
Goodsell, Willystine, The education of women, 1075.
Haden, Russell Landram, M.D., Clinical laboratory methods. (Reviewed by Anna L. Gibson), 910.
Hart, Hastings H., L.L.D., Plans and illustrations of prisons and reformatories, 440.
Hazen, Henry H., M.D., Diseases of the skin. (Reviewed by Herman Goodman, M.D.), 438.
Hedger, Caroline, M.D., Score card for parents, 164.
Holt, L. Emmett, M.D., Food, health and growth. (Reviewed by Sara B. Place), 346.
Iowa Tuberculosis Association, Health songs, 820.
Kennedy, Albert J.,, and Woods, Robert A., Settlement horizon, The. (Reviewed by Jane Elizabeth Hitchcock), 533.
Krause, Allen K., M.D., Environment and resistance in tuberculosis. (Reviewed by Alice E. Stewart), 1074.
Krause, Allen K., M.D., Rest and other things. (Reviewed by Alice E. Stewart), 1074.
McClenahan, B. A., Organizing the community. (Reviewed by Bleeker Marquette), 343.
McDonald, Archibald K., Essentials of surgery. (Reviewed by Nora Robinson), 910.
Metcalf, Henry C., and Tead, Ordway, Personnel administration. (Reviewed by Corinna French), 906.
Miller, H. Crichton, M.D., The new psychology and the teacher. (Reviewed by Dora M. Barnes), 817.
Nursing and nursing education in the United States. (Reviewed by Elizabeth Greener), 727.
Parsons, Sara E., History of the Massachusetts General Hospital training school, 345.
Paton, Stewart, M.D., Signs of sanity and principles of mental hygiene. (Reviewed by Esther Loring Richards, M.D.), 265.
Paul, George P., M.D., Fever nursing. (Reviewed by Elizabeth F. Miller), 912.
Peters, Fredus N., Ph.D., Applied chemistry, 912.
Plass, Everett Dudley, M.D., Obstetrics for nurses. (Reviewed by Calvina MacDonald), 994.
Porter, Langley, M.D., and Carter, William E., M.D., Management of the sick infant. (Reviewed by Bena M. Henderson), 79.
Portraits of Edith Cavell, 820.

Price, George M., M.D., Hygiene and sanitation. (Reviewed by Naomi Deutsch), 163.
Reid, Edith Gittings, Florence Nightingale. A play in three acts. (Reviewed by Carolyn E. Gray), 264.
Reid, Mary E., R.N., Bacteriology in a nutshell. (Reviewed by Susie A. Watson), 439.
Richmond, Mary R., What is social case work? (Reviewed by Grace L. Anderson), 78.
Sanders, Georgiana J., Modern methods in nursing. (Reviewed by Mabel F. Huntly), 619.
Sauer, Louis W., M.D., Nursery guide. (Reviewed by Abigail A. Eliot), 996.
Scott, R. J. E., F.D., Hughes' practice of medicine. (Reviewed by Albert D. Kaiser, M.D.), 439.
Snedden, David, Ph.D., Vocational education. (Reviewed by Isabel M. Stewart), 730.
Spencer, Anna Garlin, The family and its members. (Reviewed by Florence H. Falls), 1075.
Tead, Ordway, and Metcalf, Henry C., Personnel administration. (Reviewed by Corinna French), 906.
Transactions, twelfth annual meeting, American Child Hygiene Association, 80.
Transactions, thirteenth annual meeting, American Child Hygiene Association, 995.
Van Blarcom, Carolyn Conant, Getting ready to be a mother. (Reviewed by Bessie Amerman Haasis), 909.
Wheeler, Mary C., Nursing technic. (Reviewed by Mary E. Norcross), 819.
Williams, Jesse Feiring, M.D., Personal hygiene applied. (Reviewed by Carolyn E. Gray), 264.
Williams, Jesse Feiring, M.D., Personal hygiene applied. (Reviewed by Caroline Hedger, M.D., 532.
Wood, Bertha M., Foods of the foreign-born in relation to health. (Reviewed by Sally Lucas Jean), 162.
Woods, Robert A., and Kennedy, Albert J., Settlement horizon, The. (Reviewed by Jane Elizabeth Hitchcock), 533.
Bowers, Marion Howe, The place of physical education in a school of nursing, 215.
Breckenridge, Ruth, Our cap-pinning service, 1053.
Brown, Vivian M., and Shirley C. Titus, An experiment in teaching nutrition to student nurses, 754.
Burnett, Margaret G., Flower arrangement, 91.

Care of the child in the public health field, 943.
Care of the feet, The, 838.
Carruth, Clara L., What a central registry means to the public, 749.
Centralization of schools of nursing, 556.
Central schools for nurses 751.
Christmas in other lands, 169.
Christmas in the hospital, 219.
Clauson, Sigrid, The ideal nurse, 411.
Clayton S. Lillian, Place of the teaching supervisor in our educational programme, The, 479.
Clever improvisation, A, 276.
Clinical teaching in schools of nursing, 383, 386.

Cockrell, Ethlyn, One morning with a school nurse, 958.
Cole, Elizabeth, Playing for health, 580.
College nursing, 554.
Community Health Association of Boston, The, 777.
Connolly, Elizabeth, The fractional Ewald meal by the Rehfus method, 1018.
Consideration of the present status of nursing education, A, 285.
Corbin, Hazel, Equipment and technic for a urinalysis, 757.
Corbin, Hazel, Suggestions for the care of the breasts during pregnacy, 545.
Cost of educating a nurse, The, 753.
Cost of nursing schools, 201.
Crawford, Beulah, Discussion, 386.
Crowe, Marion G., The twentieth century Pandora, 309.
Cummings, N. F., Hospital social service, 928.
Cutler, Bessie, and Stewart, Chester A., M.D., Simplified method for the preparation of protein milk, 183.

Dangers of ascariasis, 322.
Dawn of a new era in nursing education, 735.
Deans, Agnes G., Headquarters American Nurses' Association, 507.
DeGraaf, Afina S., The patient's comfort, 185.
DEPARTMENT OF NURSING EDUCATION: 26, 113, 197, 295, 383, 479, 567, 666, 767, 853, 943, 1027.
DEPARTMENT OF PUBLIC HEALTH NURSING: 44, 130, 211, 309, 401, 494, 580, 681, 777, 863, 957, 1040.
DEPARTMENT OF RED CROSS NURSING: 35, 123, 206, 302, 394, 489, 576, 676, 774, 861, 954, 1036.
  Bulgaria, 206, 678.
  Czechoslovakia, 676.
  France, 862.
  Greece, 303, 490, 775, 1036.
  Haiti, 489.
  Italy, 302.
  Poland, 677, 680.
  Turkey, 207, 678, 775.
Description of a case of yaws, 691.
Difficulties encountered when employing nurses inadequately trained in pediatrics, 948.
Discussion of the report of the committee on nursing education, 197.
Draper, Laura A., The Community Health Association of Boston, 777.
Drown, Lucy Lincoln, An address, 923.
Duchesne, Mary Louise, Labor-saving device, A, 470.
Duties of nurses on private wards, 120.

Earle, Mary Goodyear, Intelligence testing of probationers, Is it coming? 866.
EDITORIALS: 21, 108, 193, 290, 377, 473, 561, 657, 761, 847, 939, 1023.
  Accommodations for special nurses, 381.
  Alma mater, 1024.
  American Hospital Association meeting, The, 108.
  Annual meeting of the League, 939.
  As others see us, 382.
  Backward step in Missouri, A, 661.
  Bellevue's semi-centennial, 761.

Boomerang, A, 473.
Centralization of nursing education, 662.
China and Ohio, 851.
Christmas season, The, 193.
Commencement, 657.
Correspondence courses, 110.
Courage, 111.
Dearth of instructors, The, 1023.
Delano memorial, The, 378.
Delano nurses, 25.
Diamonds, 1025.
Eight centuries of healing, 1023.
Endowment of a half million dollars, An, 657.
Expansion at national headquarters, 377.
Fraudulent agents, 24.
Going-up days, 22.
Good resolutions, 290.
Helen Hartley chair of nursing, The, 763.
How does your state stand? 25.
I'd hate to be a just-a! 659.
In a mental hospital, 291.
Journal advertising, 382.
Journal at national headquarters, The, 108.
Journalistic coöperation, 663.
Joy of giving, The, 564.
League membership, 476.
Lure of nursing, 659.
Massachusetts hospitality, 940.
Mechanical ingenuity, 475.
Meeting of the National Child Hygiene Association, 194.
Miss Goodrich goes to Yale, 762.
Miss Gray, Dean of School of Nursing, 941.
Mistake in emphasis, A, 474.
Mrs. Higbee's resignation, 293.
Mrs. Lockwood and Miss McMillan represent the Journal, 941.
National conference of social work at Washington, The, 847.
New England Division meeting, The, 848.
Nursing, 475.
Nursing and nursing education in the United States, 561.
Nursing education in the south, 764.
Nursing technic, 195.
On class room walls, 193.
On to Swampscott, 763.
Oregon year book and directory, 765.
Our objective, 564.
Personal hygiene, 476.
Professional parentage, 21.
Programmes, 22.
Psychology of bulletin boards, 195.
Question box, A, 1026.
Report of the committee on standardization of credits, 389.
Resignation of Miss Dock from the Journal staff, 660.

Revision work in new hands, 378.
Semi-centennial at New Haven, The, 849.
Shortage of nurses versus community intelligence, 292.
Simple courtesy, 565.
Special nurses, 380.
Spirit of nursing, The, 111.
The spirit of service memorial to war nurses, 293.
State association bulletin, A, 293.
State registration, 562.
Stay on your job, 850.
Stereotypes, 379.
Three interesting committees, 23.
Training of attendants, The, 764.
Types, 566.
Unique scholarships for teaching supervisors, 849.
World conference on education, 942.
Eldredge, Adda, Objectives for private-duty sections, 539.
Elimination of the undesirable student during the preliminary course, The, 135.
Epley, Lorene, The ideal nurse, 411.
Equipment and technic for a urinalysis, 757.
Evening to remember, An, 454.
Exhibits at the Minnesota fair, 98.
Experiment in teaching nutrition to student nurses, An, 754.

Fighting tuberculosis in West Virginia, 778.
Fiske, Annette, Psychology, 1011.
Flower arrangement, 91.
Following the star to Henry street, 180.
Food principles and a balanced diet, 541.
FOREIGN DEPARTMENT: 39, 127, 209, 305, 397, 493.
British registration act at work, The, 305.
Norwegian council of trained nurses, The, 39.
Fractional Ewald meal by the Rehfus method, The, 1018.
Fracture cart for hospitals, A, 924.

Geister, Janet M., Public health nursing, 681.
Georgia healthmobile, The, 289.
Gerster, John, M.D., A fracture cart for hospitals, 924.
Getzlow, Ruth, Description of a case of yaws, 691.
Gibbes, Virginia, The Georgia healthmobile, 289.
Gibson, Elizabeth, The private nurse, a pioneer health worker, 1001.
Gillett, L. H., Nutrition in the public health program, 458.
Gilman, Alice Shepard, How are hospitals to meet the obligations which the newer standards of nursing education demand? 49.
Githens, Lillian, Teaching the care and prevention of tuberculosis, 295.
Goodnow, Minnie, "There ought to be something," 467.
Goodrich, Annie W., Problem of the care of the child in the public health field, 943.
Goodrich, Annie W., University, the school of nursing and the subsidiary group, The, 627.
Good Will delegation at Bordeaux school, 1014.
Gray, Carolyn E., Gummed paper models, 20.
Gray, Carolyn E., The ideals of the nursing profession for schools of nursing, 87.

Greetings from headquarters to the 15,000 graduates of 1923, 654.
Gregory, Frances M., The modern high school girl, 104.
Griffin, Clara A., The new social consciousness in schools of nursing, 641.
Groff, Harriet R., An appeal for nurses in tuberculosis sanatoria, 176.
Gummed paper models, 20.

Habits and skills, 1.
Halbert, Lucy E., Mountain children in Kentucky, 212.
Hand, Mollie A., Good Will delegation at the Bordeaux school, 1014.
Hankins, Helen, A clever improvisation, 276.
Hansen, Helen, The private duty nurse, 448.
Hardy, Mrs. Walter, The Ardmore ambulance plane, 182.
Harrison, Gene, An unusual party, 649.
Hartwell, Laura, Impressions of Samoa, 397.
Haupt, Alma C., Exhibits at the Minnesota fair, 98.
Headquarters American Nurses' Association, 507.
Headquarters National League of Nursing Education, 484.
Health, 502.
Health films committee of the National Health Council, 960.
Health game, The, 353.
Hedger, Caroline, M.D., Positive health for nurses, 5.
Hilliard, Amy M., Discussion of the report of the committee on nursing education, 197.
Hilliard, Amy M., Hospital administration, 404.
Hilliard, Amy M., Hospital standardization, 497, 585, 686.
Hilliard, Amy M., Hospital waste, 780.
Hilliard, Amy M., Practical suggestion for orthopedic work, A, 5.
Hospital administration, 404.
Hospital and Training School Administration: 49, 135, 215, 313, 404, 497, 585, 686, 780, 866, 962, 1048.
Hospital social service, 928.
Hospital standardization, 497, 585, 686.
Hospital waste, 780.
How, Anne, Something new in nursing, 841.
How are hospitals to meet the obligations which the newer standards of nursing education demand? 49.
How it can be done, 211.
How we sent a representative to Seattle, 53.
Hulsizer, Mary B., Out-patient department as a field for nursing education, The, 445.
Humes, Grace, Nursing technic of oral surgery, 85.
Hurley, Edith, Reaching the prospective nurse, 650.

Ideal nurse, The, 411, 412.
Ideals of the nursing profession for schools of nursing, The, 87.
Importance of understanding medical laboratory tests, The, 14.
Impressions of Samoa, 397.
Improvised bed pan, 843.
Institute for instructors, An, 390.
Institute for principals and instructors in schools of nursing, 675.
Intelligence testing of probationers, 866.
Interpretation of the "Equivalent," The, 853.

Jammé, Anna C., Nursing education in China, 666.
Jammé, Anna C., Nursing education in Japan, 767.

Kandel, Phoebe M., Teaching and supervision of nursing education, 567.
Keith, Mary L., Relation of hospital superintendent to principal of school of nursing, 692.
Kennedy, May, Psychiatric nursing, 278.
Kilduffe, Robert A., M.D., A consideration of the present status of nursing education, 285.
Kilduffe, Robert A., M.D., A resumé of the present state of our knowledge of scarlet fever, 17.
Knowlton, Grace P., and Livingston, Dorothy Fane, Our first two months in training, 591.
Krusey, Effie M., College nursing, 554.
Kurath, Louise, Nursing conditions in South America, 127.

Labor-saving device, A, 470.
LeFevre, B. M., Health, 502.
Leroy, Mabel, Nursing in Alaska, 925.
Lessig, Ruby, Value to student nurses of excursions to other institutions, 322.
Letters to the Editor: 54, 140, 221, 324, 413, 504, 593, 693, 786, 872, 970, 1055.
Addresses wanted, 972.
American nurse in Russia, An, 874.
Another imposter, 875.
Appeal from Russia: An open letter to American nurses, 226.
Appreciation, 593.
Appreciation of summer courses, 1055.
Arizona anomaly, An, 972.
"Bacteriology in a nutshell," 594.
Comments on the Delano memorial, 325.
Constipation, 57.
Correction, A, 419.
Cowbirds, 140.
Exchange desired, 142.
Fight for nurses, A, 324.
Fires of various kinds in Korea, 140.
Florence Nightingale in China, 970.
Found—a pin, 225.
From a Navy nurse, 595.
From China, 413, 875.
From Greece, 1057.
From the Philippines, 413.
Heart of the art, The, 596.
How can private duty nurses help public health nurses? 417.
How one school uses the Journal, 142.
How to interest young nurses in our organizations, 57.
International council, The, 872.
Is the "sub-nurse" needed? 786.
Is this fair? 1056.
Journal in foreign schools, The, 786.
Journals wanted or on hand, 58, 142, 225, 419, 596, 695, 875, 1058.
Lack of dignity, 971.

Legislative work in New Jersey, 787.
Legislative work in Texas, 788, 873.
Little experiences of a private duty nurse, 222.
Look before you leap, 505, 694.
Looking forward, 413.
Molsaac loan fund, The, 693.
Medical work in India, 221.
Memorial tablet, A, 54.
Miracle, A, 326.
Nurse in industry, The, 970.
Nurses' association of China, The, 872.
Nurses' home in a small city, A, 693.
Nursing in a girl's school, 415.
Our day, 506.
Pacifier, The, 54.
Perennial grievances, 971.
Plea for more nurses' homes, 413.
Plea for pediatric training, A, 325.
Private school nursing, 225.
Problems confronting the obstetrical nurse, 873.
Punishment for the innocent, 416.
Question for the State Association, A, 972.
Registries, 1057.
Sharing of honors, A, 693.
Student Friendship Fund drive, 594.
Student representative at a state meeting, A, 786.
Students appreciate their opportunities, 326.
Suggestion for private duty nurses, A, 414.
Superintendent's worries, A, 141.
"To see ourselves as others see us," 414.
To the probationer, 417.
Transport trip, A, 141, 222.
Tribute to the nursing profession, A, 57.
Unbusinesslike nurses, 971.
Undaunted, 416, 593.
Unusual case, An, 415.
Wanted, a copy of the Life of Florence Nightingale, 419.
What I like in the Journal, 1057.
What the Journal means to me, 225.
"When saw we thee sick?" 593.
Where help is needed, 1057.
Who can answer this? 593.
Who is responsible? 225.
Why clothe them? 413.
Why "Cowbirds"? 54.
Why one family was glad when the nurse left, 419.
Why she gave up night duty, 140.
Wireless from China for you! A, 504.
Life insurance for the nurse, 277.
List of publications, portraits, slides, by the National League of Nursing Education, 655.
Liu, Margaret, Dangers of ascariasis, 322.

Logan, Laura R., Retrospect and prospect, 917.
Louis Pasteur, 759.

Manley, Flossie, Training and opportunities for colored nurses, 784.
Mather, Nellie I., Special recipes for diabetic patients, 648.
McClaskie, Maude, McLaughlin Hall of the Farrand training school, Detroit, 101.
McCleery, Ada Belle, Cost of nursing schools, 201.
McConnell, Rachel, A satisfactory ward food service, 834.
McDonald, M. C., My impressions of social service, 138.
McKibben, William K., The narcotic menace, 174.
McLaughlin Hall of the Farrand training school, Detroit, 101.
McMurchy, Jean Fraser, Following the star to Henry street, 180.
McVicker, Mabel, The importance of understanding medical laboratory tests, 14.
Midwife, The, 548.
Modern education of women for the profession of nursing, The, 26, 113.
Modern facts and phases of tuberculosis, 44, 130.
Modern high school girl, The, 104.
Morrisey, Lauretta I., The problem of the backward student, 570.
Mountain children in Kentucky, 212.
Muse, Maude B., Habits and skills, 1.
Muse, Maude B., Stimulus-response bonds and study habits, 271.
My impressions of social service, 138.

Narcotic menace, The, 174.
New social consciousness in schools of nursing, The, 641.
Nichol, Catherine, Occupations and handicrafts for invalid children, 557.
Nichols, Josephine, How we sent a representative to Seattle, 53.
Nurses as X-ray technicians, 935.
Nurse's voice and manner of speech, The, 843.
Nursing—a bird's-eye view, 637.
Nursing conditions in South America, 127.
Nursing education in China, 666.
Nursing education in Japan, 767.
Nursing in Alaska, 925.
Nursing interpretated to the public, 366.
NURSING NEWS AND ANNOUNCEMENTS: 59, 143, 230, 327, 420, 509, 597, 696, 790, 877, 973, 1059.
Alabama, 63, 513, 700, 795, 883.
Arkansas, 64, 235, 601, 795, 883.
Arizona, 331, 514, 601, 883, 980.
California, 64, 236, 331, 514, 601, 700, 795, 883, 980, 1063.
Colorado, 64, 149, 332, 424, 601, 700, 795, 980.
Canada, 149.
Connecticut, 64, 149, 236, 332, 424, 514, 603, 700, 795, 883.
Delaware, 64, 236, 515, 795.
District of Columbia 52, 150, 237, 332, 424, 516, 603, 700, 796, 884, 980.
Florida, 64, 150, 237, 332, 603, 700, 796, 884, 980, 1063.
Georgia, 237, 424, 516, 603, 796, 884, 981, 1063.
Idaho, 701, 796, 884.
Illinois, 64, 150, 237, 332, 426, 516, 603, 701, 796, 885, 981, 1063.
Indiana, 65, 151, 238, 426, 517, 604, 701, 796, 886, 981, 1063.
Iowa, 66, 152, 238, 332, 426, 604, 702, 797, 886, 981, 1063.

Kansas, 67, 152, 240, 517, 605, 702, 798, 887, 982.
Kentucky, 67, 152, 517, 605, 702, 798, 887, 982.
Korea, 63.
Louisiana, 67, 240, 426, 605, 702, 798, 887, 982, 1064.
Maine, 517, 605, 982, 1064.
Maryland, 240, 517, 605, 702, 798, 887, 1064.
Massachusetts, 52, 67, 152, 241, 333, 427, 518, 605, 702, 798, 888, 982, 1064.
Michigan, 67, 153, 241, 427, 519, 606, 692, 703, 799, 889, 983.
Minnesota, 67, 153, 242, 333, 428, 520, 607, 705, 800, 889, 983, 1065.
Mississippi, 245, 801, 891.
Missouri, 68, 153, 246, 428, 521, 607, 692, 708, 801, 891, 983, 1065.
Montana, 335, 709, 801, 891, 984.
Nebraska, 68, 247, 521, 709, 801, 891, 984.
New Hampshire, 68, 247, 335, 428, 521, 713, 801, 891, 985, 1065.
New Jersey, 68, 154, 248, 335, 429, 521, 607, 709, 801, 891, 985, 1065.
New Mexico, 336, 608, 802, 1066.
New York, 68, 154, 249, 336, 429, 522, 608, 713, 803, 892, 985, 1066.
North Carolina, 69, 251, 430, 715, 806, 895, 986.
North Dakota 69, 155, 337, 609, 806.
Ohio, 69, 155, 251, 430, 523, 592, 609, 715, 807, 896, 986, 1067.
Oklahoma, 69, 254, 337, 431, 716, 1067.
Oregon, 69, 254, 337, 431, 524, 610, 716, 807, 897, 987, 1067.
Pennsylvania, 69, 155, 255, 337, 431, 524, 610, 716, 807, 897, 987, 1067.
Rhode Island, 70, 432, 525, 611, 717, 809, 898, 988, 1068.
South Carolina, 526, 611, 809, 898.
South Dakota, 156, 256, 611, 717, 810, 898, 988.
Tennessee, 70, 156, 338, 611, 717, 810, 898, 1068.
Texas, 70, 256, 432, 526, 611, 717, 810, 898, 1068.
Utah, 157, 256, 526, 810.
Vermont, 256, 721, 810, 900.
Virginia, 271, 810, 900.
Washington, 338, 611, 692, 721, 810, 900, 1068.
West Virginia, 157, 810, 900.
Wisconsin, 71, 157, 257, 338, 433, 526, 611, 721, 810, 900, 1068.
Wyoming, 72, 339, 692, 722, 811, 989.
Nursing technic of oral surgery, 85.
Nutrition in the public health programme, 458.
Nutting, M. A., Thirty years of progress in nursing, 1027.

Objectives for private-duty sections, 539.
Occupations and handicraft for invalid children, 557.
OFFICIAL DIRECTORY: 81, 165, 266, 349, 441, 535, 623, 731, 821, 997, 1077.
One morning with a school nurse, 958.
Our cap-pinning service, 1053.
Our first two months in training, 591.
Out-patient department as a field for nursing education, The, 445.

Parody sport book, 959.
Parrish, Mrs. J. C., Private duty and the public served, 355.
Pasteur, Louis, 759.
Pasteurizing milk for a small service, 370.
Patient's comfort, The, 185.

Pemphigus neonatorum, 94.
Pepoon, Margaret A., The care of the feet, 838.
Pickering, Mary May, A recruiting campaign, 99.
Pine Cove camp, 494.
Place of physical education in a school of nursing, The, 215.
Place of the teaching supervisor in our educational program, The, 479.
"Playing" for health, 580.
Positive health for nurses, 5.
Postgraduate course in the nursing of tuberculosis, 186.
Poston, Adele S., Pine Cove camp, 494.
Power, Mary S., Clinical teaching in schools of nursing, 383.
Practical suggestion for orthopedic work, A, 5.
Principles effective in vocational education, 313.
Principles underlying budget keeping, The, 1048.
Private duty and the public served, 355.
Private duty nurse, The, 448.
Private duty nurse, a pioneer health worker, The, 1001.
Problem of the backward student, The, 570.
Problem of the care of the child in the public health field, The, 943.
Psoriasis: How a nurse should handle it, 371.
Psychiatric nursing, 278.
Psychology, 1011.
Public health nursing, 681.
Purchasing, 686.
Putnam, Ellen M., Life insurance for nurses, 277.
Questions for prospective student nurses, 652.

Reaching the prospective nurse, 650.
Recruiting campaign, A., 99.
Redfield, Florence M., Some salient points in tuberculosis nursing, 1040.
Reid, E. Priscilla, Central schools for nurses, 751.
Reid, E. Priscilla, The elimination of the undesirable student during the preliminary course, 135.
Relation of hospital superintendent to principal of school of nursing, 962.
Report of a case of ascariasis, 322.
Report of the committee on standardization of credits, 389.
Report of the Rockefeller Foundation on nursing education, The, 358, 460.
Resumé of the history of the Connecticut training school for nurses, 825.
Resumé of the present state of our knowledge of scarlet fever, A, 17.
Retrospect and prospect, 917.
Review and critique: Report of the Rockefeller Foundation on nursing education, 358, 460, 550.
Richards, Bertha M., Why I like private duty nursing, 644.
Richards, Linda, Address at the fiftieth anniversary of the New England Hospital training school, 282.
Richmond, Irene Morton, Rural school health question, 375.
Rittenhouse, Charles F., The principles underlying budget keeping, 1048.
Rose, Marie L., The health game, 353.
Rural school health question as solved by El Paso county, Colorado, 375.
Ryan, Jack, The trained nurse, 181.

Satisfactory ward food service, A, 834.
Schaefer, Christine, Postgraduate course in the nursing of tuberculosis, 186.
Schmidt, Elsa, Institute for instructors, An, 390.
Scrap books for reference material, 374.
Seyfert, E. Blanche, The midwife, 548.
Sheaffer, Susan V., Nursing—a bird's-eye view, 637.
Shellabarger, M. Elizabeth, Training school superintendent and public health education, 957.
Simmonds, Nina, Food principles and a balanced diet, 541.
Simplified method for the preparation of protein milk, 183.
Skillman, Emma van Cleve, "Without vision the people perish," 829.
Smith, Helen M., The use of penalties in student government, 1004.
Smith, Richard M., M.D., Difficulties encountered when employing nurses inadequately trained in pediatrics, 948.
Smylie, Margaret S., Centralization of schools of nursing, 556.
Snedden, David, Ph.D., Principles effective in vocational education, 313.
Soellner, Caroline H., Penphigus neonatorum, 94.
Some methods in teaching materia medica, 450.
Some salient points in tuberculosis nursing, 1040.
Something new in nursing, 841.
Special recipes for diabetic patients, 648.
Spraker, Lois C., Some methods in teaching materia medica, 450.
Square diaper, The, 933.
Stack, Margaret K., Resumé of the history of the Connecticut training school for nurses, 825.
Stahley, Clara, The alumnae association and its duty to the hospital, 187.
St. Clair, Lulu, Technic of blood transfusion, 738.
Stewart, Chester A., M.D., and Cutler, Bessie, Simplified methods for the preparation of protein milk, 183.
Stewart, David Alexander, M.D., Modern facts and phases of tuberculosis, 44, 130.
Stimulus-response bonds and study habits, 271.
Student government, 870, 970.
Student nurse's impression of a state organization, A, 691.
STUDENT NURSES' PAGE: 53, 138, 219, 322, 411, 502, 591, 691, 784, 870, 968, 1053.
Study of sick days in student nurses' records, A, 831.
Suggestions for the care of the breasts during pregnancy, 545.
Suggestions for the milk laboratory, 1008.

Taylor, Effie J., Duties of nurses on private wards, 120.
Taylor, Effie J., Headquarters National League of Nursing Education, 484.
Teaching and supervision of nursing education, 567.
Teaching the care and prevention of tuberculosis, 295.
Technic of blood transfusion at Lakeside hospital, 738.
Technic of oral surgery, 85.
"There ought to be something," 467.
Thirty years of progress in nursing, 1027.
Thompson, Lilian M., A time-saving bandage machine, 635.
Thorn, Florence C., Louis Pasteur, 759.
Thurlow, Josephine E., The interpretation of the "equivalent," 853.
Time-saving bandage machine, A, 635.
Titus, Shirley C., and Vivian M. Brown,, An experiment in teaching nutrition to student nurses, 754.

Tone of the ideal training school, 1054.
Trained nurse, The, 181.
Training and opportunities for colored nurses, 784.
Training school superintendent and public health education, 957.
Twentieth century Pandora, The, 309.
Twenty-fifth anniversary, A, 747.

University, the school of nursing and the subsidiary group, The, 627.
Unusual party, An, 649.
Use of penalties in student government, The, 1004.

Value to student nurses of excursions to other institutions, The, 322.
Value to the student nurse of experience in public health nursing, The, 368.
Van Gordon, Laura, A student nurse's impression of a state organization, 691.

Watson, Muriel M., Christmas in the hospital, 219.
Watson, Susie A., Why I teach, 645.
Weiler, C., Student government, 968.
What a central registry means to the public, 749.
What is hospital social work? 743.
Wheeler, Mary C., A study of sick days in student nurses' records, 831.
Whitehead, Beatrice, Tone of the ideal training school, 1054.
WHO'S WHO:
XIV. Mary Curtis Wheeler, 33.
XV. Ella Phillips Crandall, 129.
XVI. Annie W. Goodrich, 210.
XVII. Elizabeth Gordon Fox, 308.
XVIII. Lucy C. Ayers, 400.
XIX. Mary E. Lent, 478.
XX. Edna L. Foley, 560.
XXI. M. Helena McMillan, 665.
XXII. Anna C. Maxwell, 766.
XXIII. Genevieve Cooke, 852.
XXIV. Martha Montague Russell, 938.
XXV. Carolyn Elizabeth Gray, 1022.
Why I like private duty nursing, 644.
Why I teach, 645.
"Without vision the people perish," 829.
Witte, Frances, Pasteurizing milk for a small service, 370.
Wood, Sallie Calkins, An evening to be remembered, 453.

Zaabriskie, Louise, Baby's toilet tray, 547.
Zabriskie, Louise, The Square diaper, 933.
Zell, A. M., M.D., Nurses as X-ray technicians, 935.

SUBJECT INDEX

Administration:
- Cost of educating a nurse, 753.
- Cost of nursing schools, 201.
- Duties of nurses on private wards, 120.
- Elimination of the undesirable student during the preliminary course, 135.
- Hospital administration, 404, 497, 585, 686, 780.
- Intelligence testing of probationers, 866.
- Interpretation of "the equivalent," 853.
- Out-patient department as a field of nursing education, 445.
- Principles underlying budget keeping, 1048.
- Relation of hospital superintendent to principal of school of nursing, 962.
- Report of committee on standardization of credits, 389.
- Study of sick days in student nurses' records, 831.
- Suggestions for the milk laboratory, 1008.

Attendants:
- Training of attendants (editorial), 764.

Central Registries:
- What a central registry means to the public, 749.

Central Schools:
- Centralization of nursing education (editorial), 662.
- Centralization of schools of nursing, 556.
- Central schools for nurses, 751.

Children:
- Difficulties encountered when employing nurses inadequately trained in pediatrics, 948.
- Problem of the care of the child in the public health field, 943.

Dietetics:
- Pasteurizing milk for a small service, 370.
- Satisfactory ward food service, 834.
- Simplified method for preparing protein milk, 183.
- Special recipes for diabetic patients, 648.
- Suggestions for a milk laboratory, 1008.

Equipment:
- Fracture cart for hospitals, 924.
- Labor-saving device, 470.
- Suggestions for the milk laboratory, 1008.
- Time-saving bandage machine, 635.

Headquarters:
- 107, 108, 139, 377 (editorial), 484, 507, 654.

Hospital Social Service:
- 743, 928.

Hygiene:
- Care of the feet, 838.
- Health, 502.

Place of physical education in a school of nursing, 215.
Positive health for nurses, 5.
Study of sick days in student nurses' records, 831.

Infectious Diseases:
Pemphigus neonatorum, 94.
Resumé of the present state of our knowledge of scarlet fever, 17.

Institutes:
390, 488, 574, 584, 675, 1055.

Insurance:
Information regarding U. S. employees' compensation, 680.
Life insurance for the nurse, 277.
Reinstatement privileges on lapsed insurance policies, 489.

Laboratory:
Fractional Ewald meal by the Rehfus method, 1018.
Importance of understanding medical laboratory tests, 14.
Nurses as X-ray technicians, 935.

Legislation:
Editorials, 474, 562.
Idaho, 884.
Missouri, 661.
Minnesota, 706.
Nebraska, 984.
New Jersey, 710, 787.
New Mexico, 802.
Texas, 788, 873.

Memorials:
54, 232.
Evening to remember, An, 453.
Good Will delegation at Bordeaux, 1014.
Present status of American Nurses' Memorial, Bordeaux, 862.
Spirit of Service, The (editorial), 293.

Mental Nursing:
In a mental hospital (editorial), 291.
Mental hygiene clinic, 457.

Nursing in Schools or Colleges:
415, 554.

Nursing Organizations in Other Countries:
China, 872.
England, 305.
Norway, 39.
Switzerland, 209.

Nursing Procedure:
Clever improvisation, 276.
Equipment and technic for a urinalysis, 757.
Nursing technic of oral surgery, 85.
Practical suggestion for orthopedic work, 5.
Technic of blood transfusion, 738.

Nutrition:
Experiment in teaching nutrition to student nurses, 754.
Food principles and a balanced diet, 541.
Health game, 353.
Nutrition in the public health programme, 458.

Obstetrics:
Baby's toilet tray, 547.
Equipment and technic for a urinalysis, 757.
Square diaper, 933.
Suggestions for the care of the breasts during pregnancy, 545.

Organizations:
Alumnae association and its duty to the hospital, 187.
By-laws for private-duty sections, 230.
Exhibits at the Minnesota fair, 98.
How to interest young nurses, 57.
Programmes (editorial), 22.
Student nurse's impression of a state convention, 691.
Three interesting committees (editorial), 23.

Plays, Pageants and Films:
Health films committee, 960.
Nursing interpreted to the public, 366.
Occupations and handicraft for invalid children, 557.
Playing for health, 580.
Twentieth Century Pandora, 309.

Private Duty:
Accommodations for special nurses (editorial), 381.
How can private duty nurses help public health nurses? 417.
Objectives for private duty sections, 539.
Private duty and the public served, 355.
Private duty nurse, 448, 1001.
Special nurses (editorial), 380.
Why I like private duty nursing, 644.
"Without vision the people perish," 829.

Psychology:
Habits and skills, 1.
Problem of the backward student, 570.
Psychology, 1011.
Stimulus-response bonds and study habits, 271.

Recruiting:
Questions for prospective student nurses, 652.
Reaching the prospective nurse, 650.
Recruiting campaign, 99.

Rockefeller Foundation Report:
358, 460, 530, 561 (editorial).

Scholarships:
38, 419, 422 (editorial), 849, 863, 879.

School Nursing:
One morning with a school nurse, 958.
Rural school health question, 375.

Schools of Nursing in Other Countries:
Bulgaria, 206.
China, 410, 666.
France, 881.
India, 221.
Japan, 767.
Philippines, 413.
Samoa, 397.
South America, 127.
Turkey, 207.

Student Government:
Student government, 870, 968.
Use of penalties in student government, 1004.

Teaching Helps:
Clinical teaching, 383.
Experiment in teaching nutrition, 754.
Gummed paper models, 20.
Place of the teaching sup--ervisor, 479.
Principles effective in vocational education applied to nursing education, 313.
Scrap books for reference material, 374.
Some methods in teaching materia medica, 450.
Teaching and supervision, 567.
Why I teach, 645.

Tuberculosis:
Appeal for nurses in tuberculosis sanatoria, 176.
Fighting tuberculosis in West Virginia, 778.
Modern facts and phases of tuberculosis, 44, 130.
Postgraduate course in the nursing of tuberculosis, 186.
Some salient points in tuberculosis nursing, 1040.

University Schools:
Dawn of a new era in nursing education, 735.
University school of nursing and the subsidiary group, 627.

ILLUSTRATIONS

Mary C. Wheeler ---- 34
Memorial tablet ---- 55
Site of Walter Reed General Hospital, and proposed new medical school ---- 56
Oral surgery ---- 86
Emily A. McLaughlin ---- 101
McLaughlin Hall ---- 102
Device for holding towels ---- 104
American Red Cross poster ---- 123
Ella Phillips Crandall ---- 129
New England madonna, A ---- 169
Children's ward at Christmas, The ---- 173
Christmas decorations, male medical ward ---- 174
Ardmore ambulance plane, The ---- 182
Spirit of service, The ---- 271
Reflex arcs ---- 272
Synapse ---- 273
Conditioned reflex ---- 275
Linda Richards ---- 283
Healthmobile ---- 289
Elizabeth Gordon Fox ---- 308
Health fairy ---- 309
Uncle Bird Owsley ---- 310
Troublesome creek ---- 311
Edith Cavell ---- 353
Health game, The ---- 355
Oregon health exposition ---- 367
Henry street nurse meets a proud mother ---- 445
Notable women who have contributed to the success of Henry street ---- 455
Ready for the day's work ---- 457
Electric pad ---- 470, 471, 472
Mary E. Lent ---- 478
Pine cove camp ---- 494, 495
Sunshine ---- 539
Baby from the practice of Dr. Bloch ---- 543
Tray for breast care ---- 546
Baby clothes, tray and basket ---- 546
Baby's toilet tray ---- 547
Edna L. Foley ---- 560
King Good Health and his aids ---- 580
Jovial Mr. Milk drives away glum Mr. Coffee and trembling Tricky Tea ---- 582
The lady with a lamp ---- 627
Cook plaster bandage machine ---- 635, 636
In the nurses' home ---- 642
Gymnasium class ---- 642
Class in bandaging ---- 653
Class in bacteriology ---- 653
M. Helena McMillan ---- 665
Megaw Memorial Hospital, Foochow, China ---- 668
Florence Nightingale School of Nursing, Foochow, China ---- 668

Kung Yee Hospital, Canton ---- 671
Demonstration room, Pekin Union Medical College ---- 674
Neither snow nor distance keeps her from her appointed task ---- 681
On horseback in Tennessee ---- 683
Frances P. Bolton ---- 735
Technic of blood transfusion ---- 739, 741
Twenty-fifth birthday party, Visiting Nurse Association, Detroit ---- 747
Supervisors' conference, Mrs. Gretter in center ---- 748
Equipment for a urinalysis ---- 758
Anna C. Maxwell ---- 766
Student nurses, St. Luke's Hospital, Tokyo ---- 768
Student nurses at study, St. Luke's Hospital, Tokyo ---- 772
Student nurses in sitting room, St. Luke's Hospital, Tokyo ---- 772
Annie W. Goodrich ---- 825
Evolution of the uniform ---- 827
Food service in wards of Hartford Hospital ---- 835
Improvised bed pan, An ---- 843
New public health nursing poster ---- 864
Graph of Army Alpha intelligence test ---- 867
Bellevue semi-centennial celebration ---- 879
Preparation for an operation in the old days ---- 893
Three of the first nurses of Bellevue ---- 894
Convention: National League of Nursing Education ---- 917
Laura R. Logan ---- 919
Fracture cart, A ---- 924
Josephine Scott: Alaska's first native nurse ---- 925
U. S. Hospital for natives, Juneau, Alaska ---- 927
Square diaper ---- 933, 934, 935
Martha Montague Russell ---- 938
Mary K. Nelson ---- 974
Sally Johnson ---- 975
Carrie M. Hall ---- 975
Library, Florence Nightingale School, Bordeaux ---- 1001
Capping a bottle ---- 1008
Improvised laboratory, The ---- 1009
Carrying bottles to the ward ---- 1010
Mollie Hand brings greetings to Dr. Anna Hamilton ---- 1015
Good Will delegates greeted by Dr. Hamilton ---- 1017
Carolyn Elizabeth Gray ---- 1022
Theater of Herodus Atticus, Athens, Greece ---- 1036
King George of Greece entering Theater of Herodus Atticus ---- 1037
Mrs. Charlotte M. Heilman receiving congratulations from King George ---- 1037
Prague school of nursing ---- 1039
Charts of families that have been in contact with tuberculosis ---- 1045, 1046
Preliminary nurses receiving their caps ---- 1053

0.1303

THE AMERICAN JOURNAL OF NURSING

Vol. XXIII SEPTEMBER, 1923 No. 12

CONTENTS

		Page
Library, Florence Nightingale School, Bordeaux		Frontispiece
The Private Duty Nurse: A Health Pioneer	Elizabeth Gibson, R.N.	1001
The Use of Penalties in Student Government	Helen M. Smith, B.L.	1004
Suggestions for a Milk Laboratory	Mary Corinne Bancroft, R.N.	1008
Psychology	Annette Fiske, M.A.	1011
A Good Will Delegation at Bordeaux	Mollie A. Hand, R.N.	1014
The Fractional Ewald Meal by the Rehfus Method	Elizabeth Connolly, R.N.	1018
Who's Who in the Nursing World: XXV. Carolyn Elizabeth Gray		1022
Editorials		1023
Department of Nursing Education—		
Thirty Years of Progress in Nursing	M. A. Nutting, R.N., M.A.	1027
Department of Public Health Nursing—		
Some Salient Points in Tuberculosis Nursing	Florence M. Redfield, R.N., M.A.	1040
Hospital and Training School Administration—		
The Principles Underlying Budget Keeping	Charles F. Rittenhouse	1048
Student Nurses' Page—		
Our Cap-Pinning Service	Ruth Breckenridge	1053
The Tone of the Ideal Training School	Beatrice Whitehead	1054
Letters to the Editor		1055
Nursing News and Announcements		1059
Book Reviews		1074
Official Directory		1077

PUBLISHED MONTHLY BY

THE AMERICAN JOURNAL OF NURSING COMPANY

19 WEST MAIN STREET, ROCHESTER, N. Y.

SUBSCRIPTION PRICE, $3.00 PER YEAR SINGLE COPY, 35 CENTS

The Outstanding Text-Book of Years

WILLIAMS'
ANATOMY AND PHYSIOLOGY

SAUNDERS, *Publishers* SEE PAGES 5, 6, 7, 8

Entered at the Post Office at Rochester, N. Y., and admitted for transmission through the mails at second-class rate.
Copyright, 1919, by THE AMERICAN JOURNAL OF NURSING COMPANY. Title Registered U. S. Patent Office.

RETARDED CONVALESCENCE
PRE-TUBERCULOSIS
NEURASTHENIA
RELAPSE

can often be avoided through the judicious use of a building and vitalizing factor.

FELLOWS' SYRUP OF HYPOPHOSPHITES

has been acknowledged for over Sixty Years as the Standard Preparation of its kind.

HAVE YOU TRIED IT?

Samples and literature on request

FELLOWS MEDICAL MANUFACTURING CO., Inc.
26 Christopher Street, New York, N. Y., U.S.A.



The Original

SAFE AND RELIABLE FOR THE SUMMER FEEDING OF INFANTS

Extensively used for this purpose, by the medical profession, for over one-third of a century, and for invalid and convalescent feeding.

Refreshes and invigorates the busy nurse. Suggest "Horlick's" for summer feeding.

AVOID IMITATIONS

Samples and literature forwarded prepaid upon request

HORLICK'S, Racine, Wis.

B-D PRODUCTS

Made for the Profession

NURSES' POCKET CASES

Our line of Nurses' Chatelaine and Pocket Cases covers a variety of sizes and styles. The assortment of instruments is adapted to meet practically every requirement of the Practical or Trained Nurse. Every instrument is dependable. The complete outfit, in Genuine Morocco Leather Case, represents the high class workmanship characteristic of all B-D Products.

Case No. 4670 illustrated, contains the following assortment:



One Manhattan 1 Minute Thermometer
One Pocket Bath Thermometer
One Hypodermic Syringe with Needles.
Two Tablet Tubes
One pair Surgical Dressing Scissors.
One pair Bandage Scissors
One pair Thumb Forceps
One pair Pean's Forceps
One pair Pocket Probes and Grooved Director
One Glass Female Catheter
One Pen knife
One Pencil

Complete in Black Morocco Leather Case.

SUPPLIED THROUGH DEALERS

BECTON, DICKINSON & CO.

RUTHERFORD, N. J.

Makers of Genuine Luer Syringes, Yale Quality Needles, **B-D** *Thermometers, Ace Bandages, Asepto Syringes, Sphygmomanometers and Spinal Manometers*

Of Growing Importance

Every year the duties of the trained nurse increase in importance and value so that her field of specialized training is constantly broadening.

In like manner the constantly growing demand for the cleanliness of health is so demonstrating the value of

Wyandotte
Sanitary
Cleaner and Cleanser

in hospital cleaning that every day adds to the number of hospitals which specify this product.

Indian in circle



in every package

So efficient, so uniform and so dependable is this cleaner that it is the nurse's most reliable ally in the fight for sanitary cleanliness.

Ask your supply man.

The J. B. Ford Co. Sole Manufacturers Wyandotte, Michigan

Nutrition and Clinical Dietetics

New (3rd) Edition

—CARTER, HOWE and MASON

SO EMINENT an authority as DR. PERCY G. STILES, in reviewing the second edition, said *"The scope of the volume is widely inclusive. To approximate its contents elsewhere several books would have to be assembled."* The book has won universal recognition as an authority.

The daily increasing interest on the part of the public in Dietetics and its Relation to Health should make this new and enlarged edition doubly welcome to the Medical and Nursing professions. The whole book has been thoroughly revised. The chapter on Vitamins has been re-written, and a table of relative distribution of vitamins in the various foods included.

The discussion of the feeding of children over two years of age, has been enlarged to include the results of the recent critical survey by HOLT and FALES of the food requirements of children. In the pediatric section, besides a general revision, the chapter on Rickets has been entirely rewritten to conform to the more recent discoveries in connection with this disease. There is also a discussion of VON PIRQUET'S method of feeding by "nems," instead of calories, developed during the World War, particularly as applicable to feeding large numbers of children.

By **HERBERT S. CARTER, M.A., M.D.,** Assistant Clinical Professor of Medicine, Columbia University; Consulting Physician to the Presbyterian Hospital, Lincoln Hospital, Skin and Cancer Hospital, New York; **PAUL E. HOWE, M.A., Ph.D.,** Associate Rockefeller Institute for Medical Research; formerly Assistant Professor of Biological Chemistry, Columbia University, New York; Officer in Charge of Laboratory of Nutrition, Army Medical School, Washington, D. C., and **HOWARD H. MASON, AB., M.D.,** Associate in Diseases of Children, Columbia University, New York; Visiting Physician, Children's Service, Presbyterian Hospital, New York. *Octavo,* 731 *pages. Cloth,* $7.50, *net.*

706-8 Sansom St. **LEA & FEBIGER** **Philadelphia**

Three fields

where the physician finds fresh yeast valuable

FOR CONSTIPATION: It stimulates peristalsis and at the same time softens the fecal masses. The use of yeast in constipation is steadily increasing, with increased recognition of the deficiencies of concentrated, artificial modern diets.

IN FURUNCULOSIS: Careful tests have demonstrated that yeast produces a definite leucocytosis, roughly proportionate to the amount of yeast ingested. Skin troubles of this type generally respond readily to the administration of fresh yeast.

MALNUTRITION: Yeast is the richest known source of Vitamin B. While in no sense a complete substitute for fresh vegetables, it offers a valuable dietary supplement in many cases of debility due to malnutrition.

Best results are obtained by eating one cake half an hour before a meal or the last thing at night—followed by a glass of water. If desired, the yeast may be first dissolved in water, milk, or fruit juices.

A new authoritative book: Written by a physician for physicians. This brochure discusses the manufacture, physiology, chemistry, and therapy of yeast. A copy will be sent you free upon request. Please use coupon, addressing The Fleischmann Company, Dept. **L**-23, 701 Washington Street, New York, N. Y.

New brochure on yeast therapy sent on physician's request

THE FLEISCHMANN COMPANY, Dept. L-23,
701 Washington St., New York.

Please send me free a copy of the brochure on yeast based on the published findings of distinguished investigators.

Name.....

Street.....

City.....State.....

READY NOW
Sixth Edition Revised and Enlarged
HAMPTON'S NURSING
Its Principles and Practice for Hospital and Private Use
By Isabel Hampton Robb
In order to keep this well-known text-book abreast of the times, some few additions have been made in the form of notes by Hunter Robb, M.D.
In one handsome post 8mo, volume of 565 pages, illustrated. Price, cloth, $1.75, post-paid.
Also by the same author
NURSING ETHICS. Price, $1.50, post-paid.
EDUCATIONAL STANDARDS with other Papers on Nursing Subjects. Price, $1.25, post-paid.
E. C. KOECKERT, Publisher
2273 Lee Road **Cleveland, Ohio**
For Sale by General and Medical Booksellers

"Regist-Rite"
Trade-Mark Pat. June 13, 1922, U. S. Pat. Office
Nurses' Medical Records — Graphic Charts
For the correct registering of Temperature—Pulse—Respiration, Graphically or numerically with available space for medical records on reverse side.
Neatly bound in books, perforated, with flexible cover. Sample chart free upon request.
Two books, $1.00
Six books, $2.75; one dozen books, $5.00
Postage Prepaid—Your druggist or
S-E PRODUCTS COMPANY
169 Zabriskie St. **Jersey City, N. J.**

1923-24 CATALOG
OF
Books for Nurses
This is the most complete Catalog of Nurses' Books and Charts ever issued
Sent free to any address upon application — send for it today.
We carry the largest and most complete stock of Nurses' and Medical Books in this Country
All orders shipped promptly with charges prepaid
Chicago Medical Book Company
Medical Booksellers, Publishers and Importers
N. E. Cor. Congress and Honore Sts.
CHICAGO

McCrae's Procedures in Nursing
The training given by Miss McCrae at the Massachusetts General Hospital Training School is so well known that little need be said regarding it to any one in the nursing world. The outstanding feature of the book is the elaboration of detail in procedures, which is of the greatest help to the instructor in teaching and to the pupil in learning.
Part I, Preliminary Procedures, is issued separately for fall use; to be followed later by Part II, Advanced Procedures.
Stimson's *Nurses Handbook of Drugs and Solutions*
Gibson's *Clinical Laboratory Technic*
Parsons' *Nursing Problems and Obligations*
Hawes' *Talks to First Year Nurses,* and
Tracy's *Studies in Invalid Occupation* are standard texts
We should like to supply your text books. Prompt attention to orders is assured.
WHITCOMB & BARROWS
Huntington Chambers **BOSTON, MASS.**

Saunders' Text-Book Service

There is perhaps no list of nursing text-books published by any one publisher as complete as the Saunders list. We have text-books covering virtually every subject in the nursing curriculum and they are written by authorities—nurses and physicians, but always *teachers,* who know the requirements of nursing schools and nursing students and know from experience how to meet those requirements.

We realize the problem involved in selecting text-books and want to help you in every way. Perhaps you would like to have us send you some titles for examination. *Ask us!* Perhaps you would like to examine the new

Text-Book of Anatomy and Physiology

BY JESSE FEIRING WILLIAMS, M.D.

Teachers College, Columbia University

about which you have heard so much. *Ask us!* You will find this new book far beyond any praise we have given it. It is undoubtedly a big advance in text-book writing. *To help the teacher help the student* is the keynote. Dr. Williams has lightened the teaching difficulties generally associated with the subjects of anatomy and physiology—and he has lightened greatly, too, the difficulties of the nurse in mastering these subjects.

He has done this by:

1. *The Arrangement:* The approach is the biologic one, beginning with the cell and following through the different systems of the body. Embryology is given a distinct place.

2. *Teaching Helps:* Many suggestions are embodied for the practical application of the theory. At the end of each section are a series of exercises, a group of spirited questions, summarizing the instruction gone before, and then a list of selected references.

3. *Emphasis:* The recommendations of the "Standard Curriculum for Schools of Nursing" have been followed, the needs of nursing and the problem of teachers kept in mind. The emphasis given in different chapters is that dictated by teaching experience. Anatomy and physiology of the child is particularly stressed.

4. *Illustrations:* There are 369 extremely instructive illustrations. 25 of them in colors. The importance of illustrations needs no brief.

Anatomy and Physiology, By JESSE FEIRING WILLIAMS, M.D., Professor of Physical Education, Teachers College, Columbia University. 12mo of 523 pages, with 369 illustrations, 25 in colors. Cloth, $3.00 net

W. B. SAUNDERS CO., West Washington Square, Phila.

Other Nursing Text-Books on Three Pages Following

DeLee's Obstetrics for Nurses

SIXTH EDITION—WITH AN OUTLINE OF STUDY

"There never was a better book on nursing than DeLee's *Obstetrics for Nurses*. The teaching is perfect, the pictures are fine, it is impossible to think of anything that has been omitted, the instructions as to what the nurse should do in every condition and emergency are ideal. For young graduates who wish to perfect themselves, or to specialize, in obstetrics, whether in hospital or private work, this is an invaluable book in every way," says the *Johns Hopkins Nurses' Alumnae Magazine*.

There are two features of DeLee's *Obstetrics for Nurses* which make it to-day as it has been for the past 19 years the text-book of discriminating choice. First, the *Outline of Study in twelve lessons*. This is a synopsis of the entire book which makes it possible to convey to the student nurse a comprehensive knowledge of all the matter in the book in the relatively few hours assignable to classroom study of obstetrics. Second, the *practical character* of the book. Every word in DeLee's "Obstetrics" is necessary. Dr. DeLee realized that the object of a text-book is to *teach* the theory of the subject and then *tell* and *show* how to *apply* that theory in actual practice.

Obstetrics for Nurses. By JOSEPH B. DELEE, M.D., Professor of Obstetrics in The Northwestern University Medical School, Chicago. 12mo of 525 pages, 245 illustrations. Cloth, $3.00 net.

Sanders' Modern Nursing

THIRD EDITION

Sanders' Nursing covers fully every branch of general nursing. It is the *practice* of nursing. It gives only *modern methods*, and gives them in a forceful, definite, *impressive* way. It includes nursing in *operation cases*. It specializes on *ward work*. It is specific in giving directions. Never for a moment does it digress from the viewpoint of the nurse.

The book is complete. There are chapters on baths and packs, local applications, enemata, enteroclysis, catheterization, douches, lavage, gavage, nasal feeding; observation of symptoms, vomitus, sputum, excreta; bandaging (covering over 40 pages); administration of drugs, hypodermic injections, anesthesia, inunctions; poisons, bacteriology, immunity; preparation and care of *surgical cases* in both the hospital and the home, accident nursing; common symptoms, food, and dieting; the duties of head nurse, ward management and recipes. An important point about "Sanders" is that in giving directions for mustard baths, poultices, etc., the *quantities* are given *exactly*. This is *not* the case in most nursing books. There are 222 instructive illustrations.

Modern Methods in Nursing. By GEORGIANA J. SANDERS. 12mo of 878 pages, with 222 instructive illustrations. Cloth, $3.00 net.

W. B. SAUNDERS CO., West Washington Square, Phila.

Other Nursing Text-Books on Page Preceding and Two Following

McCombs' Diseases of Children

WITH AN OUTLINE OF STUDY

Dr. McCombs emphasizes just those points you want impressed upon the nurse. He has given a short but adequate description of each disease of infancy and childhood, believing that the nurse should be able to recognize symptoms in order properly to report any changes in her patient between visits of the physician, and to enable her to know what complications to expect and guard against. Considerable attention has been accorded prophylaxis, methods of nursing employed in childhood, emergency measures, illustrated descriptions of how to perform intubation, give hypodermics, etc. An *Outline of Study* will be found very helpful in teaching the subject and in aiding the student nurses to grasp it.

Diseases of Children for Nurses. By ROBERT S. MCCOMBS, M.D., Instructor of Nurses at the Children's Hospital at Philadelphia. 12mo of 538 pages, illustrated. Cloth, $3.00 net.

Bolduan and Grund's Bacteriology

A NEW EDITION JUST READY

The new edition is just ready—after a thorough revision. The work is emphatically on *applied* bacteriology, written from a definite angle—that of the nurse. The experience of the authors has brought into the book a wealth of applicable facts not obtainable in any other work of like pretentions. The field is covered very completely, giving the characters of bacteria, methods of study, preparation of stained smears, cultivation, disinfectants and antiseptics, relation of bacteria to disease, sterilization, transmission of infections, immunity (antitoxins, bacteriolysins, agglutinins, opsonins, precipitins and other antibodies, anaphylaxis, serum and vaccine therapy). Then, under *Special Bacteriology* the various diseases are taken up and very clearly presented.

Applied Bacteriology for Nurses. By CHARLES F. BOLDUAN, M.D., Director, Bureau of Public Health Education, and MARIE GRUND, M.D., Bacteriologist, Department of Health, New York. 188 pages, illustrated. Cloth, $1.75 net.

American Pocket Medical Dictionary

THE TWELFTH EDITION

The American Pocket Medical Dictionary makes a special feature of just those words the nurse wants to know about. It contains hundreds of new words she cannot find in any other pocket dictionary—words of vital importance because they are new. In no other pocket dictionary will she find the definitions so concise, so clear, so altogether satisfactory.

The wealth of tables of muscles, nerves, râles, dosage, etc., make the American Pocket Medical Dictionary a book of double reference value—a book to turn to constantly for this information because it is reliable, because it is easy of access.

American Pocket Medical Dictionary. Edited by W. A. NEWMAN DORLAND, M.D., Member Committee of Nomenclature and Classification of Diseases, American Medical Association. 16mo of 739 pages. Flexible binding, $2.00 net; thumb indexed, $2.50 net.

W. B. SAUNDERS CO., West Washington Square, Phila.

Other Nursing Text-Books on Two Pages Preceding and one Opposite

Text-Books Worth Considering

PERHAPS YOU'D LIKE TO EXAMINE THEM—ASK US

Friedenwald and Ruhräh's Dietetics

"The correct dietary in the various diseases is specifically given and a large number of recipes complete the volume. Cannot fail to meet the need."—*Nurses Journal of the Pacific Coast.*

Dietetics for Nurses. By JULIUS FRIEDENWALD, M.D.; JOHN RUHRÄH, M.D., University of Maryland. 12mo of 467 pages. Cloth, $2.25 net. Fourth Edition.

Pope's Materia Medica

Written *by* a nurse *for* nurses, presenting methods of teaching found and tested in the classroom.

Materia, Medica, Pharmacology and Therapeutics for Nurses. By AMY E. POPE, Graduate of the School of Nursing, Presbyterian Hospital, New York City. 12mo of 422 pages. Cloth, $2.50 net.

Paul's Materia Medica

"The arrangement is most admirable. One of the most valuable characteristics is the text on pretoxic signs."—*Nurses Journal of the Pacific Coast.*

Materia Medica for Nurses. By GEORGE P. PAUL, M.D., State Director, International Health Board, Rockefeller Foundation. 12mo of 295 pages. Cloth, $1.75 net. Third Edition.

Paul's Fever Nursing

"Great pains have been taken in preparing the sections on care of each disease to make them of greatest service."—*Trained Nurse and Hospital Review.*

Nursing in the Acute Infectious Fevers. By GEORGE P. PAUL, M.D. 12mo of 292 pages. Cloth, $1.75 net. Fourth Edition.

Roberts' Bacteriology

"Unquestionably fills the need for a textbook."—*Dietetic and Hygienic Gazette.*

Bacteriology and Pathology for Nurses. By JAY G. ROBERTS, M.D., Oskaloosa, Iowa. 12mo of 215 pages, illustrated. Cloth, $2.00 net. Third Edition.

Macfarlane's Gynecology

"It is the best book on gynecology, of convenient size, for a nurse to carry with her."—*Trained Nurse and Hospital Review.*

Reference Handbook of Gynecology for Nurses. By CATHARINE MACFARLANE, M.D., Professor of Gynecology, Woman's Hospital of Philadelphia. 16mo of 160 pages, illustrated. Flexible cloth, $1.50 net. Third Edition.

Manhattan Eye, Ear, Nose, Throat Nursing.

Well illustrated, written by specialists in these subjects—to meet a need.

Nursing in Diseases of the Eye, Ear, Nose, and Throat. By the Committee on Nurses of the Manhattan Eye, Ear, and Throat Hospital. 12mo of 333 pages, fully illustrated. Cloth, $2.25 net. Third Edition.

Warnshuis' Surgical Nursing

Dr. Warnshuis' instruction is always clear and definite, and, in addition, he takes you through a typical operation—appendicitis—step by step.

The Principles of Surgical Nursing. A Guide to Modern Surgical Technic. By FREDERICK C. WARNSHUIS, M.D., Visiting Physician, Butterworth Hospital, Grand Rapids, Michigan. 12mo of 277 pages, with 255 illustrations. Cloth, $3.25 net.

Porter's Psychology for Nurses

The simple principles of psychology as here presented will enable the nurse to treat the sick mind as well as the sick body.

Applied Psychology for Nurses. By MARY F. PORTER, Highland Hospital, Asheville, N. C. 12mo of 172 pages. Cloth, $1.50 net.

McMillan's Therapeutic Exercise

Miss McMillan's book is based on long years of practical experience in the classroom and in the hospitals of America and England.

Massage and Therapeutic Exercise. By MARY MCMILLAN, Supervisor of Aids in Physiotherapy, Medical Corps, U. S. A., 1919-1920. 12mo of 274 pages, illustrated. Cloth, $2.25 net.

Cowan's Bandaging

The work is really an *atlas* of bandaging, written for the use of nurses by a superintendent of nurses who knows her subject, the needs of the student nurse, and the best method of meeting those needs.

Bandages and Bandaging for Nurses. By M. CORDELIA COWAN, Superintendent of Nurses, Alameda County Infirmary, San Leandro, California. 12mo of 177 pages, with 140 illustrations. Cloth, $2.00 net.

Williams' Hygiene

This book is far more than a recital of information on health. It establishes a new interpretation of health in terms of life. It is personal hygiene *applied.*

Personal Hygiene Applied. By JESSE FEIRING WILLIAMS, M.D., Professor of Physical Education, Teachers College, Columbia University, New York City. 12mo volume of 412 pages, illustrated. Cloth, $2.50 net.

W. B. SAUNDERS CO., West Washington Square, Phila.

Other Nursing Text-Books on Three Pages Preceding

Which Will You Use
THIS COMING YEAR?
Cutler's Pediatric Nursing
or
Lucas' Children's Diseases for Nurses?

Macmillan Nursing Textbooks
THAT HAVE STOOD THE TEST

Kimber & Gray
Textbook of Anatomy and Physiology
Van Blarcom
Obstetrical Nursing
Harmer
Principles and Practice of Nursing
Blumgarten
Materia Medica for Nurses
Colp and Keller
Surgical Nursing
Bailey
Nursing Mental Diseases
Eyre
Psychology for Nurses
Proudfit
Dietetics for Nurses
Smeeton
Bacteriology for Nurses

THE MACMILLAN COMPANY
64-66 Fifth Avenue, New York

BOSTON Huntington Chambers. **CHICAGO** 25th St. and Prairie Ave. **SAN FRANCISCO** 609 Mission St. **DALLAS** 330 S. Harwood St. **ATLANTA** 17 Houston St.

P. BLAKISTON'S SON & CO.

Publishers **PHILADELPHIA**

A Word to Nurses:

Experience is the best teacher, but we do not always have the experience needed. Just "knowing" certain things at the right time means so much to the nurse. Success and profit depend upon it. The nurse who supplements her practical experience by a constant review of essentials, and careful study of the progress made, is the "vital factor" in her profession.

HUGHES—Practice of Medicine, *12th Ed.*

A concise volume. Just such a work as the nurse would use for reference. It gives explicit directions in all diseases. 63 illustrations. Cloth $4.00.

GOULD—Pocket Medical Dictionary, *8th Ed.*

Contains 40,000 words with pronunciation of each, and a num- of useful tables. Cloth $2.00; with thumb index $2.50.

BUNDY—Anatomy and Physiology, *5th Ed.*

It would pay anybody to review their physiology and anatomy at this time. Much that is new and vital are contained in this edition. 266 illustrations, 46 in colors, and a glossary. Cloth $2.50.

OSTROM—Massage and Original Swedish Movements, *8th Ed.*

The application of massage to various diseases and technic in each case. 125 illustrations. Cloth $1.50.

DULLES—Accidents and Emergencies, *8th Ed.*

A good book to review, easily portable and well illustrated. 45 illustrations. Cloth $1.50.

Laird

Just Published

Applied Psychology for Nurses

By DONALD A. LAIRD

Assistant Professor of Psychology, University of Wyoming

Octavo. 236 Pages. **49 Illustrations.** **Cloth, $2.50**

This book is dedicated to the nurse who would understand her own mental life, and to the patient whose mental life should be understood by the nurse. The study of the mental aspects of life had its incentive in the desire to know how to deal with others. The author has selected from the vast literature of Psychology, those facts that will be of immediate aid to nurses in understanding the patient, themselves, and their fellow-men. The facts are presented from a biological viewpoint, which seems to further the intelligent understanding of the behavior of human beings. It is divided into four parts—

The Introductory covers what should be expected from Psychology and Psychology in Medicine and Nursing.

Part two, covers the Foundations—Biological foundations of Behavior, Man and Beast, Basis of Human Behavior, The Origin of Man's Needs, Simple Behavior in Man.

Part three—Applications, Gaining Skill, Skill in Thought, Using Skills, The Temperament of Nursing, Indications in Temperaments, Instincts and the Patient, Enter the Villain, How Behavior Indicates Mental Activities, Mental Activities and Bodily Ailments, Use and Abuse in Thought, How to Use Suggestion.

Part four—Mental Health, The Nurse and the Mental Health of the Nation, The Nature of Mental Ill-Health, the Causes of Mental Ill-Health, Something about the Feeble-Minded.

Nutrition of Mother and Child

With 33 Illustrations
Cloth, $2.00

By C. ULYSSES MOORE, M.D., Instructor in Diseases of Children, University of Oregon Medical School.

INCLUDING MENUS AND RECIPES by MYRTLE JOSEPHINE FERGUSON, B.S., Professor of Nutrition, Iowa State College, Ames, Iowa.

This book lays particular emphasis on the newer conceptions of breast feeding and the building up of breast milk. It covers the entire field of nutrition of mother and child.

Nursing Technic

Second Revised Edition Reset

25 Specially Prepared Illustrations Under Personal Supervision of the Author, $1.75

By MARY C. WHEELER, R.N., Superintendent of Illinois Training School for Nurses.

After years of building up this Technic at the Cook County Hospital, it was issued in its first edition several years ago.

The new second edition has been entirely revised and reset. A section on bandaging has been added and the constructive ideas of the users of the first edition have been included for its betterment.

Cooke's Handbook of Obstetrics

By JOSEPH BROWN COOKE, M.D. Revised by CAROLYN E. GRAY, R.N., Department of Nursing Education, College for Women, Western Reserve University, Cleveland, Ohio, and P. F. WILLIAMS, M.D., University of Pennsylvania.

Octavo, 475 pages. 4 Colored and 188 Illustrations. $3.00

This standard, practical and most largely used work on obstetrics has been largely rewritten, revised and reset.

It is the most elaborate work on obstetrics which has yet been offered for the use of nurses, not only on account of the profuseness of illustrations, but because of the completeness with which the entire subject has been treated. It is not merely a treatise on nursing, but a work on obstetrics for nurses, giving all of the science and art of midwifery that a nurse should know, to practise her profession intelligently.

We would like to tell you more about these and our other text books

J. B. LIPPINCOTT COMPANY

London: *Since 1875* — 16 John St., Adelphi

PHILADELPHIA: *Since 1792* — East Washington Square

Montreal: *Since 1897* — Unity Building

New Editions of Important Textbooks for Nurses

Obstetrics for Nurses

By *Charles B. Reed, M.D.*, Obstetrician to Wesley Memorial Hospital, Chicago. 2nd Edition. 398 pages, 145 illustrations. Price, postpaid, $3.00.

The new second edition has been completely revised and enlarged with much new matter added and many new pictures. It is more comprehensive than the usual text, yet the information is put so clearly and so readably that it is neither exhausting nor confusing. An excellent book for classwork and for reference.

Bacteriology for Nurses

By *Arthur A. Eisenberg, A.B., M.D.*, Director of Laboratories, St. John's Hospital; Pathologist to Lakewood Hospital; Serologist to St. Ann's Hospital, Cleveland, Ohio. 225 pages, illustrated. 2nd Edition. Price, postpaid, $2.25.

In the new second edition the subject has been brought up to date, and new matter and illustrations have been added. It is written in very simple language, complete in every detail, and is unique both from the standpoint of the subject matter included and the arrangement of the text. Will appeal especially to training school teachers as a text on bacteriology. Complete details given for laboratory assistants and technicians.

Chemistry for Nurses

By *Fredus N. Peters, A.M., Ph.D.*, Formerly Professor of Chemistry and Director of Laboratories, Kansas City College of Pharmacy; Professor of Organic Chemistry, Hahnemann Medical College. 302 pages, 40 illustrations. 2nd Edition. Price, postpaid, $2.50.

Peters' book has proved very popular with teachers. The second edition, just published, has been revised and now covers the last word on the subject. The book is simply written, yet completely covers the subject of chemistry for nurses in training school work and practice. Technical language has been avoided, yet the book is thoroughly scientific and truthful, and above all practical.

Other Well-Known and Valuable Books for Nurses

Solutions for Nurses

By *Elsie M. Smith, R.N.*, 2nd Revised Edition. 60 pages. Price, $1.00.

Materia Medica for Nurses

By *A. L. Muirhead, M.D.* 150 pages, 50 illustrations. Price $2.00.

Dietetics for Nurses

By *Maud A. Perry, B.S.* 160 pages. Price $1.25.

Manual for Practical Nursing

By *Helen L. Bridge, B.S., R.N.* 84 pages, interleaved. Price $1.00.

Hygiene for Nurses

By *Nolie Mumey, M.D.* 160 pages, 71 illustrations. Price, postpaid, $1.25.

Anaesthesia and the Nurse's Duties

By *A. de Prenderville, LL.B., M.R.C.S.* 100 pages, illustrations. Price, $1.25.

Surgical and War Nursing

By *A. H. Barkley, M.D., (Hon.) M.C., F.A.C.S.* 208 pages, 114 illustrations. Price $1.75.

Physiology for Nurses

By *William G. Christian, M. D.*, and *C. C. Haskell, M.A., M.D.* 168 pages, 34 illustrations, four color plates. Price $1.75.

Nursing in Diseases of Children

By *Carl G. Leo-Wolf, M.D.*, 315 pages, illustrated. Price $2.75.

Anatomy for Nurses

By *William G. Christian, M.D.*, 222 pages, 34 illustrations, many in colors. Price, postpaid, $1.75.

CUT HERE AND MAIL

C. V. MOSBY CO., 508 N. Grand Blvd., ST. LOUIS, MO.

Send me the books indicated in margin below, for which I will remit on receipt of bill. (If interested in using any of above as texts, please advise us.)

Name _____

Address _____

THE NURSE'S GOAL

In the executive field lies one of the finest goals a nurse may set for herself.

There, properly equipped, she may multiply her efforts to serve her fellow beings many fold.

As superintendent of a hospital, principal of a nurses' school, or head of one of the many departments of a hospital, she may, through her assistants and subordinates, increase her contribution to human service many times, and to a proportionate degree "carry on" toward the ideals of her profession.

The best way a nurse can fit herself for the executive field without interfering in the slightest with her present work or study is by regularly reading HOSPITAL MANAGEMENT, the journal which constantly brings her the best ideas and most practical suggestions regarding hospital administration.

HOSPITAL MANAGEMENT

Is more than a correspondence course, for it constantly moves in the van of the living, breathing, growing hospital field.

That's why the most successful nurse-superintendents and other executives read and contribute to it regularly.

Two minutes of your time and a memo like this will start you toward a goal in the executive field:

HOSPITAL MANAGEMENT,
537 South Dearborn Street,
Chicago, Ill.:

I am anxious to fit myself for a position in the executive field and want to receive HOSPITAL MANAGEMENT regularly to keep in touch with new ideas and trends in all phases of hospital administration. I inclose (will send) $2.00 for a year's subscription.

Name _____

Street address _____

City _____

Valuable Text Books for Training Schools

The reputation of the Putnam Nursing Books has been firmly established by years of use in large and important training schools, both public and private, in all parts of the country. Some of the titles in this well known series are:

Maxwell and Pope's Practical Nursing, the fourth edition of which has just been published, putting the profession in touch with all of the important advances of the past few years. 950 pages. Price $2.50.

Pope's Manual of Nursing Procedure. Omits references to Bacteriology, Dietetics, etc., permitting more space to be devoted to description of the actual practical side of nursing. 596 pages. Price $2.00.

Dock's Materia Medica for Nurses. Seventh edition. A book which has given satisfaction to classes for years. The drugs are now arranged in accordance with the various systems of the body. 315 pages. Price $2.25.

Dock's and Stewart's Short History of Nursing. A condensation for class use of the more comprehensive History of Nursing in four volumes by Dock and Nutting contains all the salient facts of the larger work. Price $3.00.

Higgins' Psychology of Nursing. The first book ever prepared on this important subject especially for nurses, and meeting a long felt need. (Teachers Manual supplied free on request). 332 pages. Price $1.75.

Pope's Essentials of Anatomy and Physiology. Especially adapted for the use of Nurses. The fourth edition of this well known and popular book. Price $2.50.

Training School Superintendents

who are not already familiar with these volumes are invited to apply for sample copies for examination with reference to class use. A complete descriptive circular of the Putnam Nursing Books will also be sent.

G. P. Putnam's Sons

Educational Department

2 W. 45th St. New York

MATTHEWS' QUICK REFERENCE LIST OF APPROVED

NURSES' TEXT-BOOKS

Season 1923 **Established 1897**

ANATOMY AND PHYSIOLOGY

	Last New	2d Hand
Burton Opitz—Physiology	$2.50	——
Bundy—Anatomy-Physiol.	2.50	$1.75
Christian—Anatomy	1.75	1.25
Christian—Physiology	1.75	1.25
Kimber—Anatomy and Phys.	3.00	2.00
Lewis—Anatomy and Phys.	2.25	1.50
Pope—Anatomy and Phys.	2.50	1.50
Stiles—Human Physiology	2.50	——
Williams—Anat. Phys. New	——	——

ANATOMICAL CHARTS

Anatomical Aid—Desk Manikin in sections	20.00	17.00
Bailliere—Atlas Female Body	2.50	——
Frohse—Life size, 7 sec'ns	80.00	70.00
Frohse—In sep. sections, ea.	13.00	——
Michel—Musc. circula., Nerv.	4.00	——
Michel—Spine and Nerves	5.00	——

BACTERIOLOGY AND PATHOLOGY

Bolduan-Grund—Bacteriol.	2.00	1.25
Broadhurst—Resist. Disease	2.50	——
Carey—Bact. for Nurses	1.25	1.00
Eisenberg—Bact. for Nurses	2.25	1.50
Fox—Bact. and Protozoölogy	2.25	1.50
Gibson—Lab. Tec. for Nurses	2.00	——
McIsaac—Bact. for Nurses	1.50	1.00
Morse—First Lessons in Bact.	1.25	.75
Roberts—Bact. and Pathology	2.00	1.25
Smeeton—Bacteriology	2.60	——
Stoney—Bact. & Surg. Tech.	2.00	1.00
Stitt—Bact.	5.00	3.00

CHARTS AND RECORDS

Ideal Nurse Records, pad	.75	——
Ideal Diet Lists, pads 100	1.00	——
Ideal Nurse Receipts, pads	.20	——
Wilson—Temperature Sheet	.50	——

CHEMISTRY, PHYSICS, URINE AND TOXICOLOGY

Amoss—Chem. for Nurses	2.25	1.75
Asher—Chem. for Nurses	2.00	1.25
Bliss-Olive—Phys. and Chem.	2.50	1.50
Goodnow—Phys. for Nurses	1.75	——
Hewat—Urine Examination	1.00	.65
Marquardt—Urinalysis	.65	.45
Ottenberg—Chem. for Nurses	1.35	1.00
Peters—Chem. for Nurses	2.50	1.75
Pope—Physics and Chem.	2.50	1.50

DICTIONARIES

Dorland—Am., Illus., Index	8.00	——
Dorland—Am., Illus., plain	7.00	——
Dorland—Am. Pocket, Index	2.50	——
Dorland—Am. Pocket, plain	2.00	——
Gould—Pocket, plain	2.00	——
Gould—Pocket, indexed	2.50	——
Gould-Pyle—Pock. Enclyc. pl.	2.00	——
Pope—Dictionary for Nurses	1.50	——

DIETETICS AND INVALID COOKERY

Allen—Starvation Diabetes	1.75	——
Bardswell—Diet	1.00	.65
Boland—Invalid Cook	2.50	1.00
Blum—Dietetics	4.00	——
Carter—Diet List	2.00	1.00
Einhorn—Lectures on Diet	1.50	——
Farmer—Cookery for Sick	2.50	——
Farmer—Boston Cook. School	2.50	——
Farmer—New Cookery Book	2.50	——
Fish—Home Dietetics	.75	——
Friedenwald and Ruhrah—Dietetics	2.25	1.50
Fillmore—Meatless Cookery	$2.00	——
Food Chart	1.00	——
Friedenwald and Ruhrah—Health and Disease	8.00	$5.00
Harrow—Vitamines	2.50	——
Joslin—Diabetic Manual	2.00	——
Knowles—Diabetic Cook Book	2.00	——
Locke—Food Values	2.00	——
Lusk—Science Nutrition	6.50	——
Pattee—Practical Dietetics	2.60	1.50
Perry—Dietetics for Nurses	1.25	.75
Pirquet—Diet	2.00	——
Pope—Dietary Computer	1.25	——
Pope and Carpenter—Essentials of Diet	1.75	1.00
Porter—Milk Diet	3.00	——
Proudfit—Dietetics for Nur's	2.60	2.00
Rose—Feeding Family	2.40	——
Saches—How Cook for Sick	2.00	1.25
Strouse & Perry—Food Man.	2.75	——
Wilder—Foley Diabetic	1.50	——

ETHICS

Aikens—Ethics for Nurses	2.50	1.75
Cabot—Everyday Ethics	1.50	——
Hampton Robb—Ethics	1.50	1.00
Harding—Higher Aspects	2.00	——
Parsons—Nursing Problems	1.25	——
Spalding—Talks to Nurses	1.50	——

EYE, EAR, NOSE, THROAT NURSING

Davis-Douglass — Eye, Ear, Nose and Throat	2.50	1.50
Gould & Pyle—Eye	2.00	1.00
Lewis—Opthalmic Nurse	1.50	——
Manhattan Hospital — Eye, Ear, Nose and Throat	2.25	1.50
Sharp—Opthal. for Nurses	2.00	——

FEVERS—INFECTIOUS DISEASES

Paul—Fever Nursing	1.75	1.00
Wilcox—Fever Nursing	1.50	1.00
Wilcox—Fever Nursing	1.50	.75
Wilson—Fever Nursing	2.00	1.00

HISTORY, BIOGRAPHY ON NURSING

Boardman—Under Red Cross	2.50	——
Dock & Stewart—Short History of Nursing	3.00	——
Epler—Life of Clara Barton	2.50	——
Garrison—Hist. of Medicine	9.00	——
Goodnow—Hist. of Nursing	3.00	2.00
Holmes, Oliver Wendell — Medical Essays	2.50	——
Hunt—Life of Ellen Richards	1.50	——
History Am. Red Cross	5.00	——
Hist. Mass. Hospital Training School	3.50	——
Life Clara Barton, 2 vol.	10.00	——
Nightingale—On Nursing	1.75	1.00
Nightingale's Pledge, dozen	.50	——
Nutting-Dock — History of Nursing, 4 vols.	15.00	——
Osler's Councils	2.50	——
Osler—Addresses to Students	5.00	——
Richards, Linda—Rem. of	1.00	——
Robb—Educational Standard	1.50	——

HOSPITAL EFFICIENCY

Balderston—Laundering	2.50	——
Bridge—Hospital Routine	1.00	——
Burdette—Hosp. and Charities	4.75	2.75
Catlin—Hosp. & Social Service	1.25	——
Cannon—Soc. Work in Hosp.	2.00	——
Galton—Healthy Hospitals	3.50	——
Galton—Healthy Dwellings	3.50	——
Mackintosh—Con., Equip. and Management of Hosp.	6.00	——
Macarthur—Mental Hosp.	4.50	——
Mitchell—Hospital and Law	2.50	——

HYGIENE AND PREVENTIVE MEDICINE

	Last New	2d Hand
Boyd—Prevention Med.	$4.00	$3.00
Brady—Personal Health	2.00	1.25
Broadhurst—Community Hyg.	2.50	——
Burgenstein—School Hygiene	2.00	1.25
Delano—Hyg. & Care of Sick	1.00	.75
Dock—Hygiene and Morality	1.50	——
Galbraiths—Pers. Hyg. and Phys. Train. for Women	3.00	——
McIsaac—Hygiene for Nurses	1.50	1.00
Mumey—Hygiene for Nurses	1.25	1.00
Price—Hygiene and Sanitat'n	2.25	1.50
Pyle—Personal Hygiene	3.00	2.00
Winslow—Prevention of Dis.	2.00	1.00
Williams—Personal Hyg.	2.50	——

INFANTS AND CHILDREN

Abt—Baby's Food	1.25	——
Bell—Diet & Care Child	2.00	——
Davis—Mother and Child	2.75	——
Dennett—The Healthy Baby	1.50	——
Dennett—Infant Feeding	5.00	——
Emerson—Nutrition	2.50	——
Griffith—Care of the Baby	2.50	1.50
Grulee—Infant Feeding	4.50	3.00
Hess—Infant Feeding	4.00	2.00
Hill—Infant Feeding	5.00	3.00
Hogan—Infant Feeding	1.50	1.00
Holt—Care & Feed. Children	1.25	——
Holt—Food & Growth Child	1.50	——
Kerley—Short Talks with Young Mothers	1.25	.75
Kilmer—Care of Baby	1.00	.75
Leo-Wolf—Nurs. Dis. Child.	2.75	2.00
Lucas—Runabout Child	1.50	——
Morse, Hyman & Hill—Infant-Child	1.75	——
McCarthy—Child, 2-7	1.75	——
McComb—Dis. of Children	3.00	2.00
Moore—Nut. Mother Child	2.00	——
Ramsey—Infancy & Childhood	2.50	1.50
Sauer—Nursery Guide	1.75	——
Starr—Hygiene of Nursery	1.25	.75

MASSAGE, EXERCISE AND HYDROTHERAPY

Abbott—Hydrotherapy	4.00	——
Baruch—Hydrotherapy	2.25	——
Bohm & Painter—Massage	2.25	——
Bowen—Kinesiology	——	——
Despard—Massage	6.75	——
Graham—Massage	6.00	4.00
Kellogg—Art of Massage	3.50	——
Kleen—Massage	7.00	——
Knudsen—Gymnastics	3.50	——
McKenzie—Exercise	5.00	——
McMillan—Massage and Ex.	2.25	——
Nissen—Massage & Exercise	2.00	1.00
Ochsner—Ex. for Convales.	.75	——
Ostrom—Massage	1.50	——
Palmer—Massage	3.75	——

MATERIA MEDICA, DRUGS, SOLUTIONS

Blumgarten—Materia Medica	3.00	2.00
Crothers & Rice—El. of Latin	1.50	1.00
Dock—Mat. Med. for Nurses	2.25	1.00
Finnemore—Phar. and M. M.	1.50	——
Fortescue—Treat. for Nurses	6.50	5.00
Foote—Essen. of Mat. Med.	2.00	1.00
Groff—Materia Medica	2.00	1.00
Muirhead—Materia Medica	2.00	1.25
Parker—Mat. Med. & Thera.	2.50	1.50
Paul—Materia Medica	1.75	1.00
Pope—Materia Medica	2.50	1.75
Stimson—Drugs and Solutions	1.25	1.00
Smith—Handbook Solutions	1.00	——

SUPT. OF NURSES—ATTENTION!

SIMPLIFY YOUR BOOK BUYING—WRITE US TODAY

We handle books of **all** publishers and **one account** fills the bill. Liberal discounts to training schools. Discarded text accepted in exchange. Second-hand books furnished if desired at very reasonable prices.

MEDICAL DISEASES AND NURSING

	Last New	2d Hand
Cabot—Medicine	$4.00	——
Cuff—Lectures, Medical	2.00	$1.00
Dayton—Epitome Practice	2.25	——
DeWitt—Private Duty Nurs.	2.00	1.25
Domville—Manual for Nurses	1.00	.75
Emerson—Essentials of Med.	3.00	2.00
Farr—Internal Medicine	2.75	2.00
Fitzwilliams—Man. for Ord.	2.00	1.50
Forsyth—Medical Diseases	1.50	——
French—Home Care Consum.	1.50	——
Harmer—Med. for Nurses	3.00	——
Hawes—Care of Patient	1.50	——
Hoxie—Medicine for Nurses	2.00	1.25
Hughes—Practice of Med.	4.00	3.00
Ringer—Clin. Med. for Nurs.	2.00	——
Stamlay—Diseases of Skin	2.00	1.00
Stevens—Practice of Medicine	4.00	2.50
Stokes—Third Great Plague	2.50	——
Watson—Medical Lectures	2.00	——

MISCELLANEOUS BOOKS

Abbott—Essen. Med. Electric	1.50	——
Aiken—Training Methods	2.25	1.50
Allison—Power of Alumnae	1.50	——
Barton—Teaching the Sick	1.50	——
Brown—Rules for Rec. Tub.	1.50	——
Buckley—Skin Dis. Nurses	2.25	——
Clark—Nurses Enquire	1.25	——
Cook—Index of Nursing	1.75	——
Fisher & Fisk—How to Live	1.50	1.00
Hassard—Male Nurses	1.75	——
Hodson—How to Become a Trained Nurse	2.50	——
Jamme—Nurs. Proceed	1.50	——
Kelly and Bradshaw—School	1.50	——
LaMotte—Tuberculosis Nurse	2.00	——
Lounsbery—Making Good in Private Duty	2.00	1.25
Meachen—Skin Dis. Nurs.	2.00	——
Report Nursing Education	2.50	——

NERVOUS AND MENTAL DISORDERS

Ash—Nurs. Ner. Pat.	1.50	——
Bailey—Mental Nurs.	1.50	——
Barrus—Nurs. the Insane	2.50	——
Beers—Mind Found Itself	2.50	——
Binet-Simon—Defect. Child.	1.50	——
Burr—Psy. and Mental Dis.	2.00	1.00
Carroll—Nervousness	2.50	——
Chase—Ment. Med. Nurs.	2.50	——
Eyre—Psycho. Nurses	1.50	——
Higgins—Psychology of N.	1.75	——
Hunt—Diagnosis Nerv. Dis.	2.25	——
Laird—Psychology of N	2.50	——
Jackson—Outwitting Nerves	2.50	——
Macarthur—Mental Hospital	5.25	——
Mills—Nurs. Nerv. Insane	1.75	——
Porter—Psy. for Nurses	1.50	——
Shaw—Essentials Nerv. Dis.	2.00	1.00
Stiles—Nervous System	1.75	——

NURSING—PRINCIPLES AND PRACTICE

Aikens—Clinical Studies	3.25	2.00
Aikens—Primary Studies	2.25	1.50
Beck—Handbook Nurses	1.50	——
Brown—Prin. of Nursing	2.25	1.50
Donahoe—Man. of Nurs.	3.00	1.75
Goodnow's—1st Yrs. Nurs.	2.25	1.50
Hawes—Observ. Sympt.	1.00	——
Hawes—Talks 1st Yr. Nurs.	1.50	——
Maxwell & Pope—Prac. N.	2.50	1.75
McIsaac—Pri. Nurs. Tech.	1.35	1.00
Pope—Nurs. Procedure	$2.00	——
Pope—Simple Nursing Proced	2.50	——
Robb—Prin. of Nursing	1.75	$1.00
Sanders—Mod. Meth. Nurs.	3.00	2.00
Stoney—Prac. Pts. Nurs.	2.00	1.25
Watson—Handbook Nurs.	2.00	——
Weeks-Shaw—Text Bk. Nurs.	2.50	1.00
Wheeler—Nurs. Technique	1.75	——

OCCUPATIONAL AND INDUSTRIAL

Camus—Occupational	2.50	——
Dunton—Occupa. Therapy	1.75	——
Dunton—Reconstructional	2.00	——
Javal—On Becoming Blind	1.25	.75
Kober & H.—Occupa.	10.00	——
Oliver—Occupa. Diseases	5.00	——
Struthers—School Nurse	2.00	——
Tracy—Invalid Occupa.	1.75	——
Wright—Indus. Nurs.	1.50	——

OBSTETRICS AND GYNECOLOGY

Ashton—Essen. Obstetrics	2.00	1.00
Bandler—Expect. Mother	2.00	——
Cadmus—Obst. Manual	1.25	——
Carlson—Obstet. Quiz Nurs.	2.00	——
Cooke—Hand Book Obstet	3.00	2.00
Cragin—Essen. Gynecology	2.00	1.00
Davis—Obstet. Gynecol. Nur.	3.00	2.00
DeLee—Obstet. for Nurs.	3.00	2.25
Giles—Gynecology Nurs.	1.50	1.00
Howard—Obstet. Nursing	2.00	1.00
Howe—Care Expect. Mother	.75	——
Jewitt—Child-Bed Nurs.	1.25	.75
Landis—Compend. Obstet.	2.00	1.00
MacFarlane—Handbk. Gyne.	1.50	1.00
Montgomery—Gynecol. Pat.	1.50	1.00
Pearl—Biometry	——	——
Plass—Obstetric	3.50	——
Reed—Obstet, for Nurs.	3.00	1.75
Slemons—Pros. Mother	2.50	——
Tallant—Ob. Nursing	2.25	——
Wells—Compend. Gynec.	2.00	1.00
Wilson—Obstet. Nursing	1.50	1.00
Van Blarcom—Mother	——	——
Van Blarcom—Obstet, Nurs.	3.00	——

PUBLIC HEALTH AND SOCIAL WORK

	Last New	2d Hand
Barton—Teaching Sick	$1.50	——
Brainard—Evolution P. H.	3.00	——
Brainard—Pub. Health Nurs.	3.00	——
Broadhurst—Com. Hygiene	2.50	——
Bruce—Lect. on Tuberculosis	1.00	——
Cabot—Social Worker	2.00	——
Gardner—Pub. Health Nurs.	2.50	$1.50
Hawes—T. B. & Com.	1.75	——
Hill—New Pub. Health	1.50	——
Hill—Sanita. & Health Nurs.	1.50	——
Lehrfeld—Com. Health	2.00	——
Wald—House Henry St.	2.50	——
MacDonald—Pub. Health Nur.	1.50	——

QUESTIONS AND ANSWERS, STATE BOARD

Foote—State Bd. Ques.	$3.00	——
Kennedy—Question Man.	1.00	——
Pope—Quiz Bk. Nursing	2.50	1.50

SURGICAL NURSING AND TECHNIC

Barkley—Surg. Nursing	1.75	1.00
Bishop—Surgical Nurs.	1.00	——
Brickner—1000 Sur. Sug.	1.00	.75
Buxton—Anesthetics	6.00	3.50
Carrel-Dehelly—Solutions	2.50	1.75
Childe—Surg. Nurs.	2.25	1.25
Cowan—Bandaging for Nurs.	2.00	——
Colp & Keller—Sur. Nurs.	3.00	——
Darling—Surg. & Aft. Nurs.	2.75	——
Davis—Bandaging	1.25	——
DePrenderville—Anesthesia	1.25	——
Doty—1st Aid to Injured	2.25	——
Dulles—Acci. and Emerg.	1.50	——
Eliason—First Aid	1.75	——
Eliason—Practical Band	1.75	——
Flagg—Anesthesia	4.50	——
Groves—Surg. Op. Nurses	5.50	——
Hopkins—Roller Bandage	1.75	——
Howard—Surg. Nursing	2.75	——
Howard—Surg. Nur. Tech.	4.50	——
Lipshutz—Camp. Surgery	2.00	——
McDonald—Essen. Surg.	2.50	1.75
Montgomery—Surg. Patients	1.50	——
Morrow—Care Injured	2.75	2.00
Owen—Treat. Emerg.	2.25	——
Parker & Breck—Surg. & Gyn. Nursing	3.00	2.00
Preston—Roller Band	.50	.25
Preston—Triangular Band	.50	.25
Robb—Aseptic Surg. Tech.	2.75	1.50
Smith—Oper. Room	1.75	——
Stoney—Surg. Tech. Nurs.	2.00	——
Warnshuis—Surg. Nurs.	3.25	——
Whiting—Bandaging	2.00	——

L. S. MATTHEWS & CO., 3563 Olive St., St. Louis, Mo.

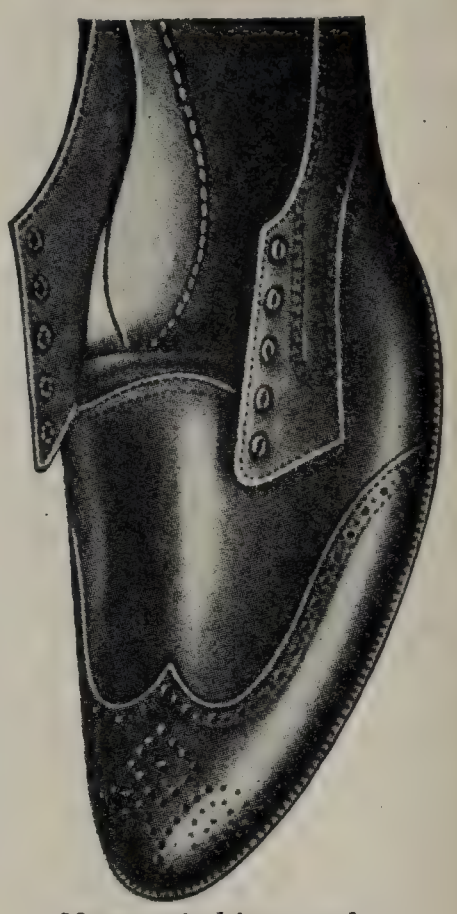
Please send, prepaid, items marked X in quantities as specified and charge to our account.

SOROSIS SHOES
AND
THE A. E. LITTLE SHOE
Trade Mark

A. E. LITTLE COMPANY

Factories: LYNN, BROCKTON *and* NEWBURYPORT, MASS.
Telephone: MURRAY HILL 8784

449 FIFTH AVENUE, NEW YORK



Note stitching and saddle on the inside.

September 1, 1923

Dear Nurse:

When your patients are convalescing, you say, among other things, "more exercise" and that walking is the simplest, best, most natural exercise.

When the arches of the feet are weak and broken down, Nature's springs are about gone, then the joys of walking: the result is somewhat similar to the shaking up received when riding in a cart with no springs.

Our new method of shoe construction makes walking a pleasure, even when arches are down.

We have endeavored in our previous letters, to convey the idea we were not merely exploiting a shoe, but a new method of shoe construction, which construction should become a part of every shoe that is safe to wear. Your help is important, in fact vital.

From answers to our letters, we are assured many medical men are now giving more attention to the foot condition than ever before.

For the reason some new thoughts are brought out in one letter just received and bearing the signature of a well known, general practitioner, I shall take the liberty to quote from it as follows:

> "I have noted in my practice and in my personal use the new construction of the A. E. Little Shoe not only does all you claim for it, but also keeps the foot back of the heel where it belongs; in fact relieving all seam pressure, thereby allowing for perfect blood circulation, which is most important. It seems to me this feature should be part of your really modest claim for the most perfect shoe construction I have ever seen, worn or prescribed."

It makes us very happy to have letters from you and to realize that our efforts and labors may have been of some use to humanity.

This identifying mark is branded into the sole leather under the arch, in front of the heel. "The A. E. Little Arch Supporting Suspension Construction."

THE A.E. LITTLE
ARCH SUPPORTING SUSPENSION
CONSTRUCTION
PAT. APL'D FOR

Cordially yours,

Alexander E. Little

How to Brush Teeth

with Pepsodent—essential things to teach

The Pepsodent effects depend largely on right brushing. So we urge all dentists to co-operate in this new education.

The mild acid effects

Pepsodent is mildly acid. Acid acts to disintegrate mucin plaque—to curdle or flake it—at all stages of formation.

But those effects depend on bringing the mild acid in contact with the plaque. wherever it appears. Pepsodent must be forced between the teeth, and applied to every surface where the plaque may cling.

The polishing effects

The right cleaning of the teeth depends on proper brushing. The Pepsodent polishing agent is soft and harmless, yet efficient. But it should reach every surface. Few people expend the proper time and care.

Crosswise brushing is inefficient and harmful. The bristles do not penetrate the interstices. The method leads to too vigorous brushing. And the bristles alone, with the mildest polishing agent, may abrade the dentine or even the enamel.

The rolling method—brushing from the gums toward the tooth points—is essential to right brushing.

What Pepsodent does and does not

Pepsodent, through its mild acidity, acts to disintegrate mucin plaque. And, through its soft polishing agent, to remove the flaked or curdled plaque safely and efficiently.

Its mild acid reaction stimulates the salivary flow and reduces its viscosity. It increases the alkalinity of the saliva. It increases the ptyalin in saliva, the digestant of starch deposits.

Every use gives greater power to Nature's tooth-protecting agents in the mouth.

It contains no soap, no chalk, because alkalis bring undesired effects, the opposite of acids.

It does no harm. Mild acid promotes natural tooth protection. Natural teeth have been immersed for four years in Pepsodent mixed with saliva without the least sign of attack.

The polishing agent is far softer than enamel. It is efficient but not severe. It is conspicuous only because most users are accustomed to soap lubrication.

But you meet Pepsodent users who show remarkable results, and you meet those with lesser results. The difference lies largely in the method of brushing. Pepsodent combined with right brushing brings results which every dentist will encourage and approve.

The coupon will bring you the latest information on Pepsodent, based on seven years of tests. Also a tube to try.

PAT. OFF.
Pepsodent
REG. U. S.

The Modern Dentifrice

THE PEPSODENT COMPANY, 1216
3032 Ludington Bldg., Chicago, Ill.

Please send me, free of charge, one regular 50c size tube of Pepsodent, with literature and formula.

Name.....

Address.....

Enclose card or letterhead

THE AMERICAN JOURNAL OF NURSING

Owned, edited and managed entirely by nurses. The official organ of the American Nurses' Association, The National League of Nursing Education, The International Council of Nurses, and forty-three State and Territorial Associations.

EDITOR
Mary M. Roberts, R.N., B.S.
370 Seventh Avenue,
New York

MANAGING EDITOR
Katharine DeWitt, R.N.
19 West Main Street,
Rochester, N. Y.

DEPARTMENT EDITORS

Laura R. Logan, R.N.
Clara D. Noyes, R.N.
Alice Shepard Gilman, R.N.
A. M. Carr, R.N.

Subscriptions.—Single subscriptions, $3 a year. Single copy, 35 cents. Canadian and foreign subscriptions, $3.50. Club Rates.—Twenty subscriptions, $2.50 each, if names, addresses and money are sent at one time, by one person. Ten to twenty subscriptions, $2.75 each, same conditions. Combination subscription with Pacific Coast Journal, $4.50. With The Survey, $5.50. All subscriptions should be sent to 19 West Main Street, Rochester, N. Y., and all checks or money orders should be made payable to the American Journal of Nursing. Changes of Address.—In sending changes of address, both the new and old address should be given. They should reach the Journal office by the 15th of the month preceding publication.

Contributions to the Journal should be sent to the New York office. News items, subscriptions and changes of address should be sent to the Rochester office.

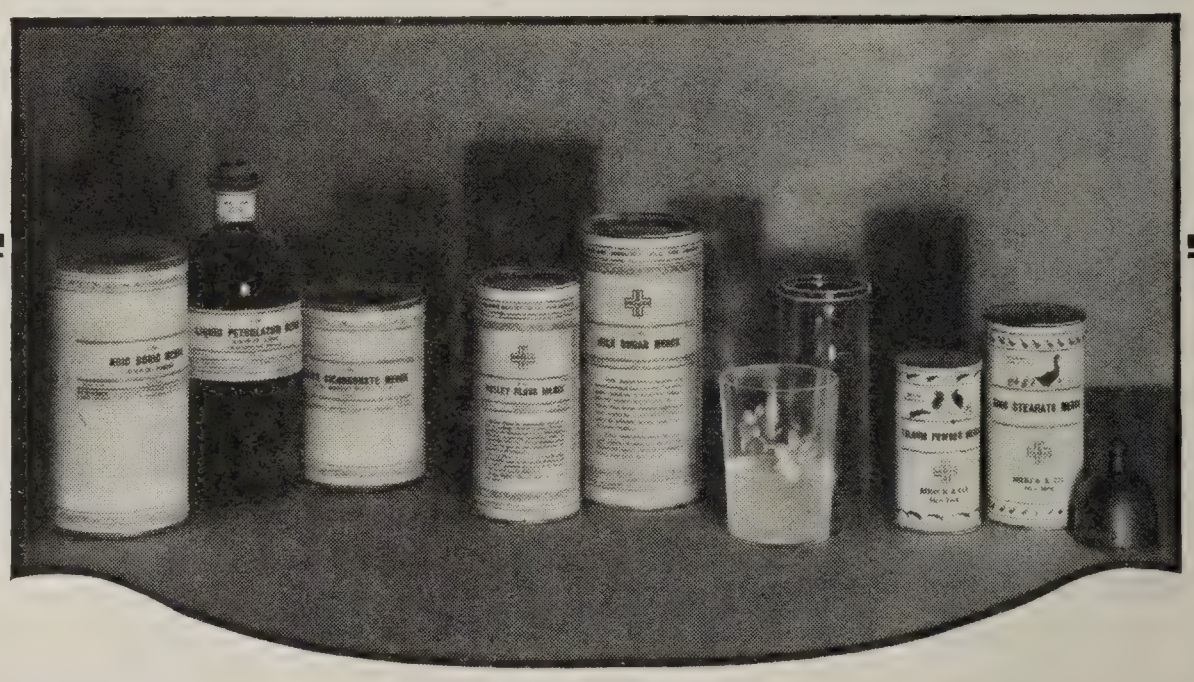
Advertising copy, cuts and proofs should be sent to 19 West Main Street, Rochester, N. Y. For advertising rates and data address Journal at 242 Chestnut Street, Philadelphia, Pa. All advertisements must be approved by the editors before appearing in the pages of the Journal.

Book Department.—Orders for any nursing or medical books desired should be sent to the American Journal of Nursing, 19 West Main Street, Rochester, N. Y., accompanied by payment at the publisher's net rate. Quotations on any book not listed in the Journal's Book Department will be given on request.

Published on the first of each month by

The American Journal of Nursing Company

19 West Main Street, Rochester, N. Y.



Merck Baby Products

Milk Sugar Merck
Barley Flour Merck
Cane Sugar Merck
Dextrin Maltose Merck
Cod Liver Oil Merck
Liquid Petrolatum Merck
Boric Acid Merck
Sodium Bicarbonate Merck
Zinc Stearate Merck
Talcum Powder Merck

MOST NURSES are well acquainted with Merck Baby Products—and recommend them as *pure and dependable.* Put up, too, with scrupulous care.

If there are any products on this list, however, which *you* haven't used in professional nursing, *please write for a sample.*

MERCK & CO., 45 Park Place, New York City

Every Nurse,—

who strives to give the utmost in service, recommends

Lister's  Napkins

She realizes that "Lister's," the pioneer in the Sanitary Napkin field, still leads in comfort, convenience and economy.

The vast laboratories of Johnson & Johnson,—the background of Lister's Sanitary Napkins,—give the nurse that confidence she must have in every article she recommends.

Write Today for Sample

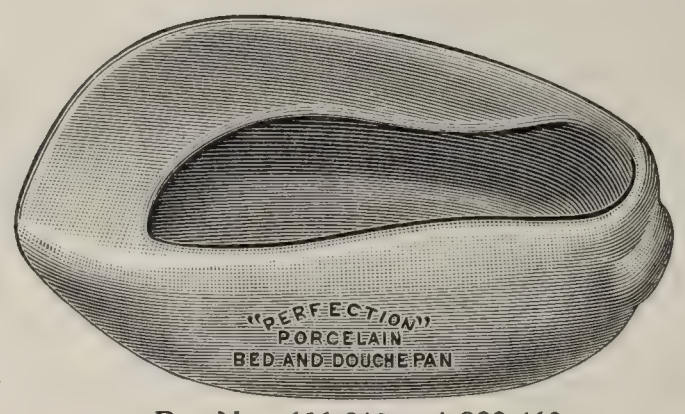
Johnson & Johnson
NEW BRUNSWICK, N.J., U.S.A.

ADVANCED SPECIALTIES for HOSPITALS

These Utensils will Lighten Your Work and give Comfort to your Patients

"Perfection" Bed and Douche Pan

Trade Mark "PERFECTION" Reg. U. S. Pat. Office



Pat. Nos. 651,310 and 920,463

Most Comfortable and Sanitary Bed Pan in the World

Insist on Getting the Genuine
Meinecke "Perfection" Bed and Douche Pan
From your local Dealer or Druggist
Do not Accept a Substitute
Look for the Name "PERFECTION" stamped on each Pan

If you cannot get the "PERFECTION" at your local Store we will send it by P.P. or Express Prepaid, east of the Mississippi, on receipt of the following prices. West of the Mississippi add 50c to each price

No. 1	Porcelain, Standard or Adult's Size	$3.50
No. 2	Porcelain, Small or Child's Size	3.00
No. 3	Gray Enameled Steel Ware, Standard or Adult's Size	4.00
No. 4	White Enameled Steel Ware, Standard or Adult's Size	4.50
No. 6	White Enameled Steel Ware, Small or Child's Size	4.50

"Handy" Bed Pan and Female Urinal

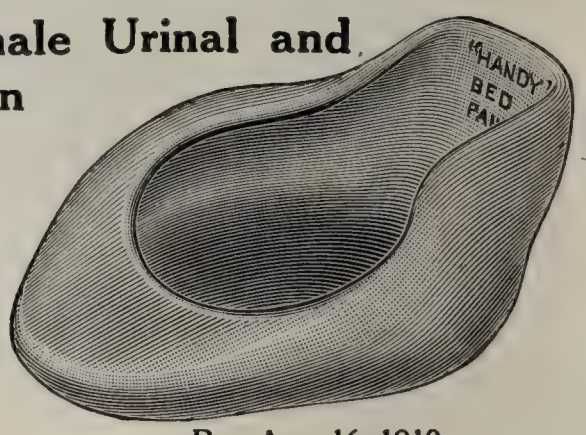
Improved Shape for Use as a Female Urinal and Small Size Bed Pan for Children

Also Suitable for Fracture Cases and under Bradford Frames

Total Length	12 inches
Height at Front	1¼ "
Height at Back	3 "
Width at Center	8 "

Approximate Capacity:

In Porcelain	30 oz.
In White Enameled Steel Ware	32 oz.



Pat. Aug. 16, 1910

If you cannot get the "HANDY" at your local Store we will send it by P.P. or Express Prepaid, east of the Mississippi, at the following prices. West of the Mississippi add 25c to each price

Porcelain (weight 2 lbs.)	$2.50
Seamless White Enameled Steel Ware (weight 1½ lbs.)	4.00

12

MEINECKE & COMPANY
66-70 Park Place • New York

KOLYNOS
DENTAL CREAM

Six Year Molar

One of the principal causes of crooked teeth is the neglect of the temporary teeth and the six year molars. The latter are frequently allowed to decay and then extracted.

Careful instruction to your patients will start them while young to form that good habit of brushing the teeth morning and night and visiting the dentist at least twice yearly. Temporary teeth can be saved so that the six year molars take their normal place as the keystone of the arch. Instruct your young patients to use Kolynos Dental Cream on the dry brush. It not only will appeal to them, but you will know that they are cutting oral sepsis to a minimum.

REQUEST NURSES' SAMPLES

THE KOLYNOS COMPANY

NEW HAVEN, CONN.

INDEX TO ADVERTISERS

A

Alkalol Co., The ---- 49
American Reedcraft Corp ---- 50
Amolin Co., The ---- 37
Architect Shoe Co., The ---- 52
Amory, Browne & Co ---- 46
Auto Vacuum Freezer Co ---- Inside back cover

B

Badanes & Co., The S. E ---- 37
Becton, Dickinson & Co ---- 1
Biberman Brothers ---- 56
Blakiston's Son & Co., P ---- 10
Bovinine Co., The ---- 49

C

Caldwell & Co., J. E ---- 45
Chase, M. J ---- 60
Chesebrough Mfg. Co ---- 58
Chicago Medical Book Co ---- 4
Cleveland Maternity Hospital ---- 59
Colgate & Co ---- 39
Comfort Powder Co., The ---- 50

D

Daggett & Ramsdell ---- 45
Davol Rubber Co ---- 45
Deknatel & Son, Inc., J. A ---- 54
Dentinol & Pyorrhicide Co ---- 29
Denver Chemical Mfg. Co ---- 64
Druggists' Supply Corp ---- 52
Dry Milk Co., The ---- 61

F

Farwell & Rhines Co., The ---- 54
Fellows' Medical Mfg. Co ---- Inside front cover
Fleischmann Co., The ---- 3
Ford, J. B. Co ---- 2
Frostilla Co., The ---- 29

G

Gendron Wheel Co., The ---- 50
George Peabody College for Teachers ---- 42
Gillies Litho. & Printing Co ---- 57
Ginsberg & Bro ---- 31
Gradwohl School ---- 44

H

Hays & Green ---- 35
Hearn ---- 27
Hopkins, Mrs. M. H. B ---- 54
Horlick's Malted Milk Co ---- Inside front cover
Hospital Management ---- 13

J

Johnson and Johnson ---- 19

K

Kny-Scherer Corp., The ---- 43
Koeckert, E. C ---- 4
Kolynos Co ---- 25

L

Lambert Pharmacal Co ---- 54
Lavoris Chemical Co ---- 62
Lea & Febiger ---- 2
Lippincott Company, J. B ---- 11
Little Co., A. E ---- 16

M

Macmillan Co., The ---- 9
Matthews & Co., L. S ---- 14, 15
Medeol Co., Inc ---- 48
Meinecke & Co ---- 20
Mellin's Food Co ---- 27
Merck & Co ---- 18
Missouri School of Social Economy ---- 42
Monnier, Inc., Ernest ---- 52
Morse & Burt ---- 33
Mosby Co., C. V ---- 12

N

N. Y. Pharmaceutical Co ---- 55
N. Y. Post Graduate Hospital ---- 59
Nujol Laboratories ---- Outside back cover
Nurses' Outfitting Association, Inc ---- 33
Nurses' Uniform Shop ---- 29, 59

P

Payson's Indelible Ink Co ---- 50
Pennsylvania School of Social and Health Work ---- 42
Pepsodent Co., The ---- 17
Purdue Frederick Co ---- Inside back cover
Putnam's Sons, G. P ---- 13

R

Randles Mfg. Co ---- 48

S

Saunders Co., W. B ---- Front cover
Saunders Co., W. B ---- 5, 6, 7, 8
Schering & Glatz, Inc ---- 41
S. E. Products Co ---- 4
Sedgwick Machine Works ---- 58
Selby Shoe Co., The ---- 47
Sharp & Dohme ---- 61
Smith, Martin H ---- 29
Squibb's ---- 23
Standard Apparel Co ---- 53
Stanley Supply Co ---- 55

T

Tawido Looms ---- 54
Training Schools ---- 38, 40, 42, 44

U

U. S. Industrial Alcohol Co ---- 52

W

Want Advertisements ---- 34, 36
Walter Baker & Co., Ltd ---- 52
Walter Janvier, Inc ---- 21
Wash Fabric Co ---- 62
Welch Grape Juice Co., The ---- 51
Western Reserve University ---- 44
Whitcomb & Barrows ---- 4
Whitney Company ---- 48

Mellin's Food

is a soluble, dry extract, made from wheat, malted barley and bicarbonate of potassium. The starchy portion of the wheat and barley is transposed by the natural enzyme — malt diastase — into the soluble carbohydrates

Maltose and Dextrins

During the process of manufacture the protein of the grains as well as the salts that are present in the covering of the grains are retained and the bicarbonate of potassium is added. By further manipulation and subsequent evaporation the whole is reduced to a dry powder which consists of maltose, dextrins, proteins and salts in definite proportions as given in the accompanying analysis:

Analysis of Mellin's Food

Fat	.16
Proteins	10.35
Maltose	58.88
Dextrins	20.69
Salts	4.30
Water	5.62
	100.00

Mellin's Food is a means to aid the physician in modifying fresh cow's milk.

Mellin's Food Company, Boston, Mass.



HEARN

Founded 1827

FOURTEENTH STREET, WEST OF FIFTH AVE., N. Y. CITY.

Nurses' Uniforms

2.95 *Value* **$5.00**

Every type of uniform which the nurse of trim, immaculate appearance requires for her work may be selected at this unusually good value. The assortment includes many models in white linen finished cambric and other wanted materials.

In addition, the Nurses' Shop presents full stocks of both white, colored and striped uniforms, featuring in every instance money-saving values.

Nurses' Accessories are a Hearn Specialty

Well made COLLARS, CUFFS, BIBS, APRONS, CAPS and other costume needs are shown in newest styles at economy prices.

DIRECTORY OF NURSES' AND HOSPITAL SUPPLIES

Bags (visiting nurse)

Becton, Dickinson & Co.__ 1
Stanley Supply Co._____ 55

Beauty Accessories

Daggett & Ramsdell_____ 45
Frostilla Co., The_____ 29

Books

Blakiston's Son & Co., P.__ 10
Chicago Medical Book Co. 4
Koeckert, E. C._____ 4
Lea & Febiger_____ 2
Lippincott Co., J. B._____ 11
Macmillan Co., The_____ 9
Matthews & Co., L. S.___14, 15
Mosby Co., C. V._____ 12
Putnam's Sons, G. P._____ 13
Saunders Co., W. B._____
_____Front cover
Saunders Co., W. B.,_5, 6, 7, 8
Whitcomb & Barrows_____ 4

Chairs (invalid)

Gendron Wheel Co., The__ 50

Charts and Card Indexes

Druggists' Supply Corp.___ 52
Hopkins, Mrs. M. H. B. 54
S. E. Products Co._____ 4

Cleansing Agents

Ford & Co., J. B._____ 2

Cold Cream

Daggett & Ramsdell_____ 45

Dental Cream

Colgate & Co._____ 39
Dentinol & Pyorrhicide Co. 29
Kolynos Co._____ 25
Pepsodent Co., The_____ 17

Flour - Gluten

Farwell & Rhines Co., The 54

Foods

Dry Milk Co., The_____ 61
Mellin's Food Co._____ 27
Walter Baker & Co._____ 52
Welch Grape Juice Co., The _____ 51

Handicraft

American Reedcraft Corp._ 50
Tawido Looms _____ 54

Hospital Supplies

Auto Vacuum Freezer_____
_____Inside back cover
Bed Pans _____ 20
Chairs (invalid)_____ 50
Cleansing Agents_____ 2
Foods_____27, 41, 46, 51, 52
Milk Products _____ 27
Nursery Name Necklace___ 54
Pharmaceutical Specialties__
18, 19, 21, 23, 29, 48, 49,
18, 19, 21, 23, 29, 41, 48,
49, 52, 54, 555, 58, 61, 63
Suppositories _____ 48
Uniforms and Accessories__
27, 29, 31, 35, 37, 46, 48,
53, 56, 59, 60, 64.
Vaseline _____ 58

Ink

Payson's Indelible Ink Co._ 50

Invalid Elevators and Dumb Waiters

Sedgwick Machine Works_ 58

Jewelry

Caldwell & Co., J. E._____ 45

Magazines

Hospital Management_____ 13

Milk Products

Dry Milk Co., The_____ 61
Horlick's ___Inside front cover
Mellin's Food Co._____ 27

Nipples

Davol Rubber Co._____ 45
Monnier, Inc., Ernest_____ 52

Pharmaceutical Specialties

Alkalol Co., The_____ 49
Bovinine Co._____ 49
Cheseborough Mfg. Co._____ 58
Denver Chemical Co._____ 64
Fellows'_____Inside front cover
Johnson & Johnson_____ 19
Lambert Pharmacal Co.___ 54
Lavoris Chemical Co._____ 62
Merck & Co._____ 18
Medeol Co., Inc._____ 48
N. Y. Pharmaceutical Co.__ 55
Nujol_____Outside back cover
Purdue Frederick_____
_____Inside back cover
Schering & Glatz_____ 61
Sharp & Dohme_____ 41
Smith, M. H._____ 29
Squibb's _____ 23
U. S. Industrial Alcohol Co. 52
Walter Janvier, Inc._____ 21
Whitney Company_____ 48

Powders

Amolin Co., The_____ 37
Comfort Powder Co., The_ 50

Printing

Gillies Litho. and Printing Co. _____ 57

Schools

Cleveland Maternity Hospital _____ 59
George Peabody College for Teachers _____ 42
Gradwohl School_____ 44
Pennsylvania School of Social and Health Work___ 42
Miscellaneous _____40, 44
Missouri School of Social Economy _____ 42
Western Reserve University 44
N. Y. Post Graduate Hospital _____ 59

Shoes

Architect Shoe Co._____ 52
Little Co., A. E._____ 16
Selby Shoe Co., The_____ 47

Suppositories

Medeol Co., Inc._____ 48

Surgical Instruments

Kny-Scherer Corp., The___ 43

Tonic

Bovinine Co._____ 49

Uniforms and Accessories

Amory Brown & Co._____ 46
Badanes, S. E._____ 37
Biberman Bros._____ 56
Ginsberg & Bros._____ 31
Hays & Green_____ 35
Hearn _____ 27
Nurses' Outfitting Association, Inc. _____ 33
Nurses' Uniform Shop__29, 59
Randles Mfg. Co._____ 48
Standard Apparel Co._____ 53
Wash Fabric Co._____ 62

Want Advertisements___34, 36

Yeast

Fleischmann Co., The_____ 3

ERGOAPIOL (Smith)

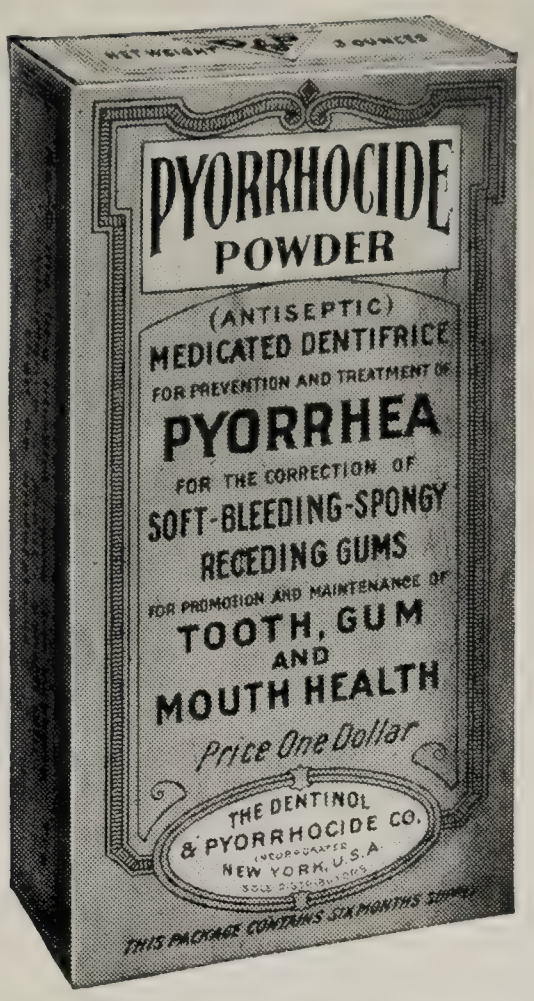
For
AMENORRHEA
DYSMENORRHEA
MENORRHAGIA
METRORRHAGIA
ETC.

ERGOAPIOL (Smith) is supplied only in packages containing twenty capsules.

DOSE: One to two capsules three or four times a day.

SAMPLES and LITERATURE SENT ON REQUEST.

MARTIN H. SMITH COMPANY, New York, N.Y., U.S.A.



SAMPLE A sample of Pyorrhocide Powder and a copy of our educational booklet on oral health, sent free on request.

THE DENTINOL & PYORRHOCIDE CO., INC.
Sole Distributors
Dept. 41—1480 Broadway NEW YORK

NURSES' UNIFORMS

READY TO WEAR

$3.75

Incomparable value recognized throughout the profession. We have set a new standard that has met with universal approval.

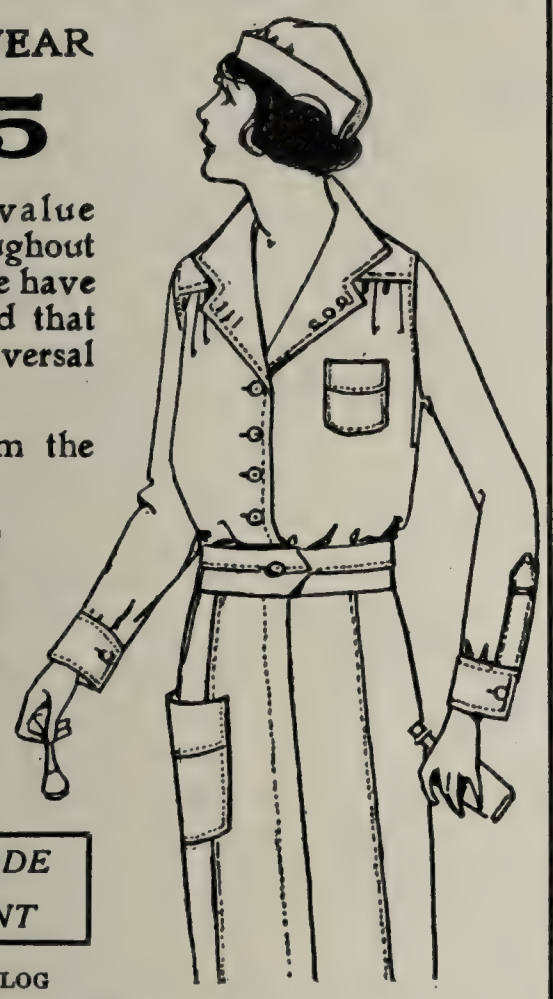
Sold direct from the maker to you.

Style 302 (illustrated) choice of either Indian Head or Nurse Cloth, $3.75

Irish Poplin at $6.50

Sizes 34 to 46

MAIL US YOUR ORDER



UNIFORMS MADE TO YOUR MEASUREMENT

SEND FOR OUR CATALOG

NURSES' UNIFORM SHOP
221 South 11th Street, Philadelphia, Pa.

Are Nurses Human?

You, who have chosen so noble and unselfish a calling, are you always fully appreciated? Too often the natural beauty of your face and hands is sacrificed in the arduous task of serving others.

Rough red hands and a scaly skin can deprive you of the respect and attention due your womanliness. Frostilla Fragrant Lotion, a delightfully perfumed lotion, was made for our grandmothers when beauty was all-important, made to keep their skins soft and white in spite of wind and weather. To-day women find it even more of a necessity.

Keep a bottle near the disinfectant you are forced to use and never think of purifying your hands without beautifying them.

It is sold everywhere. One size bottle only, 35 cents. The Frostilla Company, Elmira, New York.

Book Department

This department serves as a distributing bureau of nursing and medical books. If the book you want is not listed, we can get it for you. Be careful to send the correct title and the author's name. Prices are the same as those charged by the publishers, but the trouble of writing the different firms is avoided. Payment should accompany the order, remittances being payable to The American Journal of Nursing.

ACCIDENTS AND EMERGENCIES

American Red Cross Textbook, Lynch, $1.00.
Prompt Aid to the Injured, Doty, $2.00.
First Aid in Emergencies, Eliason, $1.75.

ANATOMY AND PHYSIOLOGY

Anatomy and Physiology, Kimber, $3.00.
Applied Anatomy and Kinesiology, Bowen, $3.75.
Human Mechanism, Hough & Sedgwick, $2.00.
Applied Biology, Bigelow, $2.00.
Anatomy and Physiology for Nurses, Bundy, $2.50.
Essentials of Anatomy and Physiology, Pope, $2.90.
Elementary Manual of Physiology, Burton-Opitz, $2.50.
Normal Histology, Piersol, $5.00.
Lessons in Elementary Physiology, Huxley-Barcroft, $2.90.

BACTERIOLOGY

Applied Bacteriology, Bolduan & Grund, $2.00.
Bacteriology and Pathology, Roberts, $2.00.
Bacteriology and Protozoology for Nurses, Fox, $2.25.
Bacteriology for Nurses, Eisenberg, $2.25.
Bacteria, Yeasts and Molds, Conn, $1.32.
Bacteriology for Nurses, Smeeton, $2.60.
Bacteriology for Nurses, Carey, 2nd edition, $1.25.

CHARTS

Atlas of Physiology and Anatomy, Amadon, $2.50.
Clinical Charts, Wilson, $1.00 per hundred.
Anatomical Charts, Piersol, $150.00 for fifty.
Clinical Charts, Bedside Notes, 50c for fifty.
Anatomical Charts, Frohse, $8.00 and $11.00 each.

CHEMISTRY AND PHYSICS

Physics for Nurses, Goodnow, $1.75.
Physics and Chemistry for Nurses, Pope, $2.50.
Chemistry for Nurses, Ottenberg, $1.35.
Elementary Principles of Inorganic Chemistry, McPherson & Henderson, $1.80.
Practical Urinalysis, Marquardt, 80c
Textbook of Chemistry, MacLeod, $2.25.
Household Chemistry, Vulte, $2.25.

COMMUNICABLE DISEASES

Tuberculosis and How to Combat it, Pottenger, $2.00.
Rules for Recovery from Pulmonary Tuberculosis, Brown, $1.50.
Lessons on Tuberculosis and Consumption for the Household, Atkinson, $2.50.
Infectious Diseases, Langfeld, $1.75.
Fever Nursing, Wilcox, $1.50.
Fever Nursing, Wilson, $2.00.
The Third Great Plague, Stokes, $2.50.
Tuberculosis, Its Cause, Cure and Prevention, Otis, $2.00.
Tuberculosis and the Community, Hawes, $1.75.
Rest and Other Things, Krause, $1.50.

DIETETICS

Dietetics for Nurses, Proudfit, $2.60.
Immigrant Foods, Wood, $1.50.
Diet Lists, Carter, $2.00.
Cook Book for Nurses, Hill, 90c.
Foods for the Foreign-Born in Relation to Health, Wood, $1.25.
Dietary Computer, Pope, $1.25.
Diabetic Manual, Joslin, $2.00.
Practical Dietetics, Pattee, $2.60.
Food and Cookery for the Sick and Convalescent, Farmer, $2.50.
Feeding the Family, Rose, $2.40.
Food Values, Locke, $2.00.
Newer Knowledge of Nutrition, McCollum, $3.80.
Nutrition and Growth in Children, Emerson, $2.50.
Vitamines, Essential Food Factors, Harrow, $2.50.
The Vitamine Manual, Eddy, $2.50.
Food, Health and Growth, Holt, $1.50.
The American Home Diet, McCollum & Simmonds, $3.50.

ELECTRICITY, MASSAGE, GYMNASTICS, ETC.

Massage, Ostrom, $1.50.
Practical Massage, Nissen, $2.00.
Physical Exercise, Ochsner, 75c.
Massage and Exercise Combined, Jensen, $2.50.
Art of Massage, Kellogg, $3.25.
Exercises for Woman, Galbraith, $3.00.
Individual Gymnastics, Drew, $2.00.

ETHICS

Nursing Ethics, Robb, $1.50.
Nursing Problems and Obligations, Parsons, $1.25.
Everyday Ethics, Cabot, $1.50.
Talks to Nurses, Spaulding, $1.50.

EYE, EAR, NOSE, THROAT NURSING

Hygiene of the Eye, Posey, $4.00.
Nursing in Diseases of the Eye, Ear, Nose and Throat, Manhattan Staff, $2.25.
Eye, Ear, Nose and Throat Nursing, Douglass & Davis, $2.50.

HISTORY AND BIOGRAPHY

Reminiscences of America's First Nurse, Richards, $1.00
History of Nursing, Nutting & Dock, $15.00.
Short History of Nursing, Dock and Stewart, $3.00.
An Autobiography, E. L. Trudeau, $4.00.
Life of Clara Barton, Epler, $2.50.
Life of Clara Barton, Barton, 2 vols., $10.00.
History of American Red Cross Nursing, Dock-Pickett-Noyes-Clement-Fox-VanMater, $5.00.

HYGIENE, SANITATION, ETC.

Home Hygiene and Care of the Sick, Delano, $1.25.
Home and Community Hygiene, Broadhurst, $2.50.
Hygiene and Sanitation for Nurses, Price, $2.25.
Sex: for Parents and Teachers, Stowell, $3.00.
How Shall I Tell My Child, Chapman, 35c.
Personal Hygiene and Home Nursing, Lippitt, $1.68.
A Child's Book of the Teeth, Ferguson, 52c.
Personal Hygiene, Pyle, $3.00.
Prevention of Disease, Winslow, $2.00.
Preventive Medicine, Rosenau, $10.00.
Everyday Mouth Hygiene, Head, $1.00.
How to Live, Fisher & Fisk, $1.50.
Hygiene and Morality, Dock, $1.50.
Four Epochs in a Woman's Life, Galbraith, $2.00.
For Girls and the Mothers of Girls, Hood, $1.50.
The Way Life Begins, Cady, $1.50.
Personal Hygiene Applied, Williams, $2.50.
What To Do Before the Doctor Comes, Lippert & Holmes, $1.75.
Vice and Health, Funk, $1.50.
Health Service in Industry, Clark, $2.00.
Hygiene and Sanitation, Egbert, $3.50.

INFANTS AND CHILDREN

The Home Care of Sick Children, Coolidge, $1.25.
Care and Feeding of Children, Holt, $1.25.
Practical Care of the Baby and Young Child, Kilmer, $1.00.
Principles and Practice of Infant Feeding, Hess, $4.00.
The Healthy Baby, Dennett, $1.50.
The Baby's First Two Years, Smith, $1.25.
Nursing in Diseases of Children, Leo-Wolf, $2.75.
Diseases of Children, McCombs, $3.00.
Short Talks to Young Mothers, Kerley, $1.50.
Care and Feeding of Southern Babies, Wilson, $1.25.
Infant Food, Abt, $1.25.
Tuberculosis of Children, Hans Much, $2.50.
Management of the Sick Infant, Porter & Carter, $7.50.

LABORATORY METHODS

A Laboratory Course in Serum Study, Zinsser, Hopkins Ottenberg, $1.75.
Clinical Laboratory Technique for Nurses, Gibson, $2.00.
Laboratory Methods, Williams & Williams, 3rd edition, $2.50.
Laboratory Manual (revised), Rose, $2.10.

MATERIA MEDICA

Materia Medica for Nurses, Blumgarten, $3.00.
Materia Medica for Nurses, Groff, $1.25.
Materia Medica and Therapeutics, Foote, $2.00.
Materia Medica for Nurses, Dock, $2.25.
Drugs and Solutions, Stimson, $1.25.
Solutions in Ten Lessons, Smith, $1.00.
Materia Medica and Therapeutics for Nurses, Parker, $2.50.
Materia Medica for Nurses, Muirhead, $2.00.
Mathematics for Nurses, Smith, Upton, Gage, 25c.
Materia Medica, Pope, $2.50.

(Continued on page 30)

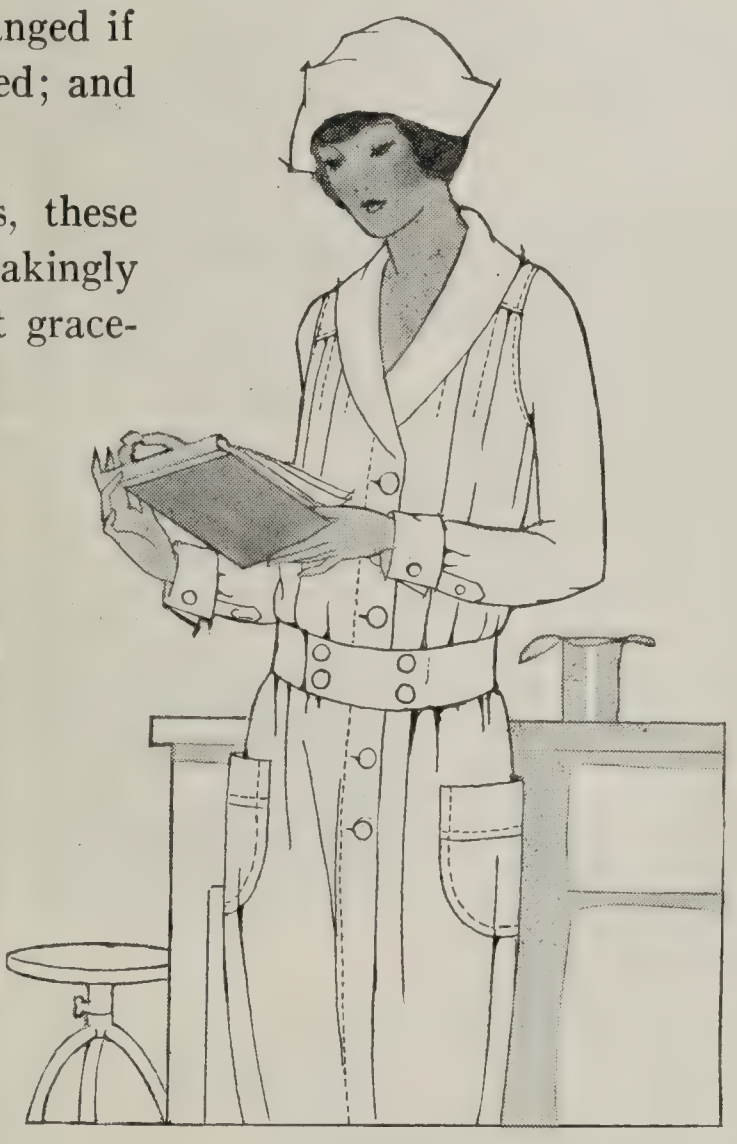
Uniforms That Nurses Like

BEAUTY of line is the most important part of any costume, whether it be an elaborate dinner gown from a famous French dressmaker, a simple house frock or a nurse's uniform. And this perfection of line is achieved only by excellent designing and exact cutting.

In the designing and cutting of Queen-Make uniforms the highest skill and most rigid care always obtain. As a result these uniforms are graceful, comfortable and distinctive.

Nor is this all that Queen-Make uniforms can boast. Our many years of experience in making uniforms has taught us just what nurses appreciate. For instance—the hem is merely basted so that the length of the skirt can be quickly changed if necessary; every seam is strongly reinforced; and the material is always pre-shrunk.

Made of the best quality of goods, these uniforms are durable and so painstakingly finished that they always keep the smart graceful lines that distinguish them when new.



Number 4000 (*illustrated*) — *This smart, straight-line model has a trim, youthful air. Its generous fullness is gracefully pleated back and front into a yoke. A roll collar adds a becoming touch. Underarms are reinforced. Cuffs are double with pearl links already in them. The capacious pockets are convenient. And for quick adjustment to the right length the hem is only basted. Made of fine quality white poplin. Sizes* 34 *to* 46. **$7.95**

Number 742—*Same graceful model in White Devonshire Cloth with roll-back button cuffs. Sizes* 34 *to* 46. **$5.50**

"THE HOUSE OF QUEEN-MAKE"

Mail Orders
If your dealer can't supply you, send us your money order and you will be supplied. Be sure to mention size and number of model desired.

Queen Make
TRADE MARK

102 Madison Ave., New York City, N. Y.

The Booklet
Write to-day for our Booklet of Nurses' Uniforms. It pictures many attractive models, straight-line or waist-line. You will find there just the uniform you want.

Book Department—Continued

MEDICINE, GENERAL AND SPECIAL

Pneumonia, F. T. Lord, $1.00.
Essentials of Medicine, Emerson, $3.00.
(Allen) Starvation Treatment of Diabetes, Hill & Eckman, $1.75.
Clinical Disorders of the Heart, Lewis, $3.00.
Laymans' Handbook of Medicine, Cabot, $3.00.
Hughes' Practice of Medicine, Scott, $4.25.
Nurse's Manual of the Skin in Health and Disease, Bulkley, $2.25.
Outlines of Internal Medicine for Nurses, Farr, $2.75.

MENTAL AND NERVOUS DISEASES

Thoughts of a Psychiatrist, White, $1.75.
Rest, Suggestion and Other Therapeutic Measures, Dercum, $4.00.
Psycho-Analysis, Low, $1.60.
Principles of Mental Hygiene, White, $2.75.
Nursing in Mental Diseases, Bailey, $1.50.
Our Nervous Friends, Carroll, $2.00.
Clinical Psychiatry, Diefendorf, $4.00.
Mental Hygiene of Childhood, White, $1.75.
A Mind That Found Itself, Beers, $1.90.

NURSING

Modern Nursing Methods, Sanders, $3.00.
Manual of Practical Nursing, Bridge, $1.00.
First Year Nursing, Goodnow, $2.25.
Reference Handbook for Trained Nurses, Beck, $1.50.
Textbook of Simple Nursing Procedure for High Schools, Pope, $2.50.
Practical Nursing, Maxwell & Pope, $2.50.
Nursing Technique, Wheeler, $1.75.
Manual of Nursing Procedure, Pope, $2.00.
Notes on Nursing, Nightingale, $1.25.
Practical Nursing, Henderson, $1.50.
Principles and Practice of Nursing, Harmer, $3.00.

OBSTETRICS AND GYNECOLOGY

Obstetrical Nursing, Tallant, $2.25.
Obstetrics for Nurses, DeLee, $3.00.
Obstetrics and Gynecologic Nursing, Davis, $3.00.
Gynecology for Nurses, Macfarlane, $1.50.
What Every Mother Should Know, Kerley, 35c.
Handbook of Obstetrics, Cooke, $3.00.
Surgical and Gynecological Nursing, Parker & Breckenridge, $3.00.
Manual of Obstetric Nursing, Cadmus, $1.50.
Prospective Mother, Slemon, $2.00.
Obstetrical Nursing, Van Blarcom, $3.00.

PORTRAITS

Jane A. Delano, large, framed $15.00; small, unframed $3.00, framed $6.50.
Florence Nightingale, $4.50.
Linda Richards, $4.50.
Isabel Hampton Robb, $1.50.
Sophia F. Palmer, $3.25 and $5.25.

PRIVATE DUTY NURSING

Making Good in Private Duty, Lounsbery, $2.00.
Private Duty Nursing, DeWitt, $2.00.

PSYCHOLOGY

Psychology for Nurses, Eyre, $1.50.
The Riddle of Personality, Bruce, $1.50.
Psychology of Nursing, Higgins, $1.75.
Applied Psychology for Nurses, Porter, $1.50.
Elements of Psychology, Thorndyke, $2.00.
Talks to Teachers, James, $2.00.

PUBLIC HEALTH AND SOCIAL WORK

Social Work in Hospitals, Cannon, $1.50.
What Is Social Case Work, Richmond, $1.00.
The Hospital As a Social Agent, Catlin, $1.25.
Visiting Nurse Manual, Foley, 38c.
On the Trail of the Immigrant, Steiner, $2.50.
Health Work in Schools, Hoag & Terman, $2.25.
The Delinquent Child and the Home, Breckenridge & Abbott, $2.00.
Medical and Sanitary Inspection of Schools, Newmayer $2.75.
Public Health Nursing, Gardner, $2.50.
The New Public Health, Hill, $1.50.
A Handbook for School Nurses, Kelly & Bradshaw, $1.50
Industrial Nursing, Wright, $1.50.
Evolution of Public Health Nursing, Brainard, $3.00.
Organization of Public Health Nursing, Brainard, $1.50
Sanitation for Public Health Nurses, Hill, $1.60.
Hygiene of School Child, L. M. Terman, $2.25.
Medical Inspection of Schools, Gulick & Ayers, $1.50.
Health Education in Rural Schools, Andress, $1.90.
Organizing the Community, McClenahan, $1.75.
The Settlement Horizon, Woods & Kennedy, $3.00.

SURGICAL NURSING

Anesthesia for Nurses, DePrenderville, $1.25.
Art of Anesthesia, Flagg, $4.50.
Essentials of Surgery, McDonald, $2.50.
The Operating Room, Smith, $1.75.
Practical Bandaging, Eliason, $1.75.
Surgical Nursing, Colp & Keller, $3.00.
Surgical Nursing, Warnshuis, $3.25.
The Cancer Problem, Bainbridge, $4.00.
Cancer, Its Nature, Causes, Diagnosis and Treatment Greene, $1.50.

MISCELLANEOUS

Studies in Invalid Occupation, Tracy, $1.75.
Physical Education, Gulick, 90c.
The Family and the New Democracy, Galbraith, $2.25.
Occupational Therapy, Dunton, $1.75.
Dispensaries, Warner & Davis, $3.50.
Parliamentary Usage, Fox, $1.00.
Standard Curriculum, N. L. N. E., $1.50.
House on Henry Street, Wald, $2.50.
Songs of a Red Cross Nurse, More, $2.50
How to Study Effectually, Whipple, 60c.
Opportunities in the Field of Nursing, 15c.
Under the Red Cross Flag, Boardman, $1.75.
The Project Method, Kilpatrick, 25c.
Laundry Manual, Balderston, $1.75.
The A. B. C. of Evolution, McCabe, $1.50.
State Board Questions and Answers, Foote, $3.00.
Quiz Book for Nurses, Pope, $2.50.
Medical Dictionary for Nurses, Pope, $1.50.
Pocket Medical Dictionary, Gould, $2.00; indexed, $2.50
Pocket Cyclopedia, Gould & Pyle, $2.00.
American Pocket Dictionary, Dorland, $2; indexed, $2.50
Medical Dictionary, Stedman, $7.00.
List of Accredited Schools, $1.04.
Biology of Sex, Galloway, $1.24.

ORDER-BLANK

AMERICAN JOURNAL OF NURSING,
19 WEST MAIN STREET, ROCHESTER, N. Y.

Enclosed find $_____for the following books:

_____

_____

_____

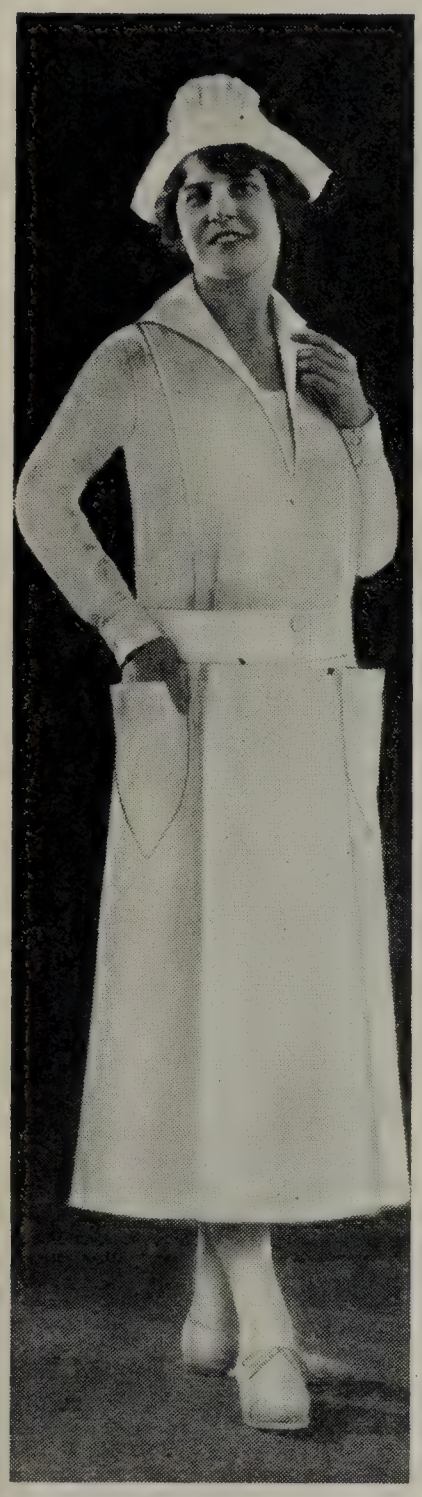
_____

Name _____

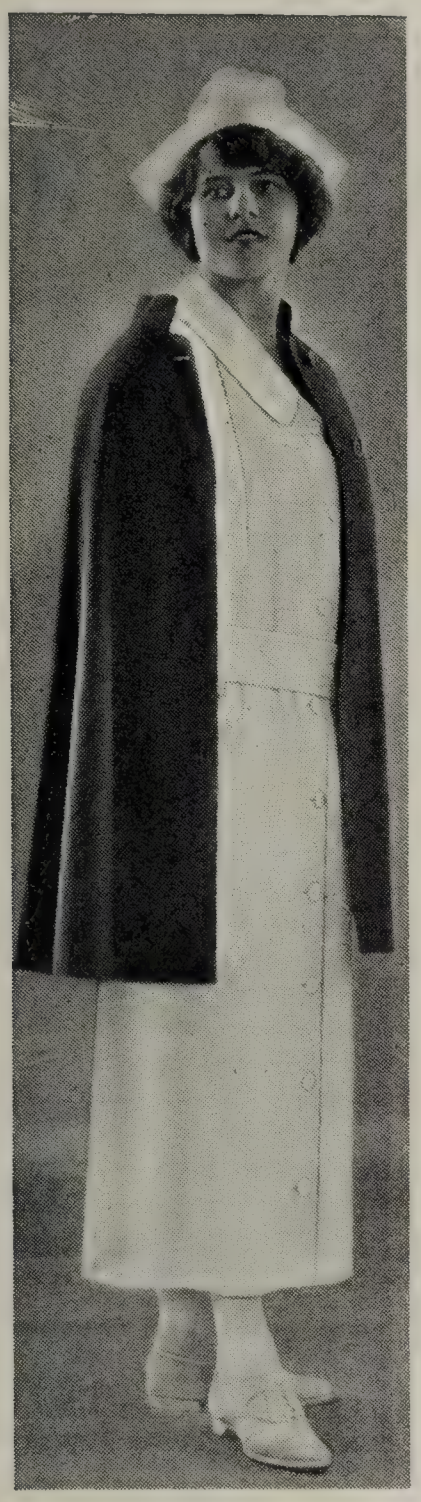
Address _____

The Last Word in Fine Uniforms

Some of our newest straight-line beauties



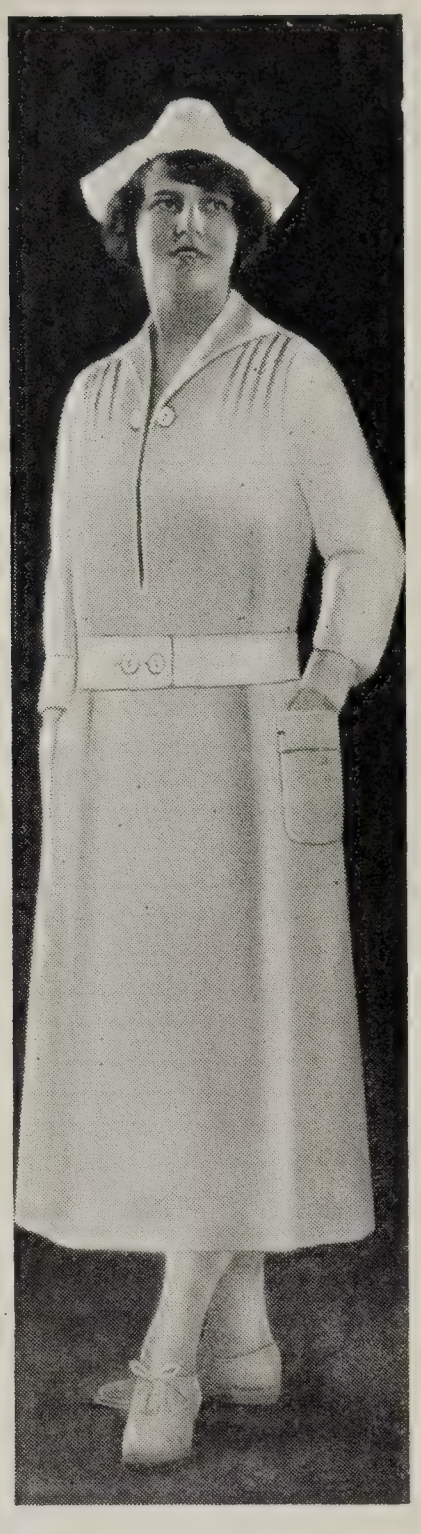
No. 1955
Has Gibson Tuck
Poplin ---------- $7.50



No. 1945
Has Gibson Tuck
Linene ---------- $6.50
Navy Serge Cape



No. 1760
Cambric ---------- $5.50
Linene ---------- 6.50
Poplin ---------- 7.50



No. 1775
Gathered at Shoulder
Poplin ---------- $7.50

Glove Fitting Capes

Navy Serge

With red, gray or navy flannel lined throughout. All-wool materials.
Prices from $11.75, $12.75, up to $55.00. All lengths.

Special Prices to Institutions

BARNABAS
BRAND

This label means that the garment stands for the very best of everything—materials, workmanship, cut and style. In fact it represents the Finest in Form, Fit, Finish and Fashion.

Send for Catalog "AF"

NURSES OUTFITTING ASSOCIATION, Inc.
425 FIFTH AVENUE, (38th St.) NEW YORK CITY

WANT ADVERTISEMENTS

Advertisements under this heading will be charged for at the rate of $3.00 for each insertion of fifty words or less. No display. Cash must accompany order to insure insertion, and copy must be received by the 10th of the month to secure insertion in the month following.

THIS COLUMN IS DEVOTED EXCLUSIVELY TO NURSES SEEKING POSITIONS AND INSTITUTIONS OR OTHERS REQUIRING THEIR SERVICES

WANTED.—Graduate nurses for general duty. Apply to Supt. of Nurses, City Hospital, Scranton Rd., Cleveland, Ohio.

TECHNICIANS WANTED.—Trained nurse or equivalent, as X-ray technician for private office of Medical Roentgenologist, New York City. Must have several years' X-ray experience, superior ability. Also one less experienced desiring post graduate work. State in detail, age, education and experience, salary expected. Apartment I. D., 104 East 40th St., New York City.

WANTED.—Registered, graduate nurses for general duty in hospital for communicable diseases in Maryland. Six months' post graduate course offered, with lectures and certificate on completion. Salary $85 per month, with maintenance. Apply to the Head Hospital Nurse, Sydenham Hospital, Baltimore, Md.

WANTED.—Graduate registered nurses for general night duty. Please state in first letter, school and date of graduation, experience since graduation. Apply Superintendent, Children's Hospital of Philadelphia, 18th and Bainbridge Streets.

WANTED.—Graduate Nurses for day duty, also for permanent night duty in the Tuberculosis Department. Address—Chief Nurse, Military Home Hospital, Dayton, Ohio.

BELLEVUE HOSPITAL, New York City, offers to nurses registered in New York State ninety dollars a month and maintenance for general duty nursing. Address General Superintendent of Training Schools.

WANTED.—Registered Nurses at $90 per month, and Male Attendants at $60.00 per month, experienced in the care of neurological and psychiatric patients. Address Anna G. McGrady, R.N., Supt. Nurses, Marion National Sanatorium, National Military Home, Indiana.

WANTED.—Graduate nurses for general duty in a 285-bed hospital; must be registered in New York State; vacancies for both night and day duty; salary for charge nurses $100 per month and maintenance; for general duty, $85 per month and maintenance. Apply A. L. Goldbeck, Supt. of Nurses, Jewish Hospital, Classon and St. Mark's Aves., Brooklyn, N. Y.

WANTED.—Graduate nurses for Public Health Work in Cleveland. Please state age, experience and educational qualifications in first letter. Address Central Committee on Public Health Nursing, 2157 Euclid Avenue, Cleveland, Ohio.

WANTED.—Five head nurses with psychiatric training. Salary $75.00 and up with maintenance. Female attendants, salary $50.00 and maintenance, at Danvers State Hospital, (Mental), Hathorne, Mass.

WANTED.—Graduate nurses for general duty, both day and night. Apply to Supervisor of Nurses, The Children's Hospital, Akron, Ohio.

NURSES ATTENTION! School for graduate nurses in general laboratory work, and X-ray technique. Opportunity to do private nursing in city and hospital while taking course. Limited number of students taken. For information write Frank H. Baker, Director Laboratories, Chesapeake & Ohio Hospital, Clifton Forge, Va.

OPPORTUNITY: Graduate nurses, Attendants and Undergraduate Nurses in Grasslands Hospital, Valhalla, New York, (23 miles from New York City). Capacity 550 beds. Service includes tuberculosis, communicable diseases and psychiatry. Salaries—graduates,depending upon position; attendants and undergraduates—$50.00 per month with gradual increase, including full maintenance. Apply for questionnaire, Directress of Nurses.

WANTED.—A supervising Public Health Nurse for several months in a southern coast city. The supervisor wishes a leave of absence. This will be an opportunity to spend a winter in the south. Write for further information to Southern, care American Journal of Nursing, 19 W. Main Street, Rochester, N. Y.

WANTED.—Resident instructress familiar with New York State curriculum for general hospital with training school of thirty students, at once. Salary $110.00 and maintenance. State particulars in first letter. Apply XYZ-9, care American Journal of Nursing, 19 W. Main Street, Rochester, N. Y.

WANTED.—Nurse for general duty at Municipal Tuberculosis Sanatorium, Warrensville, Ohio. Two hundred and eighty (280) beds. Eight hours duty. $75.00 per month with maintenance at start for graduates. Address Commissioner of Health, Cleveland, Ohio.

SUPERINTENDENT OR SUPERINTENDENT OF NURSES.—Registered nurse, capable executive and financier, is open for engagement in modern, progressive class A hospital. Experienced in buying equipment and supplies. Thorough knowledge of accredited training schools curriculum and American College of Surgeons requirements. Address M.L.-9, care American Journal of Nursing, 19 W. Main Street, Rochester, N. Y.

WANTED.—Instructress for general hospital with training school of fifty pupils. Give full details in first letter. Post Office Box 16, Station R, New York City.

WANTED.—Experienced graduate dietitian in 50-bed hospital to take charge of dietary department and teach pupil nurses. Give experience and state salary expected in first letter. Address Box 900, care American Journal of Nursing, 19 W. Main Street, Rochester, N. Y.

WANTED.—A competent registered nurse as instructress of nurses in a general hospital of 86 beds. Address Superintendent, Montgomery Hospital, Norristown, Pa.

WANTED.—Graduate nurses for general and charge duty. $90.00 a month. Apply Directress of Nurses, Montefiore Hospital, Gun Hill Road, New York City.

WANTED.—Nurses for general duty at the Philadelphia Hospital for Contagious diseases. Salary $80.00 per month and full maintenance, with an increase of $5.00 every three months until $90.00 is attained. For information apply to the Superintendent of Nurses, Philadelphia Hospital for Contagious Diseases, Second and Luzerne Streets, Philadelphia, Pa.

WANTED.—An instructress, Standard Curriculum used; 150 beds, 40 students. Pleasing living quarters, New York State. State experience, salary expected and training school. Address B.C.H., care American Journal of Nursing, 19 W. Main Street, Rochester, N. Y.

WANTED.—Situation as surgical nurse in hospital of 50 to 100 beds. Post graduate course Lakeside Hospital, Cleveland, Ohio. Registered Massachusetts, Missouri, Indiana. Address Box 901, care American Journal of Nursing, 19 W. Main Street, Rochester, N. Y.

WANTED.—By graduate of large hospital training school, and registered in New York State, position as night superintendent, assistant superintendent of nurses, or charge nurse of delivery room. Several years experience in institutional work. Salary $100.00 to $125.00. Vicinity of New York City preferred. Address U.A.G.-9, care American Journal of Nursing, 19 W. Main Street, Rochester, N. Y.

WANTED.—Operating room supervisor in a 300-bed general hospital in New York State. Must be competent, experienced, graduate registered nurse. State experience and reference. Salary $2,000. Address Box 902, care American Journal of Nursing, 19 W. Main Street, Rochester, N. Y.

WANTED.—Superintendent, Emergency Hospital, Milwaukee, Wisconsin. Accident and other emergency cases, 40-bed capacity. Beginning salary $1,800 with full maintenance. Experience desired. Age of applicant must be at least 30 years. Apply at once to the City Service Commission, Milwaukee, Wisconsin.

WANTED.—Night supervisor in a 300-bed general hospital in New York State. Must be a graduate registered nurse. Salary $100.00 and maintenance. Address Box 904, care American Journal of Nursing, 19 W. Main Street, Rochester, N. Y.

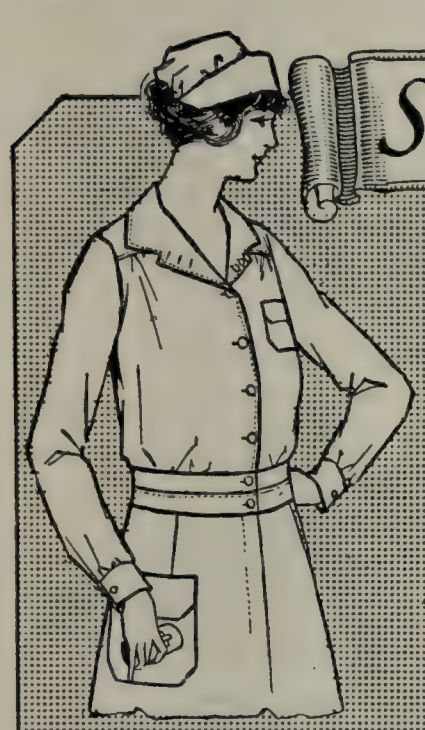
WANTED.—Night supervisor and a supervisor for ward service in general hospital of 125 beds. Give experience and salary expected in first letter. Address Middlesex Hospital, Middletown, Conn.

SUPERINTENDENT, assistant superintendent, or superintendent of nurses position desired by registered nurse with 14 years' successful executive experience. Available immediately. East preferred. Address Box 903, care American Journal of Nursing, 19 W. Main Street, Rochester, N. Y.

(Continued on page 36)

The NEW La Mode UNIFORMS

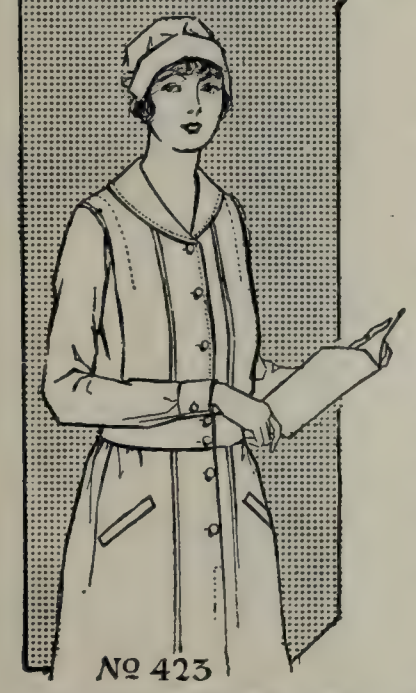
Style-Neatness & Economy


№ 405


№ 403


№ 429


№ 420


№ 423

Style 425—A cool, comfortable, short sleeved model, charming in its simplicity. A pointed collar, loose belt. Far above the average at this low price. Of good quality White Linen Finish Cambric.
Price ---------- **$3.00**

Style 420 — A charming straight line model with large round collar, cut deep "V" shape. Loose belt and patch pockets give a neat finish to this uniform. Made of good quality White Linen Finish Cambric.
Price ---------- **$3.50**

Style 423 — The increasing demand for a straight line uniform without many pleats prompted us to place this model on the market. Salient features are slashed pockets, loose belt, and special fullness at the hips. Made of celebrated DuRance Cloth.
Price ---------- **$5.00**

Style 405 — This is the uniform adopted by the United States Army Corps, August, 1920, and is an improvement on the previously adopted model made by us for the U. S. Government during the war. Made of celebrated DuRance Cloth.
Price ---------- **$5.50**

Style 403 — Of our celebrated Du Rance Cloth. Comfortable and convenient, this loose line model with extra fullness over the hips, slashed pockets, belt and detachable ocean pearl buckle, is exceptionally popular with nurses and superintendents.
Price ---------- **$5.50**

Style 408 — Same model as Style 403, in Essex Cloth with short sleeves, patch pockets.
Price ---------- **$5.00**


№ 425

Style 429—A straight line model, made of good quality high lustre white Mercerized Poplin, with loose belt, link cuffs, and a most fashionable collar.
Price ---------- **$6.00**

Style 428—Same model as 429, made of our celebrated DuRance Cloth.
Price ---------- **$5.00**

Sizes—16, 18, 34, to 46 inclusive.

THE increasing number of Nurses who permanently adopt LaMode Uniforms is positive proof that they are correct in every detail.

If your dealer cannot supply you, send his name to Dept. A. and we will see that you receive prompt service.

HAYS AND GREEN
INCORPORATED
352 FOURTH AVE. NEW YORK

WANT ADVERTISEMENTS

(Continued from page 34)

WANTED.—At once, an experienced instructor with thorough preparation in theory and practice. State salary expected and give references in first letter. Address Superintendent, Latrobe Hospital, Latrobe, Pennsylvania.

WANTED.—Position as housekeper and buyer in hospital, by American woman with fourteen years' experience. Successful buyer and can manage main and diet kitchens. Practical, not graduate dietitian. Highest reference from New York City Hospital. Minimum salary $100.00 monthly with maintenance. Address Box 905, care American Journal of Nursing, 19 W. Main Street, Rochester, New York.

WANTED.—Position as dietitian. At present time is chief dietitian in a large city hospital. Is also an experienced teacher. Eastern states only. Address Box 907, care American Journal of Nursing, 19 W. Main Street, Rochester, N. Y.

GREENPOINT HOSPITAL, Brooklyn, New York, offers to nurses registered in New York State $90.00 to $95.00 per month with maintenance. Positions open are: assistant to floor supervisors, and general floor duty. Apply to Superintendent of Nurses.

WANTED.—Night supervisor and technician. Address Box 906, care American Journal of Nursing, 19 W. Main Street, Rochester, New York.

WANTED.—Graduate nurses for general duty, City Tuberculosis Hospital, Grand Rapids, Michigan. Hospital convenient to center of city. Salary: first six months $75.00; second six months $80.00; $85 at end of year. Nurses experienced in tuberculosis: $80.00 first six months; $85 second six months. Full maintenance. Address Miss Barbara A. Hunter, Superintendent of Nurses, City Sanatorium, North Fuller Avenue, Grand Rapids, Michigan.

WANTED.—By two registered nurses, positions in the south—Florida preferred. One desirous of medical or surgical work and the other of obstetrical or operating room work. Will be available for duty any time after November 1st. Willing to accept either hall duty or supervising. References if desired. Address A.B.C.-9, care American Journal of Nursing, 19 W. Main Street, Rochester, New York.

WANTED.—Graduate nurse superintendent for 25-bed hospital, with small training school, in Vermont October 1st. Resident practical instructor and new nurses home. State age, experience, religion and give references. Address Box 908, care American Journal of Nursing, 19 West Main Street, Rochester, New York.

WANTED.—Graduate nurse as technician for X-Ray, routine laboratory work and anesthesia. State school and year of graduation, age, religion and experience. Good salary to competent person. Address Box 909, care American Journal of Nursing, 19 West Main Street, Rochester, New York.

WANTED.—Superintendent of nurses and also teaching assistant for the D. Ogden Mills Training School for Nurses at the Trudeau Sanatorium. Registration in New York State and teaching experience required. Address Dr. E. R. Baldwin, Saranac Lake, New York.

WANTED.—Graduate nurses for 100-bed hospital. One operating room supervisor; one night supervisor; also a dietitian who is a graduate nurse. Experience and recommendations required. State age in first letter. Write for particulars to Spartanburg General Hospital, Superintendent of Nurses, Spartanburg, S. C.

WANTED.—Graduate nurses for general floor duty day and night, medical and surgical service, in General Hospital in Northern Ohio. Salary is $85.00 and full maintenance. Day nurses, eight hour duty. Night nurses one night off weekly. State age, qualifications, date available. Address M.G.S.-9, care American Journal of Nursing, 19 West Main Street, Rochester, New York.

WANTED.—Assistant superintendent: Protestant, registered nurse capable of teaching Standard Curriculum for 60-bed hospital in the middle west. Apply C.E.-9, care American Journal of Nursing, 19 West Main Street, Rochester, New York.

WANTED.—Competent instructress for class room and follow-up work on wards. Must have some one with previous teaching experience. School of 80 to 90. Fabiola Hospital Association, Oakland, California.

WANTED.—A full time instructress to teach and supervise practical nursing in a registered training school. A class A Hospital. Have full-time theoretical instructress as well. Apply giving age, training, experience, and references to Superintendent of Nurses, Waterbury Hospital, Waterbury, Connecticut.

WANTED.—Graduate nurses for general duty in 150-bed hospital in Ohio. Address Box 608-9, care American Journal of Nursing, 19 West Main Street, Rochester, New York.

WANTED.—Graduate nurses for day and night duty. Apply Skene Sanitarium, 759 President Street, Brooklyn, New York.

WANTED.—Registered nurse for supervisor of children's ward in hospital of 450 beds in the middle west. Apply stating experience etc., to H.H.-9, care American Journal of Nursing, 19 West Main Street, Rochester, New York.

WANTED.—By R.N., position in the west as general duty nurse. Arizona or Colorado preferred. Will take turns on night duty. Good recommendations. Address M.B.-9, care American Journal of Nursing, 19 West Main Street, Rochester, N. Y.

WANTED.—A position as superintendent in a Class A hospital by an experienced executive registered in New York. Can furnish excellent references. Address Box 910, care American Journal of Nursing, 19 West Main Street, Rochester, New York.

WANTED.—Graduate nurses for general night duty. Small private woman's hospital, mostly obstetrical. Salary $90.00 per month for first six months, with raise to $100.00 after. Full maintenance. Give age and name of school in first letter. Address Superintendent Mercy Hospital, Charleston, South Carolina.

WANTED.—Registered nurses, experienced in care of tuberculosis, either day or night duty. Salary, $85.00 per month and full maintenance for staff nurses. Promotion possible to head nurses, $100.00 per month and full maintenance. Service record considered. Apply Superintendent Nurses, National Sanatorium, Johnson City, Tennessee.

WANTED.—Graduate nurse for superintendent of private maternity hospital in the southwest. Capacity, 20 beds. Accredited training school with affiliation with general hospital. Salary, $135.00 and maintenance plus bonus. Address S. W. M.-9, care American Journal of Nursing, 19 West Main Street, Rochester, N. Y.

Official Registries for Nurses

The registries listed in this column are the official registries of their respective districts, and are conducted by nurses or nurses' associations.

NEW YORK

NEW YORK CITY.—Central Registry for Nurses of the New York County Registered Nurses' Association Agency, 132 E. 45th St., Telephone 8700 Murray Hill. Irene B. Yocum, R.N., Registrar. Graduate Nurses for institutional positions and for private duty. Hourly nurses. A limited number of practical nurses.

BALTIMORE

NURSES coming to Maryland may communicate with the Central Directory of Registered Nurses, Inc., 1211 Cathedral Street, Baltimore. Telephone Mt. Vernon, 2301. Gulielma Hewes Bode, R.N., Registrar.

ILLINOIS

CHICAGO NURSES' CLUB AND DIRECTORY, of the First District, Illinois State Association of Graduate Nurses, Room 1500, 116 S. Michigan Avenue. Telephone State 8542. Lucy Last, R.N., Registrar.

MISSOURI

NURSES coming to Kansas City or vicinity should communicate with the Central Directory of the Second District of the Missouri State Nurses' Association. Address Mrs. Emma C. Slack, Registrar, 3031 Charlotte St., Kansas City, Mo.

BOSTON, MASS.

CENTRAL DIRECTORY, Suffolk County Nurses, 636 Beacon Street, Telephones, Back Bay 5141-5142. Lucetta J. Gross, R.N., Registrar, Nurses and Attendants.

Buy and Specify

S·E·B

Uniforms



Leading department stores everywhere carry S. E. B. uniforms.

In Greater New York at:

B. Altman & Co.
Abraham & Straus
Bloomingdale Bros.
Gimbel Bros.
Fred'k Loeser
Lord & Taylor
James McCreery
Saks & Co.
Franklin Simon
Stern Brothers
John Wanamaker

If your dealer is out of these uniforms let us know.

Write for attractive booklet of other styles!

S. E. BADANES CO.
64-74 West 23rd Street
New York City

Amolin

The Personal Deodorant Powder



After work or play

AMOLIN—the one safe and effective personal deodorant—is soothing, refreshing and gives a satisfying feeling of cleanliness. Use it freely. It positively removes the odor of perspiration and all other body odors. It is antiseptic and healing, prevents chafing, and allays irritation due to prickly heat.

Amolin is perfectly harmless. It keeps the body clean smelling without closing the pores or interfering with the healthy functions of the skin. Amolin is particularly effective in destroying the odor of sanitary napkins. Amolin has proved most effective in connection with those diseases where offensive odors are present.

Amolin comes in two sizes—30c and 60c—at drug and department stores. Send to us for free samples and booklet of uses.

The AMOLIN COMPANY, Lodi, N. J.

TRAINING SCHOOLS

One inch space, single column, one insertion, $3.00. Copy must be received on or before the 10th of the month to insure insertion the month following.

Obstetric Nursing **Pediatric Nursing**

NEW YORK NURSERY AND CHILD'S HOSPITAL
161 West 61st St., New York City

Affiliations:
For training schools registered in N. Y. State.
Theory, and practice in wards, dispensary, operating room, and on the district.
Number of beds: 283.
Pediatric Nursing—Waiting list.
Obstetric Nursing—Early vacancy.
Term: Each course 3 months. Combined course 6 months.

Post Graduate Courses:
Above courses open to graduates. Pediatric—no vacancy till 1924. Obstetric—vacancy soon.
Remuneration: $25 a month and living.
Diplomas granted.
For further particulars address Superintendent.
Present affiliations 20, including Presbyterian, St. Luke's, Post Graduate and Roosevelt of New York, and Peter Bent Brigham of Boston.

THE CHICAGO LYING-IN HOSPITAL

offers a four months' post-graduate course in obstetric nursing to graduates of accredited training schools connected with general hospitals, giving not less than two years' training.

The course comprises practical and didactic work in the hospital and practical work in the out department connected with it. On the satisfactory completion of the service a certificate is given the nurse. Board, room and laundry are furnished and an allowance of $10.00 per month to cover incidental expense.

Affiliations with accredited training schools are desired as follows: A four months' course to be given to pupils of accredited training schools associated with general hospitals. Only pupils who have completed their surgical training can be accepted. Pupil nurses receive board, room and laundry, and an allowance of $5.00 per month. Address:

CHICAGO LYING-IN HOSPITAL
426 East 51st Street, Chicago, Ill.

PEDIATRIC.—The Children's Hospital of Philadelphia offers a Post-Graduate Course in Pediatrics to properly qualified nurses who desire special training in preventive and curative work with children. A theoretical course correlates with the practical work on the wards and is repeated for each group. For detailed information address Superintendent, The Children's Hospital of Philadelphia, 18th and Bainbridge Streets, Philadelphia, Pa.

A POST-GRADUATE TRAINING SCHOOL FOR NURSES and AN AFFILIATED TRAINING SCHOOL FOR NURSES

The Massachusetts Charitable Eye and Ear Infirmary, 243 Charles Street, Boston, offers to graduates of accredited training schools a two months' course, both theoretical and practical, in the nursing care of the diseases of the eye, ear, nose, and throat. The course includes operating room experience. If desired, a third month may be spent in the social service department. This course is especially valuable to public health nurses, particularly to those in schools and industries. Hospital capacity 211 beds, Out-Patient daily average 226. Excellent nurses' home facing the Charles River. Allowance to post-graduate students twenty (20) dollars a month. The same course including the third month, is available by affiliation to students of approved schools. For further information address Sally Johnson, R.N., Superintendent of Nurses.

AFFILIATIONS — CHILDREN'S HOSPITAL SCHOOL OF NURSING, AKRON, OHIO, offers a three months' course in Pediatrics to students of approved schools. For information apply to Superintendent of Nurses, Children's Hospital, Akron, Ohio.

GRADUATE COURSE IN PSYCHIATRIC NURSING

The Society of the New York Hospital offers, at Bloomingdale Hospital to graduates of registered schools of nursing, a six-months course in the nursing of nervous and mental disorders.

The course is especially designed for nurses who are preparing for general nursing, executive positions, and public health work and consists of lectures, class room instruction and supervised practical work. Included in the course is some instruction and practice in occupational and physical therapy. A Certificate is issued to those who satisfactorily complete the course.

Board, lodging and laundry are furnished by the Hospital and an allowance of $25 per month.

For circular and further information address, Bloomingdale Hospital, White Plains, N. Y.

OBSTETRICAL NURSING — POST-GRADUATE. The St. Louis Maternity Hospital offers a three months' course in Obstetrical Nursing to graduates of approved schools. Affiliation with accredited training schools may be arranged. For information, address Supt., St. Louis Maternity Hospital, Washington Blvd., St. Louis, Mo.

STATE OF ILLINOIS
Department of Public Welfare

The Illinois State Training School of Psychiatric Nursing offers a six months' post-graduate course of lectures and practical instruction in the care of mental and nervous cases to registered nurses from accredited schools. The course includes psychiatry, with clinics, psychology, hydrotherapy, occupational therapy and amusements. The field work is performed in wards reserved for the pupils of the school, and accommodation is provided in the home set apart for the training school. A certificate is granted upon the successful completion of the course. Allowance, $35.

For further information, apply to Superintendent of Training School of Psychiatric Nursing, Chicago State Hospital, 64th and Irving Park Boulevard, Chicago, Ill.

THE LYING-IN HOSPITAL, 2d Avenue and 17th Street, New York City, offers a three months' course in Obstetrical Nursing to graduates of recognized schools. This course may include service in the Visiting Nursing Department, if so desired. Full maintenance and $10.00 per month.

Affiliations may be made by accredited schools for a very thorough three months' course in Obstetrical Nursing, including class work and lectures by the doctors. For further information, address Directress of Nurses.

THE ELIZABETH STEEL MAGEE HOSPITAL offers a Post-Graduate Course in Obstetrical Nursing to graduates of hospitals giving not less than a two years' course. This course comprises practical and didactic work in the hospital and practical work in the Out-patient Department. A certificate is given on completion of the course. Board, room and laundry are allowed and an allowance of $20.00 per month is given.

Affiliations are desired as follows: Affiliations with accredited training schools for a two months' course in obstetrics with didactic and practical instruction. Students must have had surgical training previous to entering. Board, room and laundry are allowed and an allowance of $10.00 per month is given. For further information address Superintendent of Nurses, Elizabeth Steel Magee Hospital, Pittsburgh, Pa.

LAKESIDE HOSPITAL SCHOOL OF NURSING, CLEVELAND, OHIO, offers a four months' Post-Graduate Course in Surgical Nursing and Operating Room Technique to a limited number of graduates from approved schools. For information apply Principal.

COURSES IN ANAESTHESIA for nurses. X-Ray and Laboratory Training for Nurses. Write for information. Post Graduate Hospital and Medical School, 2400 Dearborn Street, Chicago, Ill.

CLEVELAND CITY HOSPITAL SCHOOL OF NURSING, CLEVELAND, OHIO—Post graduate courses offered in medical, surgical, contagious, pediatric and psychiatric nursing to graduates from approved schools of nursing. Allowance fifty dollars per month with full maintenance. Affiliations to registered schools offered in all branches of nursing. For information address Principal.



"They All Love Its Taste"

Protect Young Teeth From Grit

Modern Dental science has shown that proper care of children's teeth builds eager active minds and sturdy bodies.*

Here are precautions thoughtful mothers should take:

First, choose a safe dentifrice—one that contains no grit, for grit scratches tooth enamel.

Second, avoid preparations containing harsh chemicals and strong drugs.

Third, teach regular brushing of the teeth after meals and at bedtime.

Colgate's contains no grit or harmful ingredients. It is a safe double action dentifrice; (1)—its specially prepared chalk loosens clinging particles; (2)—its mild vegetable-oil soap gently washes them away.

COLGATE & CO.
Established 1806.



CLEANS TEETH THE RIGHT WAY
Washes—Polishes
Doesn't Scratch or Scour

Large Tube 25c

*Five year tests at Bridgeport, Conn., show 50% reduction of backwardness among school children.

Truth in Advertising Implies Honesty in Manufacture

A Colgate Page Advertisement in Leading Magazines

The Colgate Doctrine

"—Colgate & Co. has always maintained that the proper province for a dentifrice for general use is to cleanse and not to medicate. The general public is not in need of medication. Special cases that require medication should be prescribed for by the Dentist or the Physician."

From an address by Dr. Martin Hill Ittner, Chief Chemist, Colgate & Co before Portland (Ore.) District Dental Society.

A generous supply of samples will be sent postpaid to registered nurses upon request. Welfare department, Colgate & Co., 199 Fulton Street, New York

TRAINING SCHOOLS—Continued

SCHOOL OF PUBLIC HEALTH
UNIVERSITY OF LOUISVILLE
in co-operation with
State Board of Health of Kentucky

Offers to nurses and doctors an eight months' course in Public Health. Four months' training is given in field work with a good opportunity for rural experience.

Entrance—September and February

For further information apply to

DIRECTOR SCHOOL OF PUBLIC HEALTH
532 W. Main Street Louisville, Kentucky

Diploma of Public Health (D.P.H.)
Certificate of Public Health Nurse, (C.P.H.N.)
FACULTY OF PUBLIC HEALTH
UNIVERSITY OF WESTERN ONTARIO,
LONDON, CANADA

Standard professional post graduate courses for physicians (D.P.H.); for nurses (C.P.H.N.). Applicants for Victorian Order Nurse positions must show latter course or equivalent. Scholarships available from Victorian Order of Nurses and from the Red Cross. Apply to the DEAN, H. W. HILL, M.D., D.P.H., L.M.C.C., or to the DIRECTOR, MISS M. E McDERMID, R.N.

SCHOOL OF PUBLIC HEALTH NURSING
Conducted by
THE STATE UNIVERSITY OF IOWA
COLLEGE OF MEDICINE
1923-1924

There is offered to qualified graduate nurses a nine months' course in general Public Health Nursing, including one semester of theoretical instruction and one semester of field work. Students may enter at the beginning of either semester. The next course begins September 24th, 1923.

For further information apply to Miss Helena R. Stewart, Director, Iowa City, Iowa.

Eight-hour day, six-day week, one month vacation a year.

CROUSE-IRVING HOSPITAL TRAINING SCHOOL FOR NURSES
Syracuse, New York
200 beds

Full Regents course given in two years to high school graduates

Next class September first

THE PENNSYLVANIA HOSPITAL
MENTAL AND NERVOUS DISEASES
4401 MARKET STREET,
Philadelphia, Pa.

Offers a four months' post-graduate course in PSYCHIATRIC NURSING, including opportunities afforded by large neuro-psychiatric clinic. Allowance of $30 per month and maintenance. For information write Supt. Nurses.

Want advertisements published in the American Journal of Nursing bring results. An advertiser who had sent copy for three months had so many replies that two months' insertion proved sufficient.

SCHOOL OF PUBLIC HEALTH NURSING
Conducted by
Simmons College and the Boston Community Health Association

The demand throughout the United States for specially trained public health nurses constantly increases. In 1922 requests for graduates of this School exceeded the number available by more than 100.

Exceptional facilities in class instruction, observation, and field work.

Courses begin September and January. For information address the Director, Miss Anne H. Strong, 561 Massachusetts Avenue, Boston, Mass.

POST GRADUATE TRAINING SCHOOL FOR NURSES
MANHATTAN EYE, EAR & THROAT HOSPITAL
210 EAST 64th ST., NEW YORK CITY

Offers a special course in nursing of eye, ear and throat diseases and in operating room training. The course will be both theoretical and practical. Instruction will be given by means of lectures, demonstrations, teaching at the bedside and in the regular performance of duties.

The residence for nurses provides separate rooms and excellent facilities for the comfort of nurses. A registry is maintained for our graduates, at the hospital, and a limited number of graduates who complete the course of instruction may obtain permanent institutional positions. Graduate nurses from recognized schools will be admitted for a term of three months in the Eye Department, three months in the Ear and Throat Department, or the combined course consisting of six months.

Remuneration, thirty dollars ($30.00) per month and uniform. Lodging, board and laundry free. Affiliation is offered to accredited training schools for three months. For further information, apply to Superintendent of Nurses, 210 East 64th St., New York City.

WOMAN'S HOSPITAL IN THE STATE OF NEW YORK
West 110th Street, New York City
155 Gynecological Beds. 50 Obstetrical Beds

Accredited by the University of the State of New York for courses in Obstetrics.

AFFILIATIONS offered to accredited Training Schools for three months' courses in Obstetrics.

POST-GRADUATE COURSES—Six months in Gynecology, Obstetrics, Operating Room Technic, Clinics and Ward Management. Three months in Obstetrics. Three months in Operating Room Technic and Management.

Theoretical instruction by Attending Staff and Resident Instructor. Post Graduate Students receive allowance of $15.00 monthly and full maintenance. Nurse Helpers employed on all Wards. Further particulars furnished on request.

Josephine H. Combs, R.N., Directress of Nurses

SLOANE HOSPITAL FOR WOMEN
COLUMBIA UNIVERSITY
447 WEST 59th STREET, NEW YORK CITY

AFFILIATION may be made by accredited training schools for a three months' course in obstetrics.

POST GRADUATE COURSE—A four months' post-graduate course in obstetrics and gynecology is offered to a limited number of graduate nurses of registered training schools. An allowance of $15.00 a month and maintenance is made.

For further information address
A. Isabelle Byrne, R.N., Superintendent

THE NEUROLOGICAL INSTITUTE, New York, offers a six months' Post-Graduate Course for nurses, thorough instruction in the conduct of nervous diseases, including the application of water, heat, electricity, suggestion and re-education as curative measures. $30.00 a month will be paid together with board, lodging and laundry. Application to be made, MISS G. M. DWYER, R.N., Supervisor of Nurses, 149 E. 67th Street, New York.

INSTRUCTION IN MASSAGE and Swedish movement treatment, anatomy and physiology, by A. C. Hallbeck, qualified by Royal Swedish Board of Medicine, Chief of Massage Clinic, St. Luke's Hospital, and Hospital for Ruptured and Crippled. Licensed by the City of New York. 181 West 87th Street, New York City. Telephone, Schuyler 8358. Students have the advantage of assisting extensively in clinical work. 20,238 treatments to 1859 hospital patients during the last fiscal year.



Atophan

TRADE MARK

Since 1911 the Premier Remedy in the Treatment of Rheumatism, Gout, Neuralgia, Neuritis, Sciatica, Lumbago.

Look for the name—

"SCHERING & GLATZ, INC."

on the Label, the Seal Band and on each Individual Tablet.

If it's not S. & G.'s,
It's not ATOPHAN.

Obtainable from any up-to-date Druggist



Complimentary Trial Package and Information from

Schering & Glatz,
Inc.
150-152 Maiden Lane,
NEW YORK
705 Unity Building,
MONTREAL

Course in Public Health Nursing

Western Reserve University

Cleveland, Ohio

Lectures, required reading, case work, excursions, September to February. Field work begins February, May, October, and constitutes work of second semester. Tuition per semester, $87.50. Limited number of Loan Scholarships available. For further information inquire

MISS CECILIA A. EVANS
2739 Orange Ave. Cleveland, Ohio

Course in Public Health Nursing

Conducted by

THE PENNSYLVANIA SCHOOE OF SOCIAL AND HEALTH WORK

In Affiliation with

THE UNIVERSITY OF PENNSYLVANIA

Nine months' course, open to qualified graduate nurses. Instruction includes lectures, conferences, demonstrations, visits of observation, and supervised field work. Through coöperation with other agencies practice is given in general visiting nursing, child health, tuberculosis, school and industrial nursing, family social work, and hospital social service.

Tuition, $100 Scholarships Available

Four months' courses in field work are also given, beginning the first of October, February and June. For further information apply to the Director of the course—

MISS HARRIET FROST
The Pennsylvania School of Social and Health Work
339 South Broad Street, Philadelphia, Pa.

COURSE IN PUBLIC HEALTH NURSING

GEORGE PEABODY COLLEGE FOR TEACHERS

An exceptional opportunity is offered to qualified nurses who wish to secure special preparation for public health nursing in the Southern States. Both a six and a nine months course is offered consisting of lectures, demonstrations and supervised field work in the Teaching District. Students may enter in June, October, January and March. Scholarships are available.

For information and bulletin apply to

MISS ABBIE ROBERTS
George Peabody College for Teachers
Nashville, Tenn.

Course in Public Health Nursing

AT

THE MISSOURI SCHOOL OF SOCIAL ECONOMY

conducted by the

UNIVERSITY OF MISSOURI

A course in general Public Health Nursing is offered to qualified graduate nurses. Lectures, conferences, demonstrations and excursions. Field practice is provided in a special Teaching District where students are personally instructed in School Nursing, Bedside care, Tuberculosis Nursing, Prenatal and Child Welfare work.

Students admitted in September and February. Tuition—four months—$65.00. Eight months $100.00.

Loans and scholarships available.

For further information apply to the Director of the Public Health Nursing course.

2338 South Broadway St. Louis, Mo.



Trust in Perfection—

Electro-Medical Apparatus
First Aid Equipment
Hospital Furniture
Hospital and Surgical Sundries
—Enamelware
Glassware
Rubber Goods
Hydro-Therapeutic Apparatus
Instruments
—General Operating
Specialists
Surgical
Invalid Conveniences
Laboratory Equipment
Operating Room Equipment
Sanatorium Equipment
Scientific Apparatus
Sick Room Conveniences
Sterilizers
—Bed Pan
Dressing
Instrument
Utensil
Water
X-Ray Apparatus and Equipment

EVERY patient who goes under the surgeon's knife places a trust in the knowledge, skill, integrity and reputation of the surgeon that is absolute. He willingly trusts him with life itself. Could faith be greater?

Every surgeon realizes fully just how much depends upon his steady hand, clear eye and brain, and the reliability of each instrument and appliance. His mechanical aids must be perfect.

It is with this thought of perfection always in mind that each Kny-Scheerer instrument and operating room appliance is made. Knowing as we do how utterly the surgeon must depend upon the perfection of his mechanical assistants, no piece of equipment for his use that is less than perfect can bear the Kny-Scheerer trade mark.

Catalogue illustrating complete line of the instruments or equipment in which you are interested will be sent you on request. In writing please mention the products on which you may require detailed information.

The KNY-SCHEERER Corp.
OF AMERICA

119 Seventh Avenue New York, N.Y.

How to Become an Efficient Laboratory Technician

The problem of taking up laboratory work by nurses is a very important one. The selection of the proper school is of paramount importance. Slipshod methods of training with lack of intelligent interpretation of the work such as only an accomplished physician who understands the clinical as well as the laboratory side can give, will result in a *product that can find no proper employment.*

Advantages of Our School:

First, we have a Director who is nationally known as a competent Pathologist and original worker in laboratory as well as clinical medicine. Lectures are given fully covering all phases of medicine which touch on laboratory work, especially in regard to the laboratory work of the hospital.

Secondly, we have a corps of instructors who are long experienced in technique and in the science of pedagogy.

Thirdly, we have one of the best equipped clinical laboratories in America.

Finally, a school whose prestige insures you a *Good Position* if you hold one of our diplomas.

Courses begin on the first of each month. Special attention given to beginners. Advanced workers can arrange for special work.

Bacteriology, Pathology, Serology, Blood and Urine Chemistry, Basal Metabolism, X-ray Technique.

WRITE FOR ILLUSTRATED CATALOGUE

GRADWOHL SCHOOL OF LABORATORY TECHNIQUE

R. B. H. Gradwohl, M.D., Director — **3514 LUCAS AVE., ST. LOUIS, MO.**

Course in Public Health Nursing

Western Reserve University

Cleveland, Ohio

Lectures; case discussions; class demonstrations; field work in both generalized and specialized fields of Public Health Nursing; observation in various clinics and study of clinic management; observation in industrial plants, in rural communities, social service departments of hospitals and in one or more social agencies. Opportunity given to observe health instruction to groups as conducted by the Red Cross.

Course open to qualified graduate nurses.

Theoretical half of course extends from September to February and is given but once during the year. The field half is given three times a year, beginning October 1st, February 1st, and May 1st.

Tuition for either half of the course is $100.00. Loan Scholarships available.

For further information apply to

MISS CECILIA A. EVANS, Director

2573 East 55th Street — Cleveland, Ohio

MOUNDS PARK SANITARIUM AND HOSPITAL offiers a three months' post-graduate course in neuro-psychiatry, October, November and December, to a limited number only. Applications must be in by September 20th. Mounds Park Sanitarium and Hospital, Indian Mounds at Earl Street, St. Paul, Minn.

COURSE IN COMMUNICABLE DISEASE NURSING

The Philadelphia Hospital for Contagious Diseases offers a post graduate course of three months, in communicable disease nursing to graduates of accredited schools.

Compensation allowed is $42.00 per month, board, room and laundry.

Classes are admitted regularly beginning October 1st.

For information apply to Superintendent of Nurses, Philadelphia Hospital for Contagious Diseases, Second and Luzerne Streets, Philadelphia, Pa.

THE PHILADELPHIA LYING-IN HOSPITAL offers a three months' affiliated course in obstetrical nursing to accredited training schools. Nurses receive board, room, laundry and an allowance of $8.00 a month. For further information address Superintendent of Nurses, Philadelphia Lying-in Hospital, 11th and Cherry Streets, Philadelphia, Pa.

ANCKER MEMORIAL (CITY AND COUNTY) HOSPITAL TRAINING SCHOOL FOR NURSES offers a postgraduate course in both theory and practice to graduates of accredited schools, the course covering a period of six months or one year. Experience in obstetrics, operating room technique, dispensary, communicable diseases and tuberculosis department will be given. Opportunities for experience in other departments will be open to postgraduate students who desire the same. A diploma will be granted upon completion of the course. Full maintenance and an allowance. For further information apply to Mrs. Frances D. Campbell, Superintendent of Training School for Nurses, Ancker Hospital, St. Paul, Minn.

SCHOOL FOR MEDICAL GYMNASTICS AND MASSAGE and associated subjects. Course eight or four months; tuition fee $250, $150. THE SWEDISH INSTITUTE OF PHYSIOTHERAPY. Licensed by the License Department of the City of New York and by the Regents of the University of the State of New York. 17 East 59th Street, New York City.

THE "ANTI-COLIC" BRAND THREE HOLE NIPPLE

Two million babies use *this* nipple

It has *three* small feed holes like the mother's breast—instead of one, like ordinary nipples. Three feed-holes give perfect, even flow, and keep baby's mouth shapely and pretty.

One-hole nipples cause spurting; they choke, and baby's lips grow into puckering, unnatural lines,

This nipple is made of pure gum, and will not collapse.



THE "ANTI-COLIC" BRAND "Three Hole Nipples"

are used in maternity and infant hospitals *everywhere.* Cut shows regular size (No. 147). Petite size (No. 247) is a trifle smaller. *Insist* on getting the **"Anti-Colic" Brand** from your Druggist. Or for 14 cents in stamps we will send you two by mail.

DAVOL RUBBER CO.,
Dept. J PROVIDENCE, R. I.

Price 7¢

LOOK FOR LABEL WITH TRADE-MARK "ANTI-COLIC"

J. E. Caldwell & Co.

PHILADELPHIA

JEWELRY SILVER
WRIST WATCHES

Hospital and Training School Pins

Class Rings

Stationery of Distinction
Designs Submitted Upon Request

CORRESPONDENCE GIVEN IMMEDIATE AND INTELLIGENT ATTENTION



"A Picture of Health"

A complexion kept clear and radiant by the daily use of Daggett & Ramsdell's Perfect Cold Cream is an absolute inspiration in the sick room.

Make yourself an enviable contrast to your surroundings—a picture of health—by cleansing and massaging your skin once each day with this cold cream. It is cool and soothing as a massage cream for your restless patients.

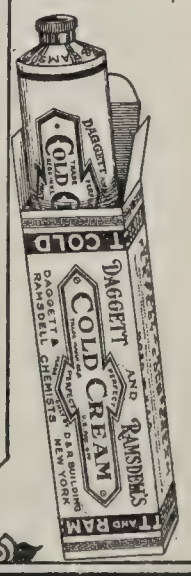
It comes in convenient tubes for 10c, 25c, 50c. In jars 35c, 50c, 85c and $1.50.

Feel Healthy

Even when you are "headachy," dull or "all in" you can make yourself feel better by inhaling Ha-Kol, Daggett & Ramsdell's modernized headache cologne.

Ha-Kol, like a breath of piney mountain air freshens you when you are tired. It is soothing and refreshing to your patients.

It comes in three sizes at 25c, 50c and $1.00.



A GET-ACQUAINTED TUBE OF COLD CREAM AND A VIAL OF HA-KOL will be sent you free on request. Daggett & Ramsdell, Dept. 482, D & R Building, New York.



DAGGETT & RAMSDELL'S PERFECT COLD CREAM
"The Kind That Keeps"

How Does Your State Stand?

The following table shows the rating of each State Association by percentages in a comparison of the membership with Journal subscribers for the month of August:

Over 100%
Oklahoma

Between 90% and 100%
Idaho

Between 60% and 70%
South Dakota, Florida, Alabama

Between 50% and 60%
Ohio, Wisconsin, West Virginia, Pennsylvania, Kentucky

Between 40% and 50%
New Jersey New Mexico, North Dakota, Wyoming, Indiana, Illinois, Maine, Iowa, Massachusetts, New Hampshire

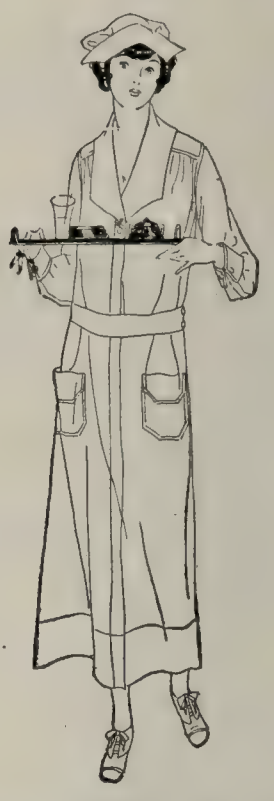
Between 30% and 40%
North Carolina, Arizona, Kansas, Virginia, Delaware, Georgia, Connecticut, Rhode Island, District Columbia, Minnesota, Michigan, Arkansas, Nebraska, Vermont, Mississippi, Utah, Oregon, South Carolina.

Between 20% and 30%
Colorado, Louisiana, Missouri, Montana, New York, Tennessee, Texas, Washington, Hawaii

Less than 20%
California, Maryland, Nevada

Please do not forget to keep us informed of your change of address. Second and third class mail matter is not forwarded except upon prepayment of postage. In sending in your change of address, be sure to give the old as well as the new.

Made of
INDIAN HEAD
REG. U.S. PAT. OFF.



Made by
Henry A. Dix & Sons Corp.
New York



Made by
Walton N. Moore Dry Goods Co.
San Francisco

On Duty

IN color, weave and finish Indian Head is always on duty to give you satisfaction. It is a fabric particularly suited for uniforms because it wrinkles very little, tailors well and wears unusually long. It may be sterilized as often as necessary without weakening its threads or changing its color.

Be sure to look for the woven label, Indian Head, in the next uniforms you buy. For this label means that we guarantee the cloth and the garment as follows:

> We guarantee every garment or other article bearing the Indian Head Label to give perfect satisfaction as to fast colors, workmanship, and finish. If not, we will refund the total cost of the garment.

Write us if you have any difficulty in finding uniforms so marked. You can buy Indian Head by the yard at any dry-goods store. "Indian Head" is stamped in dotted letters on the selvage of every yard.

Amory, Browne & Co.

Dept. F Box 1206 Boston, Mass.

© A. B. & Co.

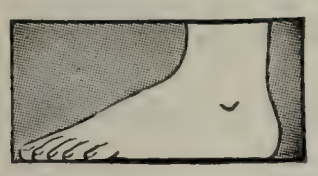
Nurses Must Guard Their Own Health!

ARCH PRESERVER SHOE
TRADE MARK REG. U.S. PAT. OFFICE

"KEEPS THE FOOT WELL"

Look for the trade-mark

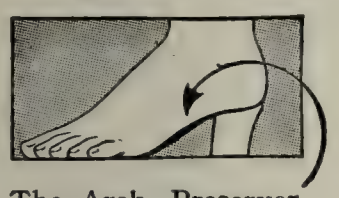
The exclusive features which make the Arch Preserver Shoe the most satisfactory you can wear are patented and can not be successfully imitated. If you want happy, healthy, well-groomed feet, you must look for the Arch Preserver Trade-Mark on the sole and lining.



Nature plans that the foot rest on heel, ball and outside *arch*.



Civilization demands that heel and arch be *raised*.



The Arch Preserver Shoe satisfies *both* Nature and Civilization.

A NURSE usually thinks of herself only when she hasn't anyone else to think about. And so long as she is able to "get around" she never believes that her own health may be impaired.

But the little trying things that enter daily into her work may be undermining her nervous system, and bringing a breakdown at some later time. Take, for instance, foot aches and pains—the most common of her little worries.

The thousands of little foot aches and pains that she must bear in a day must certainly be wearing down her supply of nervous energy. She should eliminate such annoyances and she can do it easily by wearing the Arch Preserver Shoe. It stops the discomfort and the pain, because it prevents the arch from sagging. A sagging arch, you know, strains the whole foot structure and makes comfort impossible.

The Arch Preserver Shoe has a concealed, built-in arch bridge, which gives a Natural foot-length support, yet permits the raising of the heel, so that the shoe may be smartly styled. There is a correct Arch Preserver Shoe style for every occasion.

Let us send you a little booklet 157, *"The Feet and the Face" and "Why the Arch Preserver Shoe Preserves the Foot."*



The Selby Shoe Company, 167 Seventh Street, Portsmouth, Ohio

THE
ARCH PRESERVER SHOE

Supports where support is needed. ***Bends where the foot bends.***

PRE-SHRUNK UNIFORMS

In a Class all their own



Randles Make of PRE-SHRUNK UNIFORMS

have the largest sales, with the least advertising of any uniform made.

Just ask the Nurse who wears one

Sold Direct to You

MAKERS of uniforms, operating gowns, collars, cuffs, bed shirts, etc.

Every Hospital Supt., every Nurse and every Doctor should write for our illustrated catalogue and samples.

RANDLES MFG. CO.

Box 187 **Ogdensburg, N. Y.**

FOR HEMORRHOIDS

Diseases of the rectum, anus and vagina are promptly relieved by the remarkable, *soothing, antiphlogistic* and *healing* action *of*

Medeol Suppositories



COMPOSITION:

Medeol (Resorcinated Iodo-Bismuth)	0.25 gm.
Zinc Oxid	0.5 gm.
Acid Tannic	0.15 gm.
Balsam Peru	0.16 gm.
Cocoa Butter q. s. ft. suppos.	No. 1

Free sample to nurses on request.
For sale by druggists or direct.

MEDEOL COMPANY, Inc.
802 Lexington Ave., New York City

The Duchesne Saline Heating Pad

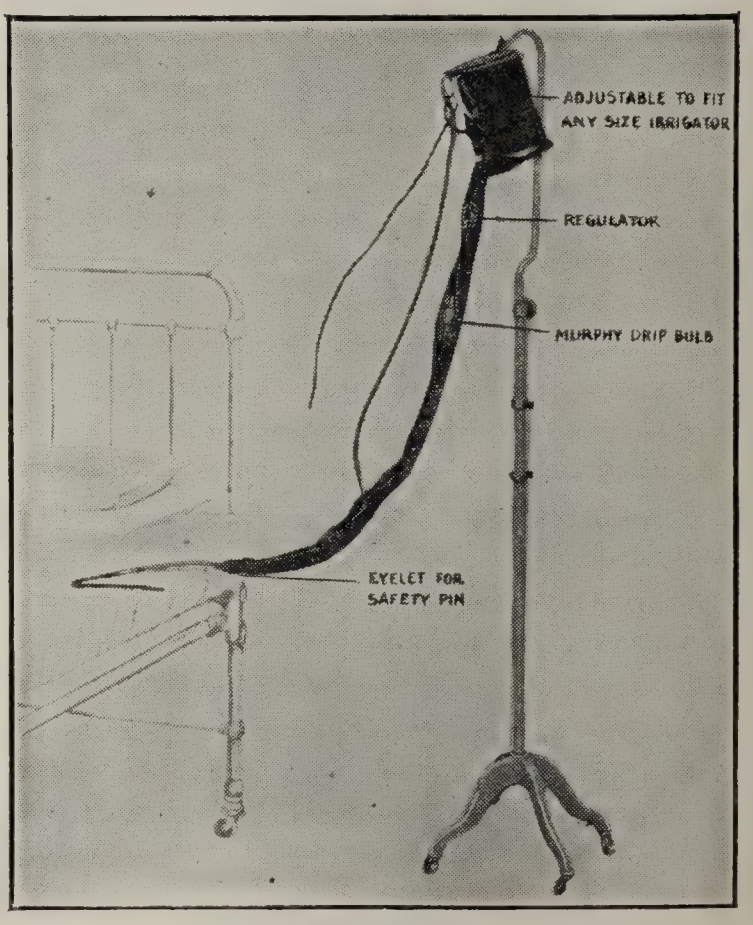
Maximum comfort obtained by minimum effort is the acme of good nursing.

Nurses should persuade their hospitals to stock the Duchesne Pad.

It remains adjusted and so saves effort and discomfort for the patient.

It maintains a solution at 100-102°F. for an unlimited time, and so saves endless steps for the nurse.

Urge your hospital authorities to investigate these claims through dealers or by writing to



The Whitney Company, 143 Liberty St., New York City

For Patient's *and* Nurse's Sake

ALKOLOL is comfort insurance for irritated or inflamed mucous membranes or skin.

It has a peculiar soothing and freshening effect.

To swab parched or fever-blistered lips, cleanse and comfort a dry mouth and sordes-laden tongue, spray the nose or throat, as a vaginal douche, urethral or rectal injection, as a wet dressing for irritated or inflamed skin, upon ulcers, or wounds.

ALKALOL combines many virtues. It is a solvent of mucus or pus, a cleanser of mucous membranes.

It is deodorant. Its chlorine content inhibits the action of pathogenic organisms. It is soothing and healing.

ALKALOL appeals to the nurse in many ways for divers uses.

Sample and literature on request.

THE ALKALOL COMPANY, TAUNTON, MASS.



Nurses often

Recommend

BOVININE

THE FOOD TONIC

It is within the responsibilities of a nurse to suggest the use of this time tried Food Tonic during periods of convalescence and disease where nourishment is essential.

Bovinine is produced under the same formula used in 1873.

Literature and sample sent on request

The Bovinine Company, 75 West Houston St., New York City

! Nurses and Aides !

Reedwork Simplified

Through our unit package plan you can easily attain perfection in the art of simple handcraft, carrying the gospel of Occupational Therapy throughout the land.

Each package contains enough material to complete a distinct model, be it a flower basket, a tray, or a lamp. Spokes are cut, weavers are laid and minute directions guide you till the very finish.

The work is pleasant, easy, highly remunerative, and a great relief to the sick and convalescent.

Don't fail! Send for a complimentary copy of our "Pleasant Surprise"

American Reedcraft Corp.

Everything for the Reedworker

130 Beekman Street New York, N. Y.

SAVE time and avoid mistakes, delays and losses, by marking all articles that go to the laundry — linens, patients' clothing, hospital staff uniforms, etc. Only a small inconspicuous letter or figure is necessary on each piece. A mark made with



PAYSON'S INDELIBLE INK

will not spread, fade or wash out of cotton, linen, silk or woolen goods and will not injure the most delicate fabric.

Be sure to get Payson's—the old reliable marking ink—in continuous use for nearly a century. At Druggists and Stationers everywhere. Sold to hospitals direct.

PAYSON'S INDELIBLE INK CO.
Northampton, Massachusetts

FREE TO NURSES



A box of this famous Healing Toilet Powder. The nurses friend for 25 years—

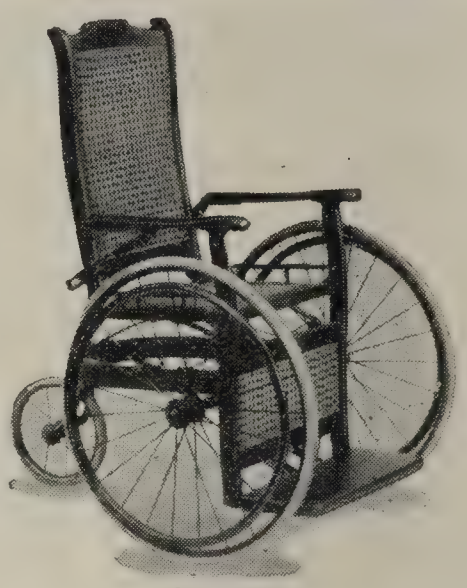
Sykes Comfort POWDER

For Children's Skin Irritations, Rashes and Inflammation. For Bed Sores and Skin Irritations of the Sick.

Nothing has ever equalled this famous powder to heal and soothe the skin. Thousands of nurses are never without it in their kit.

Full trade size box sent to any registered nurse on request

THE COMFORT POWDER CO., BOSTON, MASS.



No. 698

Reclining chair for juveniles. Steel elliptic springs which absorb jolts and jarring. Extremely comfortable. Send for complete catalog of Invalids' Rolling Chairs. Models of all kinds.

Gendron Wheel Chairs

The Gendron Wheel Company
789 Superior St. Toledo, Ohio

GRAPE JUICE *is Easily Assimilated*



THIS delicious fruit juice is a substantial addition to the diet. Enfeebled digestive organs can assimilate the valuable food content of grape juice with little work. For older people or for young children grape juice is invaluable. Most every one likes it. The tart-sweet taste is appetizing.

Though grape juice is not a medicine, it has certain valuable therapeutic qualities. In febrile cases it should be used to quench the thirst when only small amounts of liquids can be given.

Welch's has been the standard of grape juice quality for more than half a century. It is all the goodness of choice ripe Concord grapes. The greatest care is taken that cleanliness prevails in every operation of pressing and bottling to prevent contamination.

Every doctor, nurse or dietitian should have a copy of our little book, "Grape Juice as a Therapeutic Agent." We will send this booklet on request.

Welch's is a healthful drink. Add it to your patients' diets. Druggists and grocers sell Welch's.

Welch's

THE NATIONAL DRINK

The Welch Grape Juice Company, Westfield, N.Y.





A Rubbing Solution

Pleasing to Patient and Nurse

Used in Over 300 Hospitals

Alcorub is a scientific improvement upon "grain alcohol." It contains no benzol and will not injure the nurse's hands. It has no unpleasant odor and does not dry the skin excessively. Alcorub contains 70% alcohol—the percentage recommended by dermatologists—combined with other cleansing and invigorating ingredients which leave the tenderest skin soft and refreshed.

At all druggists' in sealed pint bottles.

Special offer to Hospitals.

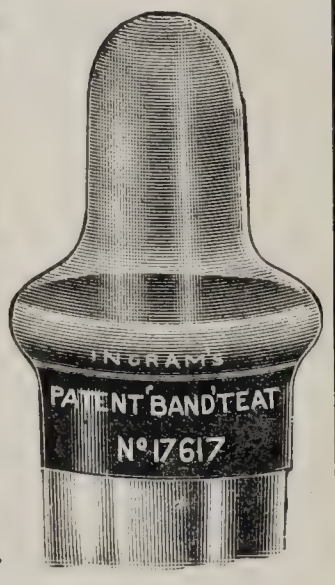
U. S. INDUSTRIAL ALCOHOL CO.
110 East 42nd Street
New York

INGRAM NIPPLES can be thoroughly cleansed by boiling without injuring the quality of the rubber.

The "Agrippa" in addition to the reinforced band which prevents the nipple from slipping off the bottle, possesses a little flat cushion at the base which gives comfort to the child when nursing and is the nearest copy to Nature so far as feeding facilities are concerned.

Free sample to nurses.

ERNEST MONNIER, INC.
Sole U. S. Distributors
127 Federal Street, Boston, Mass.



Thousands of Nurses and Others Enjoy Foot Comfort

Architect Arch Support Shoes



Correct 90% of Foot Troubles

(You will never know REAL foot comfort until you try this shoe.)

Five styles, boot in black kid, oxfords and two straps in black and brown, sold only by mail direct from our factory. Send for booklet and order chart showing other styles.

Printed guarantee with every pair sent prepaid on receipt of price.

ARCHITECT SHOE CO.
53 BELMONT ST.,
ROCHESTER, N. Y.
Reference, Merchants Bank of Rochester

Babyproples

Medical and Fever Charts combined. Price, 25 cents.

Nurses Bill and Record Book. Price, 15 cents.

Baby Weight Chart Sheets. Price, 5 cents each.

Please order these through your druggist

Sample pages sent on request

Druggists' Importing Corporation
177 William Street **NEW YORK**

For Graduating Nurses—and Others

STANDARD-IZED NURSES' CAPES

STANDARD-IZING the outer apparel of your nurses gives them added professional pride in the Institution which thus safeguards their health, comfort and smartness and its own prestige through Standard-ized Quality, Finish and Style.



Long Cape

Made in two lengths and styles—and just One Quality, THE BEST.

STANDARD-IZED "Winter-Wear" Capes—warm and weatherproof—assure perfect comfort and health-protection. High quality ALL-WOOL Materials — either Navy-Blue or the new attractive Cadet-Grey. Red or Gold Flannel Lining. Handy Inside Pocket. A High-Class well-finished product at low price because made in big quantities.

We embroider Your Institution's Initials on every Collar without extra Charge.

Let Us Send Your Institution Samples for Your Approval

.....



Standard-ized "Measure-Fit"

"MEASURE-FIT" NURSES' COATS

A new STANDARD-IZED Product combining high quality and low price. Made to your own measurements, thus insuring correct fit; and finished as you would wish it.

"TWO-IN-ONE" NURSES' SWEATERS

Warm ALL-WOOL health-protectors for chilly weather. Made in Black, Blue and Brown—and STANDARD-IZED Quality throughout.



Standard-ized "Two-in-One" ALL-WOOL Sweater

STANDARD APPAREL CO., 420 Erie Bldg., Cleveland, O.

LISTERINE

is an antiseptic aid to the professional nurse; it is readily obtainable and contributes much to the comfort of the patient because of the satisfactory results attending its employment in the sick room.

LISTERINE

is very acceptable to the bedridden and convalescent because of its agreeable odor. A refreshing sense of cleanliness follows its use, in suitable dilution, as a mouth-wash, lotion or sponge bath.

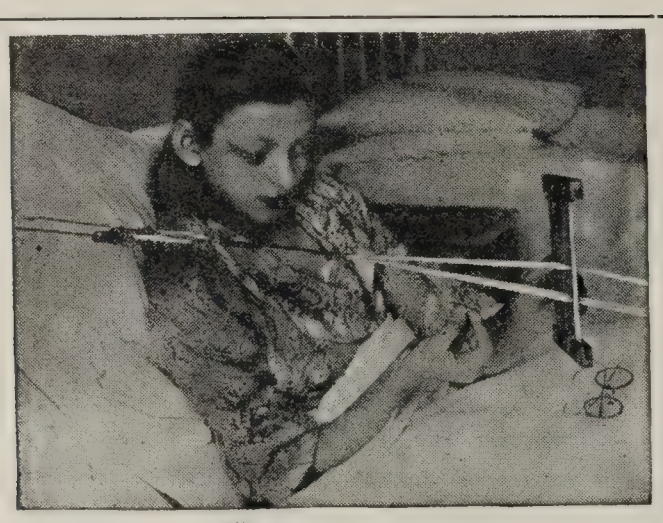
LISTERINE

may be utilized as a wash, spray or douche and has a wide range of usefulness that is referred to specifically in the literature we shall gladly mail with a 3-ounce sample bottle, to any registered nurse, on request.



LAMBERT PHARMACAL COMPANY

Twenty-first and Locust Sts., ST. LOUIS, MO., U. S. A.



Tawido Little Indian Bedside Loom, delivered boxed, threaded up, with instructions.

ELNA M. DE NEERGAARD,

45 West 8th Street **New York**

Are You Proud of Your Charts?

The Hopkins' Chart

Temperature and Bedside Notes

Designed by Mrs. M. H. D. Hopkins, R.N.
Graduate of The Roosevelt Hospital, T.S.N.

50 cents per pad—50 sheets

Sold through Registries, Druggists and direct.

113 West 95th Street **New York**

Telephone—Riverside 0167.

NURSERY NAME NECKLACE

enables the hospital to identify babies in a modern and pleasing manner. Letter beads to form name are strung onto a handsome blue necklace, which is SEALED ON BABY'S NECK BEFORE UMBILICAL CORD IS CUT. Sanitary. Rapid. Non-irritating. Fool-proof. Nurses like it. It relieves them of all responsibility of a mix-up. Mothers are delighted with it. Every nurse should know it. *Write for description and sample necklace.*

J. A. DEKNATEL & SON, Inc.
10 Heyward Street
Brooklyn, N. Y.

DEKNATEL Sealed On Baby

F. & R.'s
GENUINE
GLUTEN FLOUR

Guaranteed to comply in all respects to standard requirements of the U. S. Department of Agriculture.

Manufactured by
THE FARWELL & RHINES CO.
Watertown, N.Y., U.S.A.

"He Best Prescribes a Remedy Who Knows the Cause"

Disorder, Derangement or Dysfunction of the utero-ovarian system, calls for the use of anti-spasmodic, de-congestive, tonic and normalizing agents such as are supplied efficiently by

HAYDEN'S VIBURNUM COMPOUND

DYSMENORRHOEA MENORRHAGIA
NEUROSES OF PUBERTY—PREGNANCY—CLIMACTERIC
COLIC CONGESTION SUBINVOLUTION

In teaspoonful doses in hot water t. i. d.

SAMPLE LITERATURE ON REQUEST

NEW YORK PHARMACEUTICAL COMPANY
BEDFORD SPRINGS, BEDFORD, MASS.

In Arthritic and Gouty Disorders HAYDEN'S URIC SOLVENT has for years enjoyed leadership.

Recognized as Standard by the AMERICAN RED CROSS, HENRY STREET SETTLEMENT and Visiting Nurses Association throughout the U. S.

"STANLEY" VISITING NURSES' BAG

A Triumph of Beauty and Durability



This bag is the result of years of intelligent thought and careful work. It is made of black seal grain cowhide, heavy stock. Handles turned and handstitched. The removable lining is made of black double coated Rubber Sheeting fastened with rust-proof snaps which permit of its being easily detached and cleaned. Master skill and sincerity are built into it.

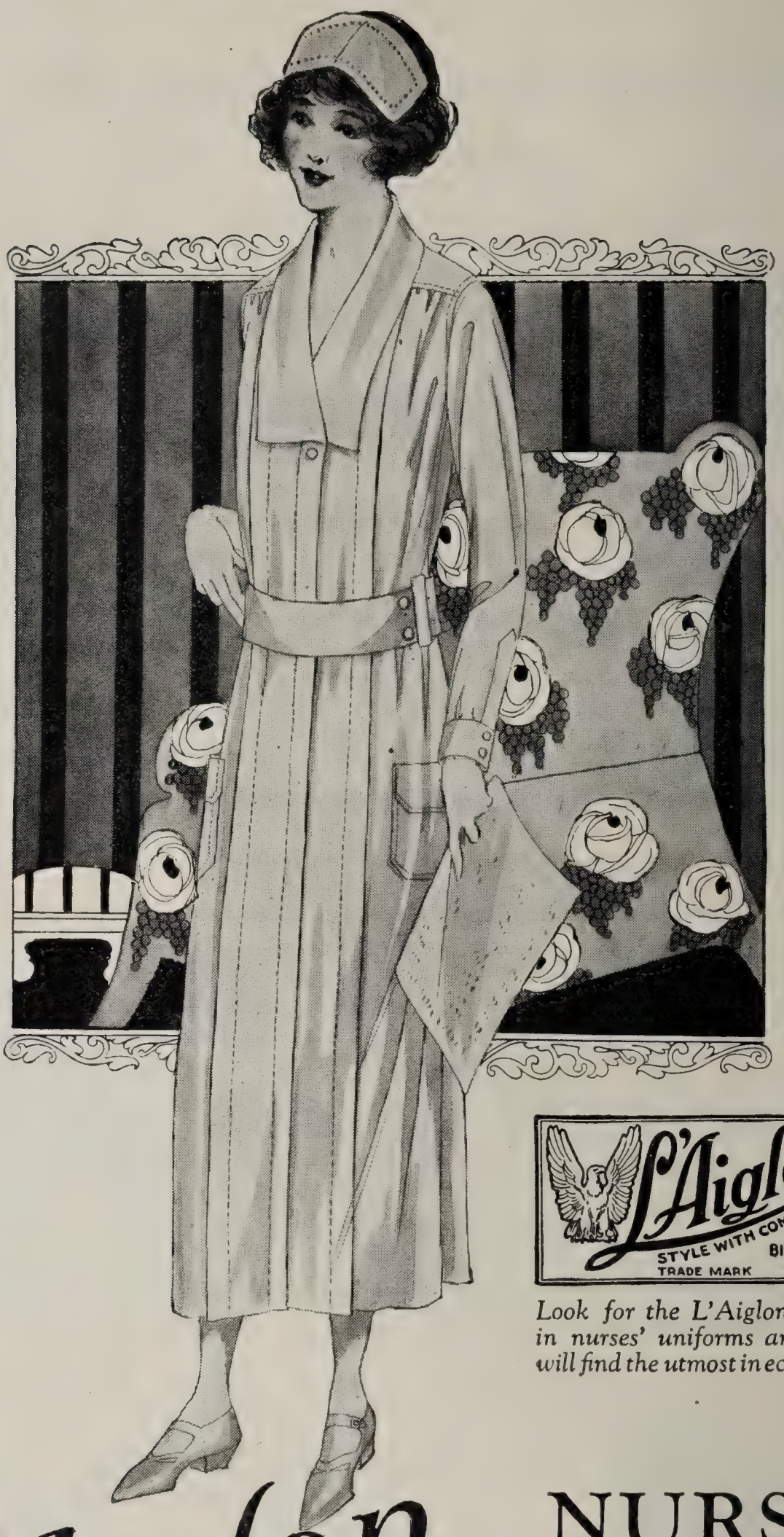
Full description and price upon application.

STANLEY SUPPLY CO.

Manufacturers, Importers and Distributors of

Supplies and Equipment for Medical and Surgical Institutions

118-120 East 25th Street New York



L'Aiglon

NURSES' UNIFORMS

TAILORED with true respect for the nurse's own regard for quality, precision, and nicety of detail. L'Aiglon Uniforms represent a climax of service and value!

Look for the L'Aiglon label in nurses' uniforms and you will find the utmost in economy

L'Aiglon STYLE WITH COMFORT TRADE MARK BIBERMAN MAKE

Send for 1923 Style Book of L'Aiglon Uniforms and Wash Dresses

BIBERMAN BROTHERS, Inc., 650-670 No. 15th St., Philadelphia, Pa.

The Gillies Litho. & Printing Company, Inc.

P. E. FELLOWS, President and Manager

ROCHESTER, N. Y.

PRINTERS
FOR
PUBLISHERS

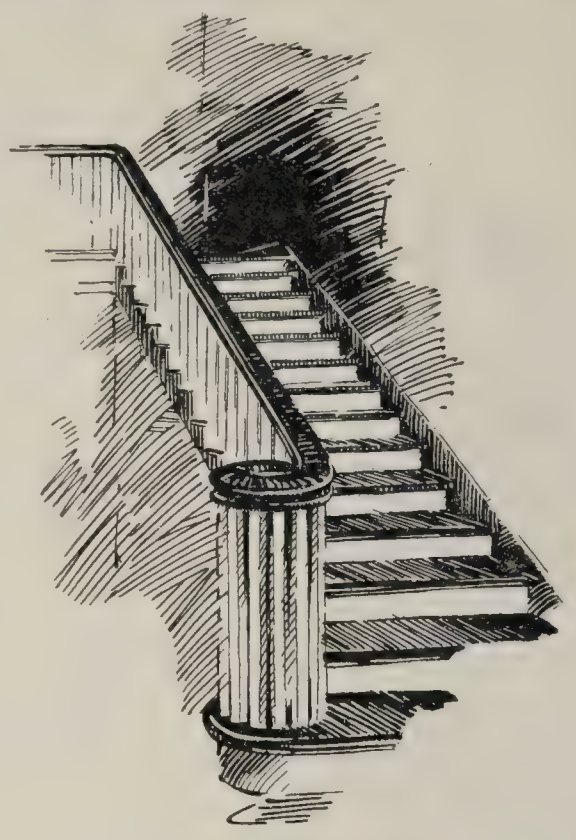
We have the largest and most modern equipped printing plant in New York State. "Quality and Service" has been our slogan from the start.

Estimates will be cheerfully furnished on your publication. Write us today.

SATISFACTION GUARANTEED.

TELEPHONE 2145 MAIN

Every Department Equipped with Modern Machinery—24-Hour Service



Forbidden Stairways

"AND above all do not attempt to walk upstairs."

Sedgwick Invalid Elevators have brought new happiness to hundreds of those who cannot or should not climb stairs. The Sedgwick Hand Power Invalid Elevator enables the weak or infirm to go from floor to floor with absolute safety and ease.

Think what happiness a Sedgwick Invalid Elevator will bring to your patient and to his family. Write us and we will send you illustrations and full information.

"Built in rigid accord with the theory that the best is none too good, and is not only cheapest in the end but the most satisfactory always. During 30 years SEDGWICK has stood for superiority of design, material and workmanship in Hand Power Dumbwaiters and Elevators. Your patient will appreciate the considerate spirit that prompts you to tell him about Sedgwick Invalid Elevators.

Sedgwick Machine Works

138 West 15th St., New York, N. Y.



Many fear the goldenrod

Thousands of people are dreading August, when the pollen of the goldenrod and ragweed begins to fly.

The mucous membrane of the nose may be de-sensitized and hay fever prevented—or at least materially lightened—by snuffing up the nostrils frequently "Vaseline" Eucalyptol Petroleum Jelly.

The best results are obtained by starting treatment several weeks before the annual attack is expected.

Oil of Eucalyptus—recommended by physicians for hay fever and colds—when combined with pure antiseptic "Vaseline" Jelly is most effective. In convenient tubes.

CHESEBROUGH MFG. COMPANY
(Consolidated)
State Street New York



Vaseline

Reg U.S. Pat. Off.

EUCALYPTOL

PETROLEUM JELLY

SPECIAL ATTENTION!!

To Superintendents of Training Schools and Nurses' Organizations to our



Nurses' Capes $12 each

Made of the best all wool navy blue, lined with good quality red flannel.

They are tailored well.

They fit well.

They are made with military or storm collar.

Sample cape submitted to hospitals and training schools.

We make outfits for training schools. Dresses, Bibs, Aprons, Cuffs.

Ask for estimates.

NURSES' UNIFORM SHOP

221 South 11th St., PHILADELPHIA, PA.

CLEVELAND MATERNITY HOSPITAL AND DISPENSARIES

Western Reserve University

In the interest of obstetrical nursing this institution has assumed the responsibility of a three-year course. This course has been planned for students who wish to major in obstetrics. Opportunity to study all branches of obstetrical nursing will be given the student in the last eight months of the senior year.

The fundamental studies are arranged for through affiliations with General Hospitals.

Outline of Course

Preliminary Course	4 months
Medical Nursing	6 months
Surgical Nursing	3 months
Operating Room	2 months
Children's Nursing	3 months
Diet Kitchen	2 months
Contagious	2 months
Eye, Ear, Nose, Throat, Tuberculosis, Mental and Skin	6 months
Maternity Hospital	Last 8 months
Mothers	2 months
Babies	2 months
Delivery Room	1 month
Dispensaries—Prenatal, Delivery, Post partum and Social Service	2 months
Milk Laboratories	1 month

Books, uniforms and maintenance throughout.

Four weeks' vacation yearly.

Post Graduate Course—4 months

Arranged for graduates of accredited schools. This includes 6 weeks dispensary—prenatal, delivery and post partum—service which is recognized and accepted by public health organizations throughout the country. Maintenance, and a monthly allowance of $25.00 for books and uniforms.

Affiliated Course—3 months

Prepared for students of schools with limited or no obstetrical service.

Babies	1 month
Mothers	3 weeks
Delivery Room	3 weeks
Out-patient Department	3 weeks

Apply Superintendent, Maternity Hospital, 3735 Cedar Avenue, Cleveland, Ohio.

New York Post-Graduate Medical School and Hospital

Department of Medical Social Service

HOURS	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
9-9:45	Biological Social Science	Bedside Rounds	Practical Work Organization and Administration	Mental Hygiene	Sanitation	Assigned to Work in Malnutrition Clinic
10-10:45	Hygiene Prev. Medicine	Assigned to Clinical Social Work	Assigned Work in Specialized Medical Cl.	Clinical Social Work	Organization and Administration	Malnutrition Continued
11-12	Practical Work in Organization and Administration		Spec. Medical Clinic, Cont.	Clinical Work Cont.	Medical Follow-up	Practical Work
12-1		Field	Round Table Conference	Practical Work	Follow-up Continued	Psychology
2-2:45	Assigned Work Infant Feeding Clinic	Field	History Writing	Dental Hygiene	Bedside Rounds and Surgical Cl.	Field
3-3:45	Infant Feeding Cont.	Field	Clinic Social Work	Assigned Work in Skin Cl.	Practical Work Cont.	Field, Continued
4-5	Assigned Work Metabolic Cl.	Field	Clinic Social Work, Cont.	Assigned to Work Orthop. Clinic	Practical Work	Field, Continued

The length of the Course is four months and it will begin on October 1st, February 1st and June 1st. Diplomas will be granted to those who complete the Course and pass the examination.

Tuition fee is $150.00. Lecture in single subject $50.00.

Applications will be received only from graduate nurses, or students who have had no less than two years at an approved medical college.

A certain restricted number may be permitted to attend the lecture course, eliminating field and practical work, when in the opinion of the director previous experience and training would warrant this departure.



Standard Equipment

The six sizes — newborn infant, two months, four months, one year, four years, and adult — meet every teaching requirement. Their dimensions are standard in each case. They are made of stockinet and cotton batting waterproofed with high-grade, flexible paint. The two largest sizes may be purchased with internal reservoirs for demonstration and practice of various methods of douching, catheterization and internal irrigations.

The CHASE HOSPITAL DOLL and *The* CHASE HOSPITAL BABY are demonstration manikins—substitutes for the living subject in teaching the proper care of children, the sick and injured. They are the result of thirty years of experience and experiment.

Teaching can best be accomplished through standardized equipment. That is why *The* CHASE HOSPITAL DOLL and *The* CHASE HOSPITAL BABY have been in daily use for years all over the world by the leading Hospitals, Nurses' Training Schools, Home Nursing Classes, Baby Clinics, Mothers' Classes, and by Visiting Nurses and Baby-Welfare Workers.

They are made of the best materials obtainable for the purpose. They are unusually durable, withstanding years of hard usage and whenever necessary they can be repaired and refinished so as to be as good as new. *The* CHASE HOSPITAL DOLL and *The* CHASE HOSPITAL BABY permit of great flexibility and wide latitude both in the demonstration and practise of medical, surgical, and hygienal principles.

Every well-equipped organization engaged in these works finds it necessary to install one or more of our models, as Standard Equipment, in order to accomplish the best results.

We shall be pleased to send you our latest catalogue.

The
CHASE HOSPITAL BABY

M. J. CHASE
24 Park Place
Pawtucket, R. I.



CRESATIN kills bacteria more quickly than carbolic acid but unlike phenol it does not attack normal tissue, cause any irritation or give the patient material discomfort. Dentists use it daily. So do ear, nose and throat specialists. In ozs., at best drug stores.

SHARP & DOHME, sole makers
Chemists since 1860

When Doctor and Nurse Agree

Raw cow's milk is unsuitable for infant feeding.

Modification of cow's milk is not always easy or efficient.

DRYCO—on the other hand—is easy to prepare and both quickly and perfectly digested and assimilated.

DRYCO is pure cow's milk from which the water has been removed by the rapid drying JUST process (2 seconds 212° F.)

DRYCO is uniform in composition, stabilized as to quality, free from harmful bacteria, pleasant to the taste, the milk vitamins are unaltered. DRYCO produces prompt gain in weight, rapid increase in growth, augmented strength and vigor. It does not favor digestive disorder. Hence DRYCO is not only the ideal agent for infant feeding, but of paramount value and utility in the nourishment of acutely ill, convalescent or invalid patients.

To convince any nurse—requires only a trial of DRYCO.

Sample, literature, feeding tables, directions for use on request.

THE DRY MILK CO., 18-20 Park Row, New York City

"An International Institution for the Study and Production of Pure Milk Products."



IMPRESSIONS OF CONFIDENCE are enhanced by the right kind of Uniforms. They should be distinctive—different from the ordinary store kind. **Mail Us Your Orders**—less bother than shopping or the dressmaker, and you get the right kind, at the right price. Your money back if not fully satisfied.



Style 54—**Semi-dress Apron,** reversible front—from fabric 25 or 27—at **$3.50 each or 3 for $9. Bibs, 75c each. Aprons, $1.50 each or $15 per doz.**

Styles 66, 68, 72 or 80, from fabric 25 (Fruit of the Loom) or fabric 27 (Indian Head) at **$4 each or 3 for $10.50.** From fabric 29 (extra weight Lawn) or fabric 31 (Onlin Uniform Cloth—indestructible linen finish), **$5 each or 3 for $13.50.** From fabric 71 (two-ply Poplin), **$7 each or 3 for $19.50.**

WASH FABRIC COMPANY, 508 So. Wabash Ave., Dept. M., CHICAGO, ILLS.

Style Book of "Correct Professional Wear" and Samples of Materials Mailed on Request.

TO ALL JOURNAL SUBSCRIBERS

You are a Journal subscriber and reader. If you are like the Journal readers who occasionally write to us, you think the Journal is growing more interesting all the time; you could not do without it. You wish every nurse you know felt as you do. You wonder how any nurse can try to do her work without the Journal at her elbow, while at work, and in her hand, when at leisure, until she has read it through.

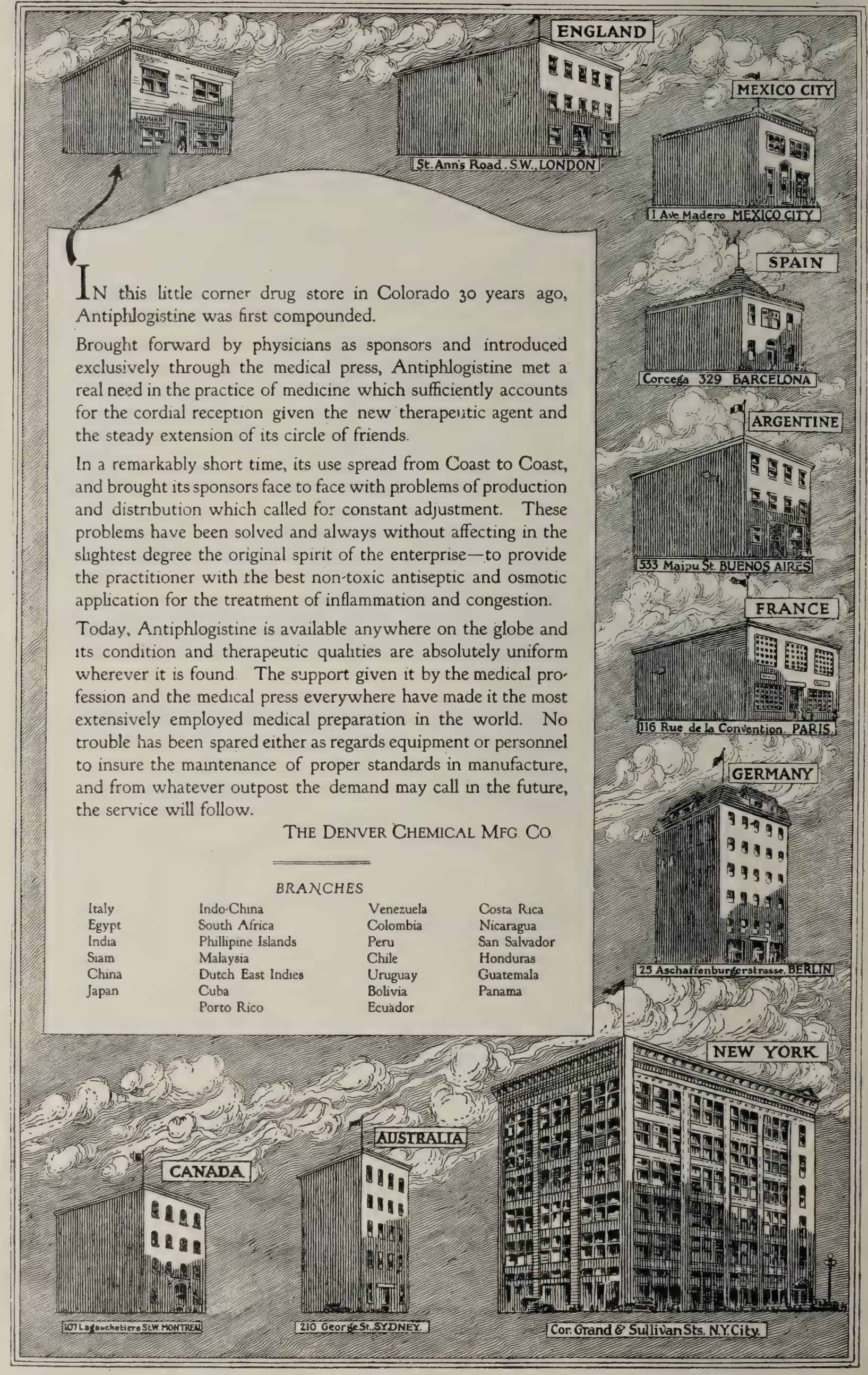
Are you watching the table we publish each month,—How Does Your State Stand?

How ***does*** your state stand? What is its percentage of subscribers? If each subscriber should gain two more would it reach 100%? Do you know two nurses who do not take the Journal?

Would you like to earn something toward your own subscription, and at the same time help bring up your state's percentage? If so, write us, and we will tell you about our special offer to any one now a subscriber, good for the fall months only.

The American Journal of Nursing

19 WEST MAIN STREET
ROCHESTER, N. Y.



IN this little corner drug store in Colorado 30 years ago, Antiphlogistine was first compounded.

Brought forward by physicians as sponsors and introduced exclusively through the medical press, Antiphlogistine met a real need in the practice of medicine which sufficiently accounts for the cordial reception given the new therapeutic agent and the steady extension of its circle of friends.

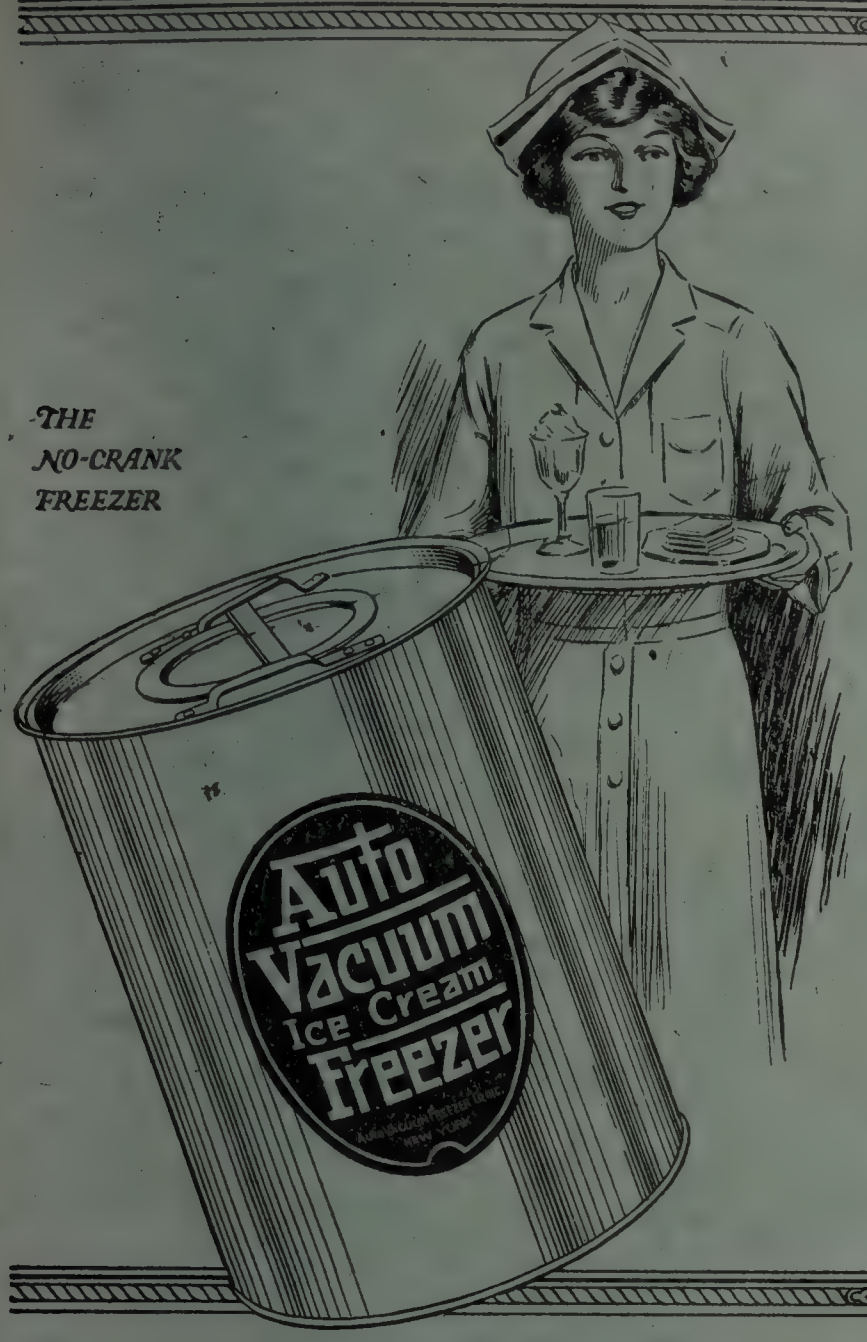
In a remarkably short time, its use spread from Coast to Coast, and brought its sponsors face to face with problems of production and distribution which called for constant adjustment. These problems have been solved and always without affecting in the slightest degree the original spirit of the enterprise—to provide the practitioner with the best non-toxic antiseptic and osmotic application for the treatment of inflammation and congestion.

Today, Antiphlogistine is available anywhere on the globe and its condition and therapeutic qualities are absolutely uniform wherever it is found. The support given it by the medical profession and the medical press everywhere have made it the most extensively employed medical preparation in the world. No trouble has been spared either as regards equipment or personnel to insure the maintenance of proper standards in manufacture, and from whatever outpost the demand may call in the future, the service will follow.

THE DENVER CHEMICAL MFG. CO.

BRANCHES

Italy	Indo-China	Venezuela	Costa Rica
Egypt	South Africa	Colombia	Nicaragua
India	Phillipine Islands	Peru	San Salvador
Siam	Malaysia	Chile	Honduras
China	Dutch East Indies	Uruguay	Guatemala
Japan	Cuba	Bolivia	Panama
	Porto Rico	Ecuador	



YOU CAN NOW SAFELY SERVE ICE CREAM TO YOUR PATIENTS

Ice Cream, made the Auto VACUUM FREEZER way is as pure and wholesome as it is nutritious. It is impossible for salt, ice or air to come in contact with the ice cream mixture. And there is *no cranking* with an Auto VACUUM. Just prepare the mixture,—pack with ice and let stand for forty minutes. *It freezes itself!* Only three parts, the container and two lids, therefore easy to clean and to *keep clean.* Used everywhere by Trained Nurses. One, two and four-quart sizes.

AUTO VACUUM FREEZER CO.

220 West 42nd St.,
New York City

Auto VACUUM *ICE CREAM* FREEZER

Gray's Glycerine Tonic Comp.

Formula Dr. John P. Gray

CONSTITUENTS

Glycerine
Sherry Wine
Gentian
Taraxacum
Phosphoric Acid
Carminatives

DOSAGE — Adults: Two to four teaspoonfuls in a little water before meals three or four times daily.

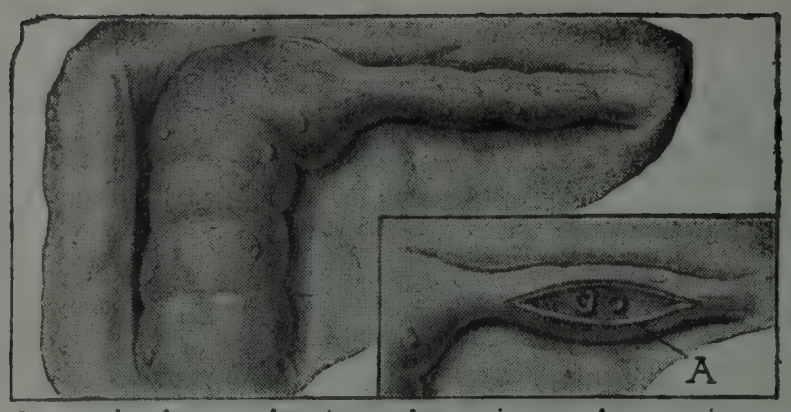
CHILDREN—One-half to one teaspoonful in water before meals.

INDICATIONS

Auto-intoxication
Atonic-indigestion
Anemia
Catarrhal conditions
Malnutrition
Nervous ailments
General debility

Gray's Glycerine Tonic Comp. has proven the ideal Tonic at all seasons of the year for the sufferer from Chronic Organic Disease—Malnutrition or Debilitated Conditions generally.

The Purdue Frederick Co., 135 Christopher St., New York



Spastic bowel; *(a)* showing ulcerations



Dyschezia due to fecal impaction



Atony due to sigmoidal adhesions

LUBRICATION THERAPEUSIS

Constipation usually follows an evolutionary course.

Atonic Constipation is characterized by a relaxed, inactive gut favoring the accumulation of feces, particularly where the intestine bends. This predisposes to inflammatory conditions, resulting in colitis. Nujol prevents the formation of large masses of waste, thereby lessening the distention which prevents bowel activity.

Spastic Constipation is characterized by a constriction of some portions of the bowel, with deep pockets, and hard, dry, mucus-covered feces in other parts. Excessive activity often occurs in certain of the bowel segments. Nujol lubricates the constricted canal, permeates the pockets, softens and coats the hard masses, thus relieving friction and consequent irritation.

In Rectal Constipation (dyschezia) the feces may reach the lower end of the colon in normal time, but the rectum is evacuated with much difficulty. The feces, by remaining too long in this region, have all the water abstracted, become hard and dry and painful defecation ensues with resulting complications. Nujol keeps the fecal mass in this region soft and prevents complete water abstraction, thereby acting prophylactically against rectal diseases.

Nujol, the ideal lubricant, is thus the therapeutic common denominator of all types of constipation.

Microscopic examination shows that a lubricant that is too heavy fails to permeate the feces, and one that is too light tends to produce seepage. Exhaustive clinical tests show the consistency of Nujol to be physiologically correct and in accord with the opinion of leading medical authorities.

Nujol

Guaranteed by NUJOL LABORATORIES, STANDARD OIL CO. (NEW JERSEY)

UNIVERSITY OF ILLINOIS-URBANA
3 0112 110715841